California Older Americans Act State Plan on Aging 2025-2029

Gavin Newsom, Governor
State of California

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California Health & Human Services Agency

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Foreword

As California's designated State Unit on Aging, the California Department of Aging (CDA) has prepared the California Older Americans Act State Plan on Aging, 2025-2029. The Older Americans Act (OAA) State Plan is a key element of California's 10-year Master Plan for Aging, marking our continued progress toward an age and ability-friendly state. We are proud to demonstrate to the Administration for Community Living (ACL) how California plans to align local service delivery with statewide strategy to improve equity, access, and outcomes for older adults, people with disabilities, and family caregivers. Over the next four years, CDA will continue to enhance network performance and leverage public/private partnerships to meet the needs of California's diverse and fast-growing aging population.

California's Older American Act State Plan on Aging comes at an exciting time for our state and nation. We are experiencing a historic demographic shift that projects one in four Californians will be age 60 or older by the end of this plan in 2030. In fact, more older adults will live in California (10 million+) than the entire population of the state of Michigan. The number of older adults aged 80 years and older is projected to increase nearly threefold, with the oldest age groups experiencing the fastest growth. CDA, together with local, state, and federal partners, is "future-readying" the aging network to ensure programs and services are streamlined and scalable, strategically targeting resources to people with the greatest social and economic needs as defined in both the Mello-Granlund Older Californians Act, WIC Section 9015, and the Older Americans Act, Title III, 45 CFR § 1321.3.

Our CA 2030 initiative and other system reforms emphasize the critical importance of stakeholder input, putting the voice and experience of people we serve at the center of our planning and implementation efforts. California's statewide Consumer Assessment Survey of Older Adults (CASOA), which reached over 17,000 respondents, validated strong public sentiment that most older adults and their families do not know where to go for information and assistance, nor do they know how to navigate the challenges of aging. Over the course of this four-year Older Americans Act State Plan on Aging, CDA is prioritizing the need to raise public awareness and increase the visibility of Area Agencies on Aging (AAAs) as vital local resources for older adults, people with disabilities, and family caregivers.

CDA embraces the opportunities ahead for our aging state and nation. We look forward to playing a key leadership role in the design and delivery of programs and services that support all ages and abilities as we build a California for ALL!

Sincerely,

Susan DeMarois

Susan DeMarois
Director, California Department of Aging

Verification of Intent

I authorize the California Department of Aging, as the designated State Unit on Aging for the State of California, to develop a State Plan on Aging, submit it to the United States Administration for Community Living for approval, and administer the plan upon approval.

Susan DeMarois _____ 6/30/2025

Susan DeMarois, Director
California Department of Aging

Executive Summary

California Governor Gavin Newsom and the State Legislature have entrusted the California Department of Aging (CDA) with implementation of the state's 10-year Master Plan for Aging (MPA), a public-private effort to actively prepare for the year 2030 when one in four Californians will be age 60 or older. Partners around the state have committed to planning for the future as demonstrated by 1) California being designated an AARP Age-Friendly State, 2) more than 100 local jurisdictions adopting AARP Age-Friendly practices, and 3) over 20 regional governments embarking on their own Local Aging and Disability Action Plans. California is embracing the strengths and opportunities that an aging society creates for all ages, while building systems and support for older adults, people with disabilities, and family caregivers who will need assistance with meals, transportation, personal care, and other services to live where and how they choose.

The state and nation are undergoing an unprecedented demographic shift. According to the Public Policy Interest Center of California (2025), the state must plan for:

- **Dramatic growth.** By 2040, 22% of Californians will be 65 or older, up from 14% in 2020. The older population (aged 65+) will increase by 59%, while the working-age population (aged 20–64) will remain largely unchanged and the child population (aged 0–17) will decrease by 24%. This shift will result in an old-age dependency ratio of 38 older adults per 100 working-age adults, up from 24 in 2020, and the highest ever recorded.
- **Culturally and linguistically competent care.** The older adult population will become increasingly diverse, with no single racial or ethnic group constituting a majority. Growth rates will be highest among Latino and Asian older adults. A high proportion of Latino (60%) and Asian (85%) older adults will be foreign born, with about 75% speaking a language other than English at home. This increasing diversity will require culturally and linguistically appropriate services from the health care workforce.

Embracing these demographic shifts, California is committed to supporting older adults, people with disabilities, and family caregivers, emphasizing services for those with the greatest economic and greatest social needs across the state. California is a state where all ages and abilities realize their full potential, live according to their preferences, and contribute meaningfully to their communities. To achieve this vision of a "California for All," CDA uplifts the statewide aging network as key local

partners who: 1) provide information, assistance, referrals, and navigation, 2) reduce barriers to accessing services, 3) strengthen and support the aging and disability workforce, and 4) address affordability challenges for individuals and families. In partnership, CDA and the statewide aging network are building resilient and sustainable communities for generations to come.

Person-Centered Planning

CDA is a leader in stakeholder engagement, ensuring that the department's work is centered in the voices and perspectives of older adults, people with disabilities, and family caregivers. This is demonstrated through focus groups, webinars, surveys, listening sessions, key informant interviews, consultation, and seven standing stakeholder advisory committees.

Data-Driven Results

CDA is committed to data collection, analysis, and reporting. This is demonstrated by the MPA's Data Dashboard and the department's data warehouse initiative developed in close partnership with the AAAs. Other examples of data-driven results include robust program evaluations and evidence-based programming.

California by the Numbers

More than 9 million Californians are currently over the age of 60. By 2030, for the first time in California's history, older adults will outnumber those under 18. By 2040, non-White groups combined will outnumber White older adults, marking a historic change in the racial and ethnic composition of California's aging population.

Access For All

Given the current and projected diversity of the state, CDA is committed to delivering language access, Americans with Disabilities Act accessible documents, and accessible meeting support (American Sign Language, closed captioning, and translation services upon request). To support this work, CDA values the input and guidance of the Equity Advisory Committee on Aging and Disability and the newly formed Aging and Disability Lived Experience Advisory Board to help identify areas of focus for this work.

Every four years, CDA is required to submit a State Plan on Aging to the federal Administration for Community Living (ACL). The plan must outline specific goals and objectives related to the many programs authorized by the Older Americans Act (OAA). The OAA State Plan serves as a blueprint for California to build equitable, age-friendly communities through a range of programs, enhanced operational performance, and public-private partnerships. This plan seeks to align local service delivery with statewide strategy to achieve better results for older adults, people with disabilities, and family caregivers.

The OAA State Plan on Aging (2025–2029) sets forth a comprehensive roadmap organized around six goals:

Goal 1: Enhance Outreach, Information, and Assistance:
CDA will increase public visibility, raise awareness, foster engagement, and promote education for older adults, people with disabilities, and family caregivers with focused attention on those with the greatest social and economic needs.

Goal 2: Increase Opportunities to Age-in-Place in Home and Community-Based Settings:
CDA will support the ability of older adults and people with disabilities to age in the setting of their choice by expanding access to health and supportive services, nutrition, and family caregiver support.

Goal 3: Prevent Isolation, Promote Inclusion, and Advocate for Elder Justice:
CDA will seek to combat loneliness and isolation with policies and programs that ensure accessibility for all, including vulnerable populations at risk of fraud, abuse, neglect, and exploitation.

Goal 4: Strengthen Partnerships:
CDA will enhance communication and increase engagement with key stakeholders including Area Agencies on Aging (AAAs), County Governments, Tribal Governments and Partner Organizations, Policymakers, Community-Based Organizations, Faith Communities, and Health Care Providers.

Goal 5: Advance Strategies to Improve Financial Security and Economic Support:
CDA will improve financial security and increase economic support for older adults, people with disabilities, and family caregivers by identifying employment opportunities, assisting with navigation of coverage and benefits, and removing barriers to access.

Goal 6: Support Aging Services Providers Statewide:
CDA will equip aging services providers statewide with enhanced tools, training, and technical assistance to continue to deliver quality services to older adults, people with disabilities, and family caregivers.

CDA's vision to build an age- and ability-inclusive California that empowers choice among all individuals continues through this next four year plan. This plan will advance meaningful change at scale for the more than one million people that CDA and local partners serve and support annually.

Context

It is CDA's mission to lead California's statewide aging network through future-focused planning, equitable programs, and collaborative partnerships that support older adults, people with disabilities, and family caregivers. CDA's primary role is to support the statewide aging network in addressing the greatest social and economic needs in their areas as determined by local needs assessments and community-developed strategies.

California by the Numbers
Close to 15% of California's 60+ population is living in poverty.

Greatest Economic Need — California defines 'greatest economic need' as "the need resulting from an income level at or below 125% of the poverty level established by the U.S. Department of Health and Human Services." In 2025, more than one million California residents over age 60 had incomes that fell at or below 125% of the Federal Poverty Level.

Greatest Social Need — California defines 'greatest social need' utilizing the definition outlined in the Older Americans Act:

Older Americans Act, Title III, 45 CFR § 1321.3

Greatest social need, as used in this part, means the need caused by noneconomic factors, which include:
(1) Physical and mental disabilities;
(2) Language barriers;
(3) Cultural, social, or geographical isolation, including due to:
    (i) Racial or ethnic status;
    (ii) Native American identity;
    (iii) Religious affiliation;
    (iv) Sexual orientation, gender identity, or sex characteristics;
    (v) HIV status;
    (vi) Chronic conditions;
    (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
    (viii) Interpersonal safety concerns;
    (ix) Rural location; or
    (x) Any other status that:
(A) Restricts the ability of an individual to perform normal or routine daily tasks; or
(B) Threatens the capacity of the individual to live independently; or
(4) Other needs as further defined by State and area plans based on local and individual factors.

According to the California Health Interview Survey, over 13% of older adults in California reported severe levels of loneliness, equaling more than 1.1 million California residents over the age of 60. To further compound identified challenges, over 29% of older adults in California report having a physical and/or mental disability, or a social need caused by a noneconomic factor.

Future-Readying California's Aging Network

CDA launched California 2030 in late 2022 in collaboration with the California Association of Area Agencies on Aging, California State Association of Counties, County Welfare Directors Association, and the California Commission on Aging. CA 2030's research and discovery processes solicited insights from more than 17,000 older adults, 162 AAA staff members, and 80 external stakeholders, applying new thinking to the state's 50-year-old aging network. Contributors to the process highlighted dramatic demographic shifts, changing family structures, and greater integration between health and social supports. Following an 18-month engagement, the CA 2030 Steering Committee produced recommendations in the following areas:

1. Funding sources and capacities
2. Geography and demographics
3. Governance
4. Branding and communications
5. Programs and services
6. Performance measures

California by the Numbers
There are 33 Area Agencies on Aging (AAAs) to serve and support older adults, people with disabilities, and family caregivers in California's 58 counties.

Moreover, CA 2030 stakeholders defined the ideal traits of a future-ready aging network as follows:

- Aging & Disability Forward
- Inclusive & Equitable
- Well-Known & Accessible
- Consistent
- Locally Responsive
- Strategic & Action-Oriented
- Performance-Based & Outcomes-Driven
- Integrated

Community Assessment Survey for Older Adults (CASOA)

To inform the CA 2030 initiative and other work, CDA invested in the Community Assessment Survey for Older Adults (CASOA) — California's first statewide, statistically valid needs assessment focused on residents aged 55 and older. CASOA was designed as a survey to gather direct input from older Californians in all 58 counties to inform the development of inclusive, equitable, and responsive programs and services. The survey evaluated six key domains: Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Productive Activities.

Available in multiple languages and accessible formats, CASOA ensured broad participation across diverse communities. The insights collected were instrumental in shaping policies and initiatives aligned with the state's Master Plan for Aging, and in improving CDA programs, supports, and

services.

CASOA identified areas where California is excelling. One example is 80% of respondents rated their overall mental health/emotional well-being as excellent/good. A second example is access to community, with 70% percent rating their ease of getting to the places they usually have to visit as excellent/good.

CASOA also highlighted areas in need of improvement. One example is 40% reported that feeling lonely and isolated was a problem. A second example is 72% reported that not knowing what services are available in the community was a problem.

Scaling Statewide

CDA saw a dramatic increase in website visits between 2023 and 2024. There was an increase of approximately 60% with 775,430 visits in calendar year 2023 and 1,238,679 in 2024. The California Aging and Adult Information Line received 166,113 calls about aging services in 2024.

California by the Numbers
719,000 Californians 65 and older are living with Alzheimer's disease or related dementia.

Considering the steady increase in both website visits and call volume and the CASOA results, there is a growing demand for information about aging services. In particular, the 60% jump in website visits in just one year points to more consumers turning online to find what they need. At the same time, call numbers remain high, which tells us people still rely on direct help to navigate services. Together, these trends highlight an urgent need to make information more accessible, consistent, easier to understand, and available in one central place. That includes statewide resources as well as the provision of standardized enhanced information and assistance across the AAA network.

Local Area Plans

CDA and the statewide network of 33 AAAs share responsibility for planning for California's future long-term services and supports needs. Together, the AAA's Area Plans (APs) and the California OAA State Plan on Aging establish the framework for how the AAAs and CDA will deliver services to California's diverse population. CDA works in partnership with AAAs to: (1) make the AP review process more efficient for everyone involved, (2) ensure that future APs reflect state and local priorities, and (3) enable CDA to better track program compliance. A major component of the OAA State Plan development is an in-depth analysis of each AAA's 2024-2028 Area Plan. Every four years, when developing a new AP, each AAA conducts a local needs assessment. The needs assessment must, at a minimum, include a survey of older adults and a review of data related to demographics and social services, though it usually involves more, such as focus groups, interviews with service providers and program participants, and input from local advocates and advisory panels. These needs assessments help AAAs determine local priorities. AAAs also hold at least one public hearing on their AP every year.

Common needs that emerged in recent assessments conducted across local jurisdictions include:

- Enhance collaboration between state agencies, aging service providers, and local stakeholders to improve coordination, close service gaps, and reduce redundancies.
- Expand access to key services, such as transportation, in-home care, and nutrition programs, particularly in rural areas, where workforce shortages impact service delivery.
- Strengthen family caregiver support through evidence-based programs, support groups, and expanding respite care options to ease caregiver burden.
- Protect older adults from fraud, abuse, neglect, and exploitation, including launching statewide awareness campaigns to address rising cases of fraud and financial exploitation.
- Modernize systems and reduce administrative burdens, ensuring more efficient data collection, reporting, and service delivery.
- Address workforce shortages by investing in training programs and professional development opportunities for direct care workers.
- Foster community engagement by supporting age-friendly and dementia-friendly initiatives to combat isolation and promote healthy aging.

Informing California's Older Americans Act State Plan on Aging

As this work commences, CDA draws on California's 10-year Master Plan for Aging, extensive CA 2030 stakeholder engagement work, the statewide CASOA results, and the Older Americans Act (OAA) Final Rule, the first significant update since 1988 of the federal regulations governing how local programs are delivered. The aim of this federal update is to modernize the regulations, align them with current statutes, and address the evolving needs of older adults and family caregivers by strengthening service coordination, prioritizing those with greatest social and economic needs, and improving outcomes for all program participants.

The goals, objectives, and strategies outlined in this OAA State Plan on Aging were developed in alignment with in-depth analysis of 33 AAA four-year Area Plans, the OAA Final Rule, the strategic statewide aging services initiatives, and the identified priorities and key themes that emerged. These goals and objectives provide a roadmap for enhanced service delivery, improved system efficiency, and greater support for older adults, people with disabilities, and family caregivers.

Public Input

CDA publicly posted the draft OAA State Plan in English, Spanish, Chinese, Korean, Vietnamese, and Filipino for a 30-day public comment period. In addition, CDA hosted an in-person public hearing in Los Angeles with Spanish translation and ASL interpretation services. The in-person public hearing was followed by two virtual hearings to present the plan and hear stakeholder input. One virtual public hearing was for all stakeholders across California and the other was presented to Tribal partners. The virtual hearings featured live ASL interpretation and closed captioning. Recordings are available on CDA's YouTube channel. To ensure broad engagement, public comment was also solicited via an anonymous online survey that was available in English,

Spanish, Chinese, Korean, Vietnamese, and Filipino to maximize participation across diverse populations. In addition to the public at large, CDA invited and received substantial feedback from stakeholders across the aging and disability communities by actively promoting the public comment period through its listserv of approximately 6600 individuals and organizations and through announcements at public stakeholder meetings. A total of 71 individuals provided comments on the plan, through verbal comments during public hearings, participation in an anonymous online survey, and by submitting formal letters and emails.

All public and stakeholder input was reviewed by CDA. Where applicable to OAA programs and services, public and stakeholder input informed meaningful revisions to the plan. A summary of broad themes included:

- Increase Outreach and Communication & Strengthen Partnerships
- Acknowledge and Elevate LGBTQIA+ Older Adults and People Aging with HIV and AIDS
- Elevate Populations and Key Services
- Prioritize Affordable Housing & Assistance
- Emphasize the Importance of Disaster Preparedness
- Integrate Oral Health Care for Older Adults
- Address Transportation/ Integrated Transportation
- Promote Health and Nutrition
- Examine Artificial Intelligence as it Relates to Fraud and Abuse Prevention Strategies
- Deepen Tribal Partnerships
- Adopt Suggested Language and Improve Measurability of the Plan

A list of all individuals and organizations that provided written input during the public comment period is posted to CDA’s website with a summary of feedback received.

Stewardship and Oversight

PROGRAMS AND SERVICES

CDA, the AAAs, and the network of aging service providers across California deliver a wide variety of services to older adults, people with disabilities, and family caregivers. Most of the programs described below are funded, at least in part, by federal funds provided under the OAA or by other federal grants. CDA performs a leadership and oversight role for all these programs and the 33 California AAAs.

OLDER AMERICANS ACT CORE PROGRAMS

Supportive Services (Title III B)

The Title III B Supportive Services program enables older adults to access services that address functional limitations, promote socialization, foster continued health and independence, and protect elder rights. Services include, but are not limited to, transportation, case management, legal assistance, personal care, homemaker services, home repair, telephone reassurance, and more. Together, these services promote older adults' ability to maintain the highest possible levels of function, participation, and dignity in the community. During State Fiscal Year 2023-24, programs under Title III B Supportive Services served nearly 950,000 people throughout the state.

Legal Assistance *(*42 USC 3026 (a)(2)(C*)*

As a required service under the Title III B Supportive Services program, every AAA has a legal assistance program to help older adults resolve their legal issues. The assistance can address housing, consumer fraud, elder abuse, Social Security, Supplemental Security Income (SSI), Medicare, Medicaid (Medi-Cal in California), age discrimination, pensions, nursing homes, conservatorships, and other matters. During State Fiscal Year 2023-24, statewide legal assistance programs served over 21,000 older adults.

Congregate Nutrition (Title III C-1)

The Title III C-1 Congregate Nutrition Program provides nutritious meals to older adults in both in-person settings, including senior centers and other locations throughout the state, and in virtual congregate settings. In addition to meals, the program provides nutrition education, nutrition risk screening, and, in some cases, nutrition counseling.

Home-Delivered Nutrition (Title III C-2)

The Title III C-2 Home-Delivered Nutrition Program provides nutritious meals for older adults via home delivery or meals to go. In addition to meals, the program provides nutrition education, nutrition risk screening, and, in some areas, nutrition counseling. Eligibility criteria for home-delivered meals include individuals who have limited ability to leave their home unassisted or to shop for and prepare nutritious meals, or those who have a social or economic need for home-delivered or to-go meals.

- **Total Meals Provided:** During State Fiscal Year 2023-24, nearly 24 million meals, representing 6.8 million congregate meals and 17 million home-delivered meals, were provided to 316,000 older Californians using Title III C-1 and Title III C-2 funds in addition to other state and federal funding, such as American Rescue Plan Act and Older Californians Act Nutrition

Modernization funds.

Health Promotion – Evidence-Based (Title III D)

The Title III D Health Promotion program helps older adults to improve their health and well-being and reduce the risk of disease and injury. Older adult participants receive education and assistance developing skills to improve their health and functional status, manage chronic conditions, and reduce the risk of falls using Title III D and American Rescue Plan Act funds to provide evidence-based programs that have been proven effective. A wide variety of programs are offered including fall prevention, chronic disease self-management, mental health, and family caregiver support. During State Fiscal Year 2023-24, the program supported over 15,000 older adults statewide through funding received for program implementation.

Family Caregiver Support Program (Title III E)

The Title III E Family Caregiver Support Program (FCSP) provides a local system of support services to family caregivers who provide in-home and community care to an older individual or an individual of any age with Alzheimer's disease or a related disorder. The program also provides support services to older relative caregivers who are primarily caring for a child or individual with a disability. These services include, but are not limited to, helping family caregivers find and access needed information and assistance such as legal resources, providing family caregiver training, offering in-home or out-of-home respite care, and coordinating supplemental services such as home modifications, consumable supplies, and assistive technology to aid the family caregiver in fulfilling their caregiving duties. During the State Fiscal Year 2023-24, the FCSP served an estimated 40,316 family caregivers throughout the state.

Long-Term Care Ombudsman Program (Titles III B and VII - Chapter 2)

The Long-Term Care Ombudsman Program and its representatives assist people who live in long-term care facilities with issues related to day-to-day care, health, safety, and resident rights. The goal of the program is to ensure residents are treated with dignity and receive quality care. During Federal Fiscal Year 2024, the state's 35 local Ombudsman programs performed 69,645 facility visits, investigated 34,864 complaints made by or on behalf of long-term care residents, provided 84,167 instances of information and assistance to individuals, and responded to 21,724 calls made to a statewide toll-free CRISISline.

Elder Abuse Prevention Program (Title VII - Chapter 3)

The Elder Abuse Prevention Program provides services to develop, strengthen, and implement programs for the prevention, detection, assessment, and treatment of elder abuse. Activities include training, public education and outreach, and coordination of elder abuse prevention services with adult protective services, law enforcement, and the courts. During the State Fiscal Year 2023-24, this program provided 457 public education sessions, 508 professional training sessions, 202 caregiver training sessions, and more than 5,612 hours coordinating services with other state and local agencies in response to elder abuse allegations.

Senior Community Service Employment Program (Title V)

The Title V Senior Community Service Employment Program (SCSEP) is a work-based job training program for low-income, unemployed older adults. SCSEP participants, who train an average of 20

hours per week, gain work experience in a variety of community service activities at nonprofits and government agencies. SCSEP serves as a bridge to unsubsidized employment. During State Fiscal Year 2023-24, the program, which is funded by the U.S. Department of Labor (DOL), provided workforce training to 446 older adults, which led to 28 older adults obtaining unsubsidized employment. CDA submitted the SCSEP Stand-Alone State Plan PY 2024-2027 to DOL in March 2024.

CDA coordinates service provisions through a Memorandum of Understanding with eight AAAs and a SCSEP contract with two national SCSEP providers. While there are no programmatic requirements for coordination between SCSEP and other OAA programs, there is an expectation that SCSEP participants will be referred to additional OAA programs from which they may benefit.

ADDITIONAL CDA PROGRAMS

Disaster Preparedness (Older Americans Act Section 306(a)(17))

California is focused on enhancing its emergency preparedness for older adults, people with disabilities, and family caregivers, ensuring they have the resources, support, and services needed before, during, and after a disaster. CDA has developed Stewardship and Oversight Activities that ensure emergency plans are in place and are regularly reviewed. This includes requiring AAAs to develop and maintain up-to-date emergency preparedness and response plans that align with local and state emergency management protocols. Additionally, CDA monitors emergency coordination efforts by conducting Quarterly Emergency Management Meetings with AAAs to assess readiness, identify gaps, share resources, and help AAAs effectively communicate with local emergency management programs and partners (e.g., California Governor's Office of Emergency Services (Cal OES), local fire departments, and disaster response teams). CDA subject matter experts provide extensive education and promote readiness through distribution of emergency preparedness guides; strengthening partnerships with local, state, and federal agencies; and ensuring essential services like home-delivered meals and transportation continue uninterrupted even in times of disaster. In the face of a crisis, aging services providers are not considered first responders, though AAAs do play a critical role in the local community before, during, and after natural disasters, including extreme heat events.

The Los Angeles County Palisades and Eaton Fires in January 2025 demonstrated the strong collaboration between CDA and local AAAs, as well as community partners. These key partnerships built through ongoing disaster and emergency management and preparedness efforts helped to bolster communication, response coordination, and identification of needs. During the active fires, CDA conducted daily check-ins with AAAs, Long-Term Care Ombudsman, and aging services providers; coordinated additional printing, translation, and distribution of CDA's emergency preparedness guide; and worked across multiple departments, sharing information and updates with other federal, state, and local partners. The Los Angeles County AAA experienced the devastating loss of a senior center and congregate meal site in the Eaton Fire. Through active collaboration with local partners, the AAA has been able to fully restore services for those directly impacted by the loss of the senior center. CDA has remained involved in the recovery efforts at the local level by attending weekly calls with the Los Angeles County Health and Human Services Task Force and applying for and successfully obtaining a grant award from the Administration for Community Living (ACL).

Aging and Disability No Wrong Door (NWD)

The Aging and Disability No Wrong Door (NWD) model reduces the challenges in navigating and accessing information and services for older adults, people with disabilities, and family caregivers, regardless of where they live within the state. This empowers individuals to make informed decisions, to exercise choice in their long-term needs, and to achieve their personal goals and preferences. The NWD model may include components of the Aging and Disability Resource Connection (ADRC), which includes enhanced information and assistance, options counseling, short term service coordination, and transition services. CDA is fortunate to have had funding from ACL to support the creation of the state's first NWD Governance Council.

Health Insurance Counseling and Advocacy Program (HICAP)

HICAP is a community-based services program that empowers Medicare-eligible individuals and their families through unbiased outreach, education, counseling, and training, to promote informed health insurance decisions that optimize access to care and benefits. The program also helps people plan for long-term care needs and provides legal assistance or legal referrals for issues related to Medicare or long-term care insurance. In the State Fiscal Year 2023-24, the program provided one-on-one counseling to 49,852 unduplicated individuals.

Medicare Improvement for Patients and Providers Act (MIPPA)

The MIPPA program provides one-on-one counseling to Medicare beneficiaries to help them apply for benefit programs that help lower the costs of their Medicare premiums and deductibles. The program also educates Medicare beneficiaries about the Low-Income Subsidy program for Medicare Part D, Medicare Savings Programs, and Medicare Preventive Services. In the State Fiscal Year 2023-24, 38,498 individuals received one-on-one counseling where MIPPA topics were discussed.

CalFresh Healthy Living (7 CFR Section 272.2)

The CalFresh Healthy Living (CFHL) program, also called the Supplemental Nutrition Assistance Program—Education or SNAP-ED, is funded through the U.S. Department of Agriculture and promotes healthy lifestyles by providing nutrition education, grocery budgeting tips, and physical activities. The program is offered by 20 of the state's 33 AAAs. During Federal Fiscal Year 2024, local AAA partners offered over 4,000 Direct Education Sessions statewide. Between Direct Education and Indirect Education, CFHL reached approximately 676,348 participants.

CalFresh Outreach (CFO)

Seventeen of the state's 33 AAAs offer application services through the CalFresh Outreach program. The program provides older adults and adults with disabilities receiving Supplemental Security Income (SSI)/State Supplemental Payment (SSP) benefits with support to apply for CalFresh food assistance. Both the California Department of Social Services and CDA are focused on increasing CalFresh enrollments for SSI/SSP recipients as a means of reducing food insecurity. CalFresh Outreach successfully reached and assisted approximately 39,917 older adults with their applications during Fiscal Year 2023-24.

California Caregiver Resource Centers (CRCs)

The California Department of Aging partners with a statewide network of 11 California Caregiver Resource Centers (CRCs) that provide services to family caregivers of adults affected by chronic and

debilitating health conditions including dementia, Alzheimer's disease, cerebrovascular diseases, degenerative diseases such as Parkinson's disease, Huntington's disease, multiple sclerosis, or traumatic brain injury, among others. The CRCs provide core support services to caregivers such as specialized information and referral, family consultation, care planning, respite care, support groups, professional training, education, legal aid, and others. In FY 2023-24, the CRCs conducted over 4,134 caregiver assessments to help identify each caregiver's unique needs and connect them with necessary support services. This is a state General Fund-supported program.

Office of the Long-Term Care Patient Representative

The Office of the Long-Term Care Patient Representative (OLTCPR) provides trained representatives for specified long-term care residents who may need medical treatment but lack the capacity to make health care decisions and have no legal surrogate authorized to make decisions on their behalf. Under state law (Health and Safety Code section 1418.8), skilled nursing and intermediate care facilities may convene an interdisciplinary team to make medical decisions for residents who lack capacity and have no legal surrogate. These teams include the resident's physician, a registered nurse responsible for the resident's care, and other appropriate staff. In the past, the teams also sometimes included patient representatives, but this was not required. As the result of a court case, skilled nursing and intermediate care facilities are required to include a patient representative when they convene an interdisciplinary team. Facilities are responsible for identifying a friend, relative, or someone else to serve as a patient representative when an interdisciplinary team is convened. If the facility is unable to identify a representative, the OLTCPR will provide a public patient representative who has completed the required training and passed a criminal background check. In the first full year of operation, OLTCPR participated in 334 interdisciplinary team meetings.

CDA PROGRAMS FUNDED THROUGH MEDICAID (MEDI-CAL)

Community-Based Adult Services (CBAS)

The Community-Based Adult Services (CBAS) program, also known as Adult Day Health Care, is an alternative to skilled nursing facilities for people who are able to live at home with the aid of nursing services, personal care and/or social services, therapeutic activities, and a meal. CBAS receives state and federal funds through Medi-Cal (California's Medicaid program). In fiscal year 2023-24, 40,359 Individuals were served through 299 CBAS Centers.

Multipurpose Senior Services Program (MSSP)

The Multipurpose Senior Services Program (MSSP) is designed to help Californians aged 60+ who are at risk of nursing facility placement to remain living in their homes or in the community. The program achieves this objective by arranging assistance and managing a broad set of services, including adult day care, home modifications, and care management services. MSSP receives state and federal Medicaid funds. MSSP serves on average 10,250 participants per year through utilization of 11,518 waiver slots across 37 sites around the state.

OLDER AMERICANS ACT TITLE VI NATIVE AMERICAN SERVICES

Under Title VI of the Older Americans Act, the federal government directly funds programs that support Native Americans in the areas of nutrition and supportive services for older adults, people with disabilities, and family caregiver services. Title VI funds in California are not overseen by CDA, but the federal government requires each State Unit on Aging to promote coordination between Title III programs and Title VI programs. Currently, California has 35 tribal governments and partner organizations receiving Title VI Part A and Part B funding. CDA has prioritized increasing the number of AAAs actively collaborating with tribal governments and partner organizations in furtherance of California's longstanding commitment to government-to-government partnerships with tribal organizations. In late 2024, CDA hosted the first CDA Title VI Tribal Partners meeting. CDA shared resources and surveyed participants on topics of interest for future convenings. CDA is currently in the process of hiring a Tribal Affairs Manager to lead this important work.

California by the Numbers
California is home to 109 federally recognized Native American Tribes with more than 145,000 American Indian – Alaska Natives aged 65 or older.

Quality Management

Effective stewardship and oversight are integral parts of supporting CDA's mission and values. In addition to policies and procedures, CDA provides ongoing formal and informal technical assistance, training, monitoring, written guidance, and on-site visits to AAAs and other providers. The department also routinely analyzes both fiscal and performance data to identify patterns that may indicate the need for further attention and guidance.

In addition to regular engagement with AAAs and aging network providers, CDA has launched key quality management initiatives designed to enhance performance feedback, tracking, data management, and reporting and transparency. As of 2025, these initiatives are either fully implemented or efforts are underway to move toward full implementation. These include:

- **AAA Monitoring**: CDA has developed and implemented an effective, streamlined procedure to remotely monitor AAAs' compliance with federal, state, and contract requirements. In addition to intensive contract reviews and fiscal audits every three to four years, the team has deployed the following supportive practices:
    - Monthly one-on-one meetings with each Planning and Service Area (PSA) to review current performance measures and provide technical assistance.
    - Quarterly meetings with AAAs to review fiscal and program updates, discuss any concerns, and share best practices.
    - Ad hoc meetings to provide technical assistance.
    - Additional monitoring processes are under development to further enhance the compliance review for local service providers.
- **Enterprise Risk Management**: CDA is finalizing the development and implementation of an Enterprise Risk Management assessment. This new process will enable the department to track and mitigate internal and external program risks to support stronger performance. CDA will

develop a governance structure to determine the prioritization of risks, aiding monitoring and audit teams with focused data in support of targeted performance improvement.

- **California Aging Reporting System (CARS)**: To ensure compliant data reporting to the federal government and enhance the state's ability to provide performance outcomes, CDA has updated its reporting system to meet new requirements for the OAA State Program Report (SPR).
- **LTC Ombudsman Quality Review Protocols**: The Office of the State Long-Term Care Ombudsman implemented a Quality Review protocol that produces a summary of local Ombudsman Program organizations' compliance with State and federal requirements and associated performance indicators. These outcomes are compared to Baseline Measures published in each Area Plan to identify risks, assess the need for local program technical assistance, and monitor performance improvements. In addition, this process captures testimony from local program leaders reflecting how local relationships and technical support have improved service delivery.

California by the Numbers
CDA oversees 35 local Long-Term Care Ombudsman (LTCO) programs and 26 Health Insurance Counseling and Advocacy Programs (HICAP).

CALIFORNIA OAA STATE PLAN 2025-2029 GOALS AND OBJECTIVES

CDA is proud to advance six priorities in its OAA State Plan, with goals and objectives for each:

1. **Enhance Outreach, Information, and Assistance**
2. **Increase Opportunities to Age-in-Place in Home and Community-Based Settings**
3. **Prevent Isolation, Promote Inclusion, and Advocate for Elder Justice**
4. **Strengthen Partnerships**
5. **Advance Strategies to Improve Financial Security and Economic Support**
6. **Support Aging Services Providers Statewide**

CDA continues to strengthen key outcome metrics by continuously improving the data sources, data reporting processes, and transparent, user-friendly dashboards.

Goal 1: Enhance Outreach, Information, and Assistance: CDA will increase public visibility, raise awareness, foster engagement, and promote education for older adults, people with disabilities, and family caregivers with focused attention on those with the greatest social and economic needs.

Objective 1.1: Increase public awareness of aging services through targeted outreach.

Key Strategies:

- Organize targeted outreach campaigns within the AAAs and provider network to educate about consumer issues and available OAA programs. This includes highlighting Senior Nutrition Month, Older Americans Month, Emergency Preparedness Month, and Family Caregiver Month among others.
- Collaborate with CDA's Tribal Affairs Manager to link OAA Title III and Title VI programs to promote access and streamline delivery of services.
- Update CDA's statewide Aging Resource Guide with services available through Title III B and Tribal Governments and Partner Organizations.
- Clarify statewide service delivery standards, performance metrics, and funding sources to ensure all AAAs can provide Enhanced Information and Assistance to the communities they serve.
- Support the AAA network in providing local, in-person community engagement opportunities and remote or virtual offerings that can be accessed online and/or by phone.

Objective 1.2: Establish a statewide Aging & Disability No Wrong Door (NWD) System.

Key Strategies:

- Develop and establish a statewide service provider directory to provide person-centered navigation services to connect older adults, people with disabilities, family members, and caregivers to a wide range of Long-Term Services and Supports (LTSS) and other services.
- Implement a statewide Aging and Disability NWD marketing and outreach campaign.
- Provide opportunities for consumers, caregivers, and providers to give advice and feedback through vehicles such as the Aging and Disability Resource Connection (ADRC) Advisory Committee and other stakeholder groups.
- Modernize the statewide California Aging and Adult Information Line (1-800-510-2020) in partnership with the AAA network and in alignment with No Wrong Door/ADRC strategies.

Objective 1.3: Modernize the Health Insurance Counseling and Advocacy Program (HICAP) to ensure Medicare-eligible Californians receive the insurance counseling they need and successfully enroll in the insurance plan of their choice.

Key Strategies:

- Implement the five-year HICAP Modernization Plan in collaboration with key state and local stakeholders.
- Engage local HICAP providers in developing workplans in support of the five-year HICAP Modernization Plan.
- Provide technical assistance and training to AAAs/local HICAPs to provide accurate, objective, and comprehensive information and assistance on Medicare and related health insurance.
- Serve as a resource by regularly distributing objective, verified, local, state, and federal Medicare and related health insurance information.
- Develop a statewide branding, marketing, and outreach campaign.
- Partner with local HICAP providers in the development of Medicare training plans, updates to the HICAP manual, and other program-related information.

Objective 1.4: Increase awareness and outreach to family caregivers by aligning program outreach efforts with the actions under Goal 1 found within the 2022 National Strategy to Support Family Caregivers.

Key Strategies:

- Engage with AAA Title III E program managers to identify training and resource needs, and share person-centered, accessible, linguistically, and culturally appropriate best practices for family caregiver support programs.
- Meet quarterly with partners to identify and develop best practices for community outreach and provision of information and assistance services for all, including tribal governments and partner organizations and rural communities, with the goal of raising awareness of family caregiver services.
- Prioritize advancing understanding of the definition of caregiving to encourage more family caregivers to self-identify and seek support.
- Implement the ACL-funded CalCARES grant to include making the CalGrows training library publicly available for family caregivers.

Objective 1.5: Improve emergency preparedness through a learning community that exchanges information (training, resources, best practices) to prepare for disasters before they happen, to remain safe during the disaster, and aid in recovery efforts after disasters occur.

Key Strategies:

- Require updated AAA emergency plans annually with specific guidance on what must be included to ensure continuity of operations.
- Educate the public about emergency preparedness tools, planning, and resources by distributing California's Emergency Preparedness Guide statewide in multiple languages —

making sure it is made available to older adults, people with disabilities, family caregivers, and service providers.
- Continue joint CDA/AAA Quarterly Emergency Management meetings where CDA facilitates the exchange of local, regional, statewide, and federal information and resources.
- Support local efforts in emergency preparedness through partnership with the California Governor's Office of Emergency Services (Cal OES), California Health & Human Services Agency, Federal Emergency Management Agency, Red Cross, and local emergency agencies, to streamline information sharing before, during, and after disasters.
- Actively promote emergency services available to older adults, people with disabilities, and family caregivers through coordinated messaging and tailored outreach campaigns in partnership with Listos California, Cal OES, California Department of Public Health, and other statewide entities.

Objective 1.6: Promote the Role and Importance of the Long-Term Care Ombudsman.

Key Strategies:

- Design, develop, and implement the re-branding of the Long-Term Care Ombudsman (LTCO) Program to help residents, families, and chosen support people understand how LTCO representatives can assist the public.
- Design, develop, and implement a statewide volunteer outreach and recruitment strategy to increase awareness about the opportunity to volunteer in the community as a LTC Ombudsman.
- Design, develop, and implement a centralized volunteer intake and uniform application process.

Objective 1.7: Provide Language Access and ADA Accessible Programs and Services.

Key Strategies:

- Fully implement the department's Language Access Plan with translation of all vital documents on CDA website.
- Ensure that all public webinars offer American Sign Language interpretation, closed captioning, and translation services upon request.
- Expand the Emergency Resource Guide beyond seven current languages to include additional language translations that reflect California's diverse populations. This initiative will enhance the accessibility of vital emergency preparedness information for older adults, people with disabilities, and family caregivers who have limited English proficiency.

Goal 1 Expected Outcomes
• Progress toward implementation of the No Wrong Door system • Implementation of HICAP Modernization workplan including increased reach and access • Increased family caregiver program visibility and documented outcomes through data • Statewide tracking of disaster preparedness efforts • Updates on efforts to improve language access through the expansion of translated materials • Standardized data collection for all objectives • Development of reporting dashboards showing key performance measures and trends

Goal 2: Increase Opportunities to Age-in-Place in Home and Community Based Settings: CDA will support the ability of older adults and people with disabilities to age in the setting of their choice by expanding access to health and supportive services, nutrition, and family caregiver support.

Objective 2.1: Strengthen OAA in-home services across the Aging Network through the delivery of person-centered services for all eligible Californians.

Key Strategies:

- Review AAA performance data to identify the most utilized OAA in-home services.
- Collaborate with AAAs to develop standards for statewide services to improve consistency and access.
- Work with partners to establish best practices for providing person-centered care.
- Update program guidance including policies and procedures.

Objective 2.2: Improve the health and well-being of older adults by increasing access to congregate and home-delivered meals, nutrition counseling and education, and food assistance programs.

Key Strategies:

- Expand access to OAA Title III C meals through collaboration with restaurants to provide meals that meet the cultural preferences of older adults, including offering dining options in rural communities where OAA Title III C services may be limited.
- Expand the provision of emergency shelf-stable meals to ensure older adults have food when providers may not be able to deliver meals during emergencies.
- Expand Nutrition Counseling services aimed at providing guidance to individuals who are at nutritional risk because of their health or nutrition history, or due to malnutrition, dietary intake, chronic illness, or medication use, through initial and annual nutrition risk screening using the "Determine Your Nutritional Health" checklist.
- Continue collaboration with the California Department of Food and Agriculture (CDFA) for distribution of vouchers through the Senior Farmers' Market Nutrition Program (SFMNP) for older adults.
- Support CDA's Tribal Affairs Manager in identifying opportunities for collaboration between the Title III C and Title VI nutrition programs.
- Develop and implement consistent senior nutrition performance measures and data requirements.
- Expand CalFresh Healthy Living to additional AAA sites.

Objective 2.3: Improve the health and well-being of older adults by increasing access to health promotion programs and services.

Key Strategies:

- Strengthen Title III D program compliance and fidelity through development of comprehensive policies and procedures and provide the AAAs with training on the new policies and procedures to assist with local implementation.

- Increase Title III D program sites and/or virtual offerings to reach a broader population with social and economic needs.
- Identify opportunities for Title III D and CalFresh Healthy Living to work together to leverage resources to cover expenses for shared curriculum (licensing, materials, and instructor training), while adhering to distinct program requirements.
- Sustain fall prevention programs and services through collaboration with other departments and leveraging other programs and sources including Title III B Supportive Services, Title III D Evidence Based Programs, and one-time state Modernizing Older Californians Act funding for services such as home safety assessments, home modifications and safety equipment, community education, and evidence-based fall prevention classes.

Objective 2.4: Coordinate efforts between the Family Caregiver Support Program and local partners to strengthen and expand the accessibility of supportive services and resources that are person-centered for both the family caregiver and care recipient, and that align with the actions under Goals 2 & 3 found within the 2022 National Strategy to Support Family Caregivers.

Key Strategies:

- Leverage resources and work collaboratively with the AAAs, CRCs, and other caregiver organizations to streamline and standardize a shared caregiver assessment tool to enhance data collection for caregivers and support a "no wrong door" system.
- Continue to participate in state and federal webinars, discussions, and workgroups such as those provided through the National Technical Assistance Center on Grandfamilies and Kinship families to inform recommendations and to coordinate resources for older relative caregivers served under the FCSP.
- Explore and identify the best practices and potential program development within the *Lifespan Respite* model in support of person-centered care.
- Collaborate with other state departments such as the California Department of Social Services' (CDSS) consumer-directed In-Home Supportive Services program and the Department of Health Care Services' (DHCS) CalAIM respite community support benefit to provide additional resources for family caregivers.

California by the Numbers
California is home to 4.5 million family caregivers. There are 11 state-funded Caregiver Resource Centers (CRCs) that provide services in all 58 counties.

Objective 2.5: Strengthen Leadership in the Home and Community Living Network.

Key Strategies:

- Serve as Co-chair of the CalHHS Agency Disability and Aging Community Living Advisory Committee (DACLAC) with the California Department of Rehabilitation (DOR). DACLAC advises CalHHS Agency on community living policies and programs, such as long-term services and supports, home and community-based services, transportation, housing, and employment with the goal to advance inclusion, integration, and equity. Committee members are consumers, family members, providers, and advocates. This committee upholds the state's commitment to the Olmstead *v* L.C. decision.

- Enhance access to programs and services. California is developing a two-part Home and Community-Based Services (HCBS) Gap Analysis and Multiyear Roadmap that will chart a path forward to build out California's HCBS infrastructure for both Medicaid and non-Medicaid services and supports.
- Build and strengthen a qualified workforce. California is continuing to build the workforce pipeline to increase the number of direct care and specialized workers, including peer support specialists and community health workers, available to care for a growing aging population.
- Explore financing options. CDA is leading a cross-agency initiative to support data analysis and research focused on LTSS financing options for older adults and people with disabilities who fall in the "missing middle" income level.
- Facilitate and expand community-based provider networks, including Community Care Hubs that increase partnerships with health care providers, e.g. confidential data sharing, allowable use of multiple funding sources, contract and payment negotiations, and conflict of interest provisions.

Goal 2 Expected Outcomes
• Measured expansion in flexible nutrition services, including to-go and home-delivered meals, and increasing access to the Senior Farmers' Market Nutrition Program and CalFresh Healthy Living • Increased statewide access to evidence-based health promotion and fall prevention programs • Increased access to family caregiver services • Increased training and coordination between Title III E and Title VI providers • Improved data collection demonstrating service outreach to those with the greatest social and economic needs • Demonstration of performance through dashboards including Master Plan for Aging and CDA data • Developed HCBS Gap Analysis Roadmap of statewide collaboration and opportunities for aging services partners

Goal 3: Prevent Isolation, Promote Inclusion, and Advocate for Elder Justice: ***CDA will seek to combat loneliness and isolation with policies and programs that ensure accessibility for all, including vulnerable populations at risk of fraud, abuse, neglect, and exploitation.***

Objective 3.1 Expand access to Title III B legal assistance services to ensure that more older Californians have access to a Legal Services program to protect rights and secure justice.

Key Strategies:

- Collaborate with the AAA's and California's network of aging services providers to identify challenges experienced when bringing Legal Services to isolated areas.
- Provide focused technical assistance to improve the reach and delivery of Legal Services to rural communities.
- Establish a work group comprised of stakeholders representing California Legal Services providers, AAAs, elder justice advocates, and consumers to leverage statewide resources, develop specialized expertise, and incorporate initiatives from the Master Plan for Aging.
- Assess and recommend opportunities for improvement in the role of the State Legal Assistance Developer.
- Further align legal assistance services with the legal services provider network.

Objective 3.2: Improve the Long-Term Care Ombudsman Programs' capacity to respond to concerns made by or on behalf of Long-Term Care residents.

Key Strategies:

- Implement the LTCO Volunteer Outreach and Recruitment campaign to increase the LTCO volunteer workforce.
- Analyze resident complaint data and identify trends to target technical assistance needs of Ombudsman representatives.
- Conduct a modernized, performance-based quality review process to monitor the local LTC Ombudsman Programs and identify gaps in knowledge.
- Strengthen partnerships with state licensing partners to find solutions for issues and problems impacting quality of care and resident rights.

California by the Numbers
Statewide, there are 1,189 Skilled Nursing Facilities, 7,798 Residential Care Facilities for the Elderly (including board and care homes and assisted living), and 5,853 Adult Residential Facilities with more than 361,000 combined beds.

Objective 3.3: Promote strategies to reduce and prevent fraud, abuse, neglect, and exploitation of older adults, and advocate for Elder Justice.

Key Strategies:

- Continue to provide public education, outreach, and training in partnership with adult protective services, law enforcement, and the courts on the topics of prevention, detection, assessment, and treatment of elder abuse.
- Explore opportunities to partner with the California Department of Consumer Affairs' Senior Scam Stoppers through CDA's Learning Management System.
- Continue CDA's leadership role as Chair of the state Elder and Disability Justice Coordinating Council on behalf of the CalHHS Agency, in collaboration with the California Office of the Attorney General and partners in the aging and disability communities, in alignment with the Master Plan for Aging.

Objective 3.4: Support the behavioral health needs of older adults, adults with disabilities, and family caregivers in partnership with the Department of Health Care Services, the Department of Public Health, the Department of Health Care Access and Information, and behavioral health stakeholders.

Key Strategies:

- Maintain public-private partnership with Friendship Line California, a statewide, 24-hour behavioral health support warm line for older adults. This will include increasing language access to the line and implementing a client satisfaction survey to evaluate the line's effectiveness.
- Educate AAAs and aging services providers on the opportunities for local partnership and funding through voter-approved Proposition 1, California's Behavioral Health Services Act.
- Continue to collaborate with the California Department of Public Health and 988 California to identify effective interventions to reduce the rates of older adult suicide.

- Explore strategies to reduce isolation and increase social connection for older adults as part of CDA's Older Adult Behavioral Health initiative.

Baseline: CDA received funding in FYs 2023-24 and 2024-25 to continue supporting Friendship Line California, a free crisis intervention hotline and warmline for nonemergency emotional support calls for people aged 60 and older and adults with disabilities. In 2024, language access was expanded to include emotional support in English, Spanish, Korean, Tagalog, Vietnamese, Cantonese, and Mandarin. From January through November 2024, the Friendship Line engaged in 117,673 calls.

Goal 3 Expected Outcomes
• Increased participation in Title III B programs to reduce social isolation among hard-to-reach populations • Increased accessibility to Legal Services in rural areas • Launched and measured expanded LTCO volunteer recruitment, statewide training modules, and increased presence in licensed care facilities • Expanded training and abuse prevention programs statewide • Increased access to behavioral health services through warmline support services and targeted outreach to those experiencing loneliness, stress, or depression

Goal 4: Strengthen Partnerships: CDA will enhance communication and increase engagement with key stakeholders including Area Agencies on Aging (AAAs), County Governments, Tribal Governments and Partner Organizations, Policymakers, Community-Based Organizations, Faith Communities, and Health Care Providers.

Objective 4.1: California for All Ages and Abilities — Encourage and support local jurisdictions in developing, implementing, and evaluating community-led local master plans for aging.

Key Strategies:

- Develop, implement, and evaluate age- and disability-friendly plans, such as the MPA Local Playbook and the Rural Multisector Plan for Aging Toolkit (activity included in California's MPA initiatives).
- Support and evaluate the impact of California's Local Aging and Disability Action Planning grant program, implemented in 30 local communities.

Objective 4.2: Tribal Governments and Partner Organizations — Expand access to Older Americans Act programs and services for Native American, Alaska Native residents, and Tribal Organizations.

Key Strategies:

- Form a Community of Practice with representation from the 35 OAA Title VI grantees and 33 AAAs to build trust and foster the exchange of information, share OAA resources, and promote best practices.
- Conduct data analysis to map California's 109 federally recognized Tribes and the 33 AAAs to determine opportunities for local engagement.

- Establish connections and collaborate with other governmental Tribal Organization liaisons in the Governor's Office, other state Agencies and departments, the federal Administration for Community Living, and other pertinent governmental agencies.
- Expand CDA's outreach to and engagement with Tribal Organizations via the department's website, social media, and other communication channels.
- Participate in the Governor's annual Government to Government Consultation with Tribal Leaders.

Objective 4.3: Facilitate coordination with County services including Medicaid Eligibility Determination, Adult Protective Services, In-Home Supportive Services, Housing and Homelessness Services, Public Guardian/Conservators, Emergency/Disaster Response services, and Veteran's Services, among others, to support streamlined access to coordinated services and better outcomes for older adults, people with disabilities, and family caregivers.

Key Strategies:

- Continue CDA's leadership role on the California Interagency Council on Homelessness as lead state representative for older adults.
- Share peer-to-peer models of AAA collaboration with county government with the three PSA models in California: 1) county embedded AAA, 2) Joint Powers Agreement, or 3) private nonprofit entity.
- Explore and deepen partnerships with California State Libraries, California State Parks and Recreation, and California Volunteers, among others.
- Facilitate discussion and solution-seeking to further data exchange and interoperability between AAAs and county entities.
- Continue to strengthen partnership with County leadership on issues impacting older adults in collaboration with the California State Association of Counties and County Welfare Directors Association of California.

Goal 4 Expected Outcome
• Formalize engagement and partnership between CDA and tribal governments and partner organizations • Create map of California-recognized Tribal Nations and local AAAs • Identify education and collaboration opportunities between CDA, AAAs, and Tribal entities • Track Local Master Plan for Aging work, reflected through dashboards • Commence coordination meetings with county services with outcomes captured

Goal 5: Advance Strategies to Improve Financial Security and Economic Support: *CDA will improve financial security and increase economic support for older adults, people with disabilities, and family caregivers by identifying employment opportunities, assisting with navigation of coverage and benefits, and removing barriers to access.*

Objective 5.1: Increase financial security and economic support for older adults.

Key Strategies:

- Offer part-time job training at local government and non-profit agencies to eligible older adults in California through the Senior Community Service Employment Program (SCSEP).

- Offer supportive services to SCSEP participants to obtain and maintain unsubsidized employment. Supportive services include but are not limited to clothing, transportation, housing expenses, glasses, and electronic devices.
- Launch California's new Certified Age Friendly Employer (CAFE) program and promote hiring older adults into state service as well as encouraging state employees upon retirement to consider returning as retired annuitants.
- Participate in Standing Quarterly Partnership meetings with California Workforce Development Board (CWDB) and National SCSEP providers to identify needs, share information, and discuss collaboration on meeting the objective for current and future State Plans.
- Advance the Memorandum of Understanding between CDA, the California Community College Chancellor's Office and the Labor & Workforce Development Agency (LWDA) to identify opportunities to retrain and upskill older adults for employment.

Objective 5.2: Assist Medicare beneficiaries with education and application completion through the California Medicare Improvements for Patients and Providers Act (MIPPA) project to improve access to the Low-Income Subsidy (LIS) program for Medicare Part D, Medicare Savings Programs (MSP), and Medicare Preventive Services.

Key Strategies:

- Enhance and increase one-on-one application assistance and enrollment efforts for Medicare beneficiaries who are eligible for LIS or MSP.
- Promote collaboration between local AAAs, the State Health Insurance Assistance Program (SHIP), and aging services provider networks to increase access to benefits and services for Medicare beneficiaries with the greatest social and economic needs.

Goal 5 Expected Outcomes
• Expand counseling and education on programs and preventive care services for Medicare beneficiaries with the greatest social and economic needs • Launch Certified Age Friendly Employer Program • Improve data collection and capture to identify results

Goal 6: Support for Aging Services Providers Statewide: CDA will equip aging services providers statewide with enhanced tools, training, and technical assistance to continue to deliver quality services to older adults, people with disabilities, and family caregivers.

Objective 6.1: Explore partnerships involving health care plans, long-term services and supports (LTSS) providers, government programs, and other health entities.

Key Strategies:

- Educate the AAA network regarding Community Care Hubs and the opportunities they bring to integrate health and social services in the community.
- Identify opportunities to expand the business acumen of AAAs and aging services providers including applying for grants, blending and braiding funding, and developing business partnerships to expand services in local communities.
- Participate in ongoing discussions with stakeholders exploring ways for community-based organizations and home and community-based service providers to partner with health plans

to increase older adults' access to needed services (e.g., care coordination, transitions, and behavioral health services).
- Partner with the Department of Health Care Services' (DHCS) Office of Medicare Innovation and Integration to support the state's strategies and models to support dual eligible Medicare/Medicaid beneficiaries in accessing high-quality services and supports, including behavioral health services.
- Partner with DHCS to implement CalAIM, a multi-year initiative to improve quality of life and health outcomes by implementing broad delivery system and program/payment reform across the Medi-Cal program.
- Partner with DHCS to develop the roadmap for providing Medi-Cal Home and Community-Based Services.

Objective 6.2: Develop supportive services programs and tools that enhance the quality of aging programs and aging services providers' service delivery, especially in areas of greatest social and economic need.

Key Strategies:

- Review, identify, and strengthen the data collection requirements for key supportive services programs including Enhanced Information and Assistance and the Family Caregiver Support Program.
- Develop the CDA Data Repository to capture consistent data and reports of statewide performance measures. This includes the creation of performance-based dashboards.
- Update CDA Service Categories and Data Dictionary to reflect streamlined and consistent descriptions of services.
- Establish a feedback process and cadence in partnership with AAAs to identify areas of improvement and strategies to manage change.
- Continue CDA's commitment to convene public webinars on a wide variety of topics of interest to the aging network, highlighting local leaders and best practices.

Objective 6.3: Streamline CDA's planning, monitoring, program operations, and fiscal processes related to AAAs and the network of providers.

Key Strategies:

- Update the required Area Plan document and streamline the Area Plan monitoring and review processes.
- Streamline the department's contracting and fund disbursement processes.
- Enhance the maintenance of a database of all monitoring findings and Corrective Action Plans (CAP) to help facilitate the identification of trends for areas of deficiencies and inform training needs for AAAs.
- Continue implementation of a CAP oversight process for intensive oversight/communication/follow-up with AAAs determined to be at high risk to ensure timely correction of priority findings and areas of deficiencies.
- Finalize and implement a post-monitoring assessment of risk protocol for each program to inform further monitoring and technical assistance needs.

Objective 6.4: Upgrade and integrate technology and data for action and performance.
Key Strategies:

- Launch CDA's Learning Management System to facilitate professional training of department staff and to host training for the Aging Network.
- Develop a single, statewide Customer Relationship Management (CRM) system to enable CDA and AAAs to efficiently collect, manage, track, analyze, and share data related to OAA programs.
- Expand, enhance, and interconnect the department's Data Repository and online dashboards.

Objective 6.5: Strengthen and support alignment between state and local aging providers to achieve person-centered, data-driven, equity-focused outcomes for the growing and diverse population of older adults, people with disabilities, and family caregivers in California.

Key Strategies:

- Lead a robust stakeholder consultation process to solicit input on Senate Bill 1249, the legislative vehicle that advances the CA 2030 initiative in statute.
- Develop draft regulations for public comment that address the three components of Senate Bill 1249:
  1) Statewide programs and performance measures,
  2) Planning and Service Area and Area Agency on Aging designation and de-designation criteria, and
  3) Updated Intrastate Funding Formula.
- Obtain Federal and State Legislature approval for proposed regulatory changes.

Goal 6 Expected Outcomes
• Track progress on implementation of CA Senate Bill 1249 • Improve program management tools, streamline processes, and enhance technical support for providers • Update policies and procedures, program staff training, and more efficient administrative systems • Develop CDA data repository, data dashboards, and tracking to improve public transparency

State Plan Guidance Attachment A
State Plan Assurances and Required Activities

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title – …

(2) The State agency shall –

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

. . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be –

…

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection

(a) shall include –

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall –

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have

greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

(C) legal assistance;

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

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

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

(4)(A)(i) (I) provide assurances that the area agency on aging will –

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of

sub-clause (I);

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

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared –

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will –

(i) identify individuals eligible for assistance under this Act, with special emphasis on –

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including

survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

(6) provide that the area agency on aging will

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community

service settings;

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

(E) establish effective and efficient procedures for coordination of

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

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

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

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

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

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

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

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

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

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

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

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

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

(9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the

total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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

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

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

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

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

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

(13) provide assurances that the area agency on aging will –

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

(B) disclose to the Assistant Secretary and the State agency

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

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

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

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

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

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

(15) provide assurances that funds received under this title will be used

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine –

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include –

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for

transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall –

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will –

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall –

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

(ii) identify, for each fiscal year to which the plan applies, the projected costs of

providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(i) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(ii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that –

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance –

(A) The plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation

project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals –

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for –

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared –

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area –

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include –

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will

(A) identify individuals eligible for assistance under this Act, with special emphasis on –

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who –

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall –

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made –

(A) to coordinate services provided under this Act with other State services that benefit

older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(B) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(C) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27)(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include –

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe –

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY. In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307 –

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for –

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except –

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

Susan DeMarois 6/30/2025

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California Department of Aging

Appendix B: Information Requirements

Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

(1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and

(2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

"*Greatest economic need*" means "the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses" (45 CFR § 1321.3).

"*Greatest social need*" means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency's response must establish how the State agency will:

(1) identify and consider populations in greatest economic need and greatest social need;

(2) describe how they target the identified populations for service provision;

(3) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;

(4) establish methods for serving the prioritized populations; and

(5) use data to evaluate whether and how the prioritized populations are being served.

Response:

Greatest economic need, as used in part, means the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses (45 CFR 1321.3 "Greatest economic need").

Greatest social need, as used in part, means the need caused by noneconomic factors, which include:

i. Physical and mental disabilities;

ii. Language barriers;

iii. Cultural, social, or geographical isolation, including due to:
   a. Racial or ethnic status;
   b. Native American identity;
   c. Religious affiliation;
   d. Sexual orientation, gender identity, or sex characteristics;
   e. HIV status;
   f. Chronic conditions;
   g. Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
   h. Interpersonal safety concerns;
   i. Rural location; or

(x) Any other status that:

(A) Restricts the ability of an individual to perform normal or routine daily tasks;

(B) Threatens the capacity of the individual to live independently; or

(4) Other needs as further defined by State and area plans based on local and individual factors (45 CFR 1321.3 “Greatest social need”).

CDA employs three primary mechanisms to ensure preference is given to older individuals with greatest economic and social need. First, CDA uses an Intrastate Funding Formula (IFF) to distribute federal and state funds to AAAs. The IFF is based on a combination of factors, including age, income, geographic isolation, racial or ethnic status, social isolation, and English language proficiency.

Second, each AAA’s four-year Area Plan and annual Area Plan Update must assess and describe the target populations within the AAA’s PSA where services will be focused. The AAA must also develop service goals and objectives that meet the needs of targeted populations and reduce barriers to services.

Third, CDA verifies that every AAA targets efforts to reach high-risk populations through annual contract requirements stipulating that the AAA and its subcontractors must serve all eligible people, especially targeted populations.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g): Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

Response:

Greatest Economic Need: California defines 'greatest economic need' as "the need resulting from an income level at or below 125% of the poverty level established by the U.S. Department of Health and Human Services."

Native American elders are considered to have greatest economic need if their household income is at or below 125% of the Federal Poverty Level, with consideration given to local cost-of-living, tribal enrollment, elder/disability status, or other Tribal-determined factors.

Greatest Social Need: The Older Americans Act defines 'greatest social need' as "the need caused by noneconomic factors that restrict an individual's ability to perform normal daily tasks or that threaten an individual's capacity to live independently. These factors include physical or mental disability, language barriers, and cultural social or geographical isolation due to racial and ethnic status, Native American identity, religious affiliation, sexual orientation, gender identity, or sex characteristics, HIV status, chronic conditions, housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, utility assistance needs, interpersonal safety concerns, rural location, or any other status that restricts the ability of an individual to perform normal or routine daily tasks, threatens the capacity of the individual to live independently or other needs as further defined by State and area plans based on local and individual factors. According to the California Health Interview Survey, over 13% of older adults in California reported severe levels of loneliness, equaling more than 1.1 million California residents over the age of 60. To further compound identified challenges, over 29% of older adults in California report having a physical and/or mental disability, or a social need caused by a noneconomic factor Implementation Demonstration (CFR § 1321.27(g)): California's Department of Aging will engage in formal consultation with Tribal governments and partner organizations to define and apply these thresholds. Coordination of services and outreach will be ensured for all Tribal elders, including those living off-reservation.

Activities to Increase Access and Coordination for Native American Older Adults

OAA Section 307(a)(21): The plan

shall —

…

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

(1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

(2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

Response:

CDA will continue to identify opportunities and strategies to increase older Native Americans' access to programs and benefits. To improve coordination between AAAs and tribal governments and partner organizations, CDA will partner with tribal entities to provide training for AAA staff on Native American culture and work to foster relationships between AAAs and local tribal organizations, such as the Ensuring Equity in Aging webinar series. The Master Plan for Aging's newly formed Equity in Aging Advisory Committee will invite participation and membership from Tribal communities. CDA's work in this area will include a focus on using data to determine how well AAAs are serving Native Americans.

CDA will develop policies and procedures (in consultation with the relevant Title VI program directors) to meet the requirements of 45 CFR 1321.53. CA SUA will submit a Corrective Action Plan (CAP) by October 1, 2025, to illustrate the timeline and milestones to be completed to meet the requirements.

At the local level, AAAs will continue to conduct a range of activities focused on increasing older Native Americans' access to programs and benefits. These activities will include collecting and analyzing data to better identify the needs of older Native Americans. AAAs are encouraged to partner with local tribal governments and partner organizations to establish coordinated activities, such as congregate and home-delivered meals and nutrition education. AAAs also engage Native American individuals as AAA advisory council members and conduct outreach to tribal communities.

Low Income Minority Older Adults

OAA Section 307(a)(14): (14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and
(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low- income minority older individuals with limited English proficiency.

Response:

CDA and AAA data and analysis assists with determining the population of low-income minority older individuals and those with limited English proficiency in each Planning and Service Area (PSA). This work supports focused engagement through targeted outreach and service delivery. CDA retrieves updated population-based data annually from credible sources to inform funding allocations supporting local efforts. This includes data identifying low-income minority individuals receiving higher weighting in the funding formula.

All AAAs target services to older adults with the greatest economic and social need. AAAs monitor contractors to ensure they meet program and performance objectives for serving targeted identified populations. Additional strategies employed to reach low-income minority older adults include employing bilingual staff and culturally competent non-bilingual staff to meet the service needs of targeted groups, including low-income minority individuals with limited English proficiency.

Additionally, AAAs devote considerable effort to educating the community about the service needs of older adults, especially for services provided under the OAA. AAAs use community fairs, public forums, and events as well as community education publications translated into a variety of languages to reach low-income minority individuals with limited English proficiency.

Rural Areas – Hold Harmless

OAA Section 307(a)(3):

The plan shall—
...

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Response:

Thirty-one of California's 33 AAAs have some rural (geographically isolated) population. To ensure a baseline level of funding, each PSA receives at least as much funding annually in total as it received in 2000. The Intrastate Funding Formula (IFF) allocates funds in part based on the number of people who are 60 and older who are geographically isolated. Demographic data used in the formula is updated annually with the best available data. In addition, the IFF acknowledges the cost of serving rural individuals by assigning greater weight when allocating funds to individuals who are geographically isolated.

Rural Areas – Needs and Fund Allocations

OAA Section 307(a)(10):

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Response:

California's IFF provides greater weight to people who are 60 and older and geographically isolated (i.e., rural) than those who are not. The formula assigns a weight of 1.5 to this factor. Within rural areas, low-income minority individuals receive the highest relative emphasis. Older people residing in rural areas are among those to whom AAAs target services through their RFP and contracting processes.

Assistive Technology

OAA Section 306(a)(6)(I):

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the area agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

Response:

Family Caregiver Support Program (Title III E)
In alignment with the Area Plans and local need assessments, the AAAs may provide supplemental services such as Assistive Technology to eligible family caregivers under the Family Caregiver Support Program (FCSP). Assistive technology includes but is not limited to lift chairs, bathtub transfer benches, electronic pill dispensers, or emergency alert fall prevention devices. Assistive technology devices are intended to support family caregivers in facilitating and fulfilling caregiving responsibilities. In FFY 2024, an estimated 492 unduplicated caregivers received assistive technology devices through the FCSP.

Personal and Home Devices (Title III B)

Services for the security and safety of their home environment, by providing safety features such as medical alert, alarms, smart devices, and assistive devices (including provision of assistive technology services and assistive technology devices).

Minimum Proportion of Funds

OAA Section 307(a)(2):

The plan shall provide that the State agency will —
…

(B) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

Response:

CDA's Area Plan Guidance requires AAAs to describe in their Area Plans how the AAA establishes priorities for the planning cycle, the factors influencing the AAA's priorities, and its plans for managing increased or decreased resources. The Area Plan must include the AAA's process for establishing an adequate proportion of funding for Title III access, in-home, and legal assistance, in keeping with federal and state requirements. Changes to adequate proportion must be reflected in the Area Plan Update.

California regulations and the CDA Memorandum of Understanding specifically require that AAAs meet the adequate proportion requirements for priority services.

CDA is currently researching the minimal amount of Title III-B funding that each AAA must spend on access, in-home, and legal assistance, and will submit a Corrective Action Plan (CAP) by October 1, 2025, to illustrate the timeline and milestones to be completed to meet the requirements.

Assessment of Statewide Service Delivery Model

OAA Section 307(a)(27):

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals

residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Response:

CDA's mission is to lead California's statewide aging network through future-focused planning, equitable programs, and collaborative partnerships that support older adults, people with disabilities, and family caregivers. The primary role of CDA is to support the statewide aging network in addressing the greatest economic and greatest social needs in their area as determined by local needs assessments and community-developed strategies.

Greatest economic need, as used in part, means the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses (45 CFR 1321.3 "Greatest economic need").

Greatest social need, as used in part, means the need caused by noneconomic factors, which include:

i. Physical and mental disabilities;
ii. Language barriers;
iii. Cultural, social, or geographical isolation, including due to:
    a. Racial or ethnic status;
    b. Native American identity;
    c. Religious affiliation;
    d. Sexual orientation, gender identity, or sex characteristics;
    e. HIV status;
    f. Chronic conditions;
    g. Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
    h. Interpersonal safety concerns;
    i. Rural location; or

(x) Any other status that:

(A) Restricts the ability of an individual to perform normal or routine daily tasks;

(B) Threatens the capacity of the individual to live independently; or

(4) Other needs as further defined by State and area plans based on local and individual factors (45 CFR 1321.3 "Greatest social need").

Future-Readying California's Aging Network

California 2030 was launched by CDA in late 2022 in collaboration with the California Association of Area Agencies on Aging, California State Association of Counties, County Welfare Directors

Association, and the California Commission on Aging. CA 2030's research and discovery processes solicited insights from more than 17,000 older adults, 162 AAA staff members, and 80 external stakeholders, applying new thinking to the state's 50-year-old aging network. Contributors to the process highlighted dramatic demographic shifts, changing family structures, and greater integration between health and social supports. Following an 18-month engagement, the CA 2030 Steering

Committee produced recommendations in the following areas:

1. Funding sources and capacities
2. Geography and demographics
3. Governance
4. Branding and communications
5. Programs and services
6. Performance measures

Moreover, CA 2030 stakeholders defined the ideal traits of a future-ready aging network as follows:

- Aging & Disability Forward
- Inclusive & Equitable
- Well-Known & Accessible
- Consistent
- Locally Responsive
- Strategic & Action-Oriented
- Performance-Based & Outcomes-Driven
- Integrated

Community Assessment Survey for Older Adults (CASOA)

To inform the CA 2030 initiative and other work, CDA invested in the Community Assessment Survey for Older Adults (CASOA) — California's first statewide, statistically valid needs assessment focused on residents aged 55 and older. CASOA was designed as a survey to gather direct input from older Californians in all 58 counties to inform the development of inclusive, equitable, and responsive programs and services. The survey evaluated six key domains: Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Productive Activities.

Available in multiple languages and accessible formats, CASOA ensured broad participation across diverse communities. The insights collected were instrumental in shaping polices and initiatives aligned with the state's Master Plan for Aging, and in improving CDA programs, supports, and services.

CASOA identified areas where California is excelling. One example is 80% of respondents rated their overall mental health/emotional wellbeing as excellent/good. A second example is access to community with 70% percent rating their ease of getting to the places they usually have to visit as excellent/good.

CASOA also highlighted areas in need of improvement. One example is 40% reported that feeling lonely and isolated was a problem. A second example is 72% reported that not knowing what services are available in the community was a problem.

Scaling Statewide

CDA has seen a dramatic increase in website visits between 2023 and 2024. There has been an increase of approximately 60% with 775,430 visits in calendar year 2023 and 1,238,679 in 2024. The California Information Line received 166,113 calls about aging services.

Considering the steady increase in both website visits and call volume, and based on the CASOA results, there is a growing demand for information about aging services. In particular, the 60 percent jump in website visits in just one year points to more consumers turning online to find what they need. At the same time, call numbers remain high, which tells us people still rely on direct help to navigate services. Together, these trends highlight an urgent need to make information more accessible, consistent, easier to understand, and available in one central place statewide as well as through the provision of standardized enhanced information and assistance across the AAA network.

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

(A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(iii) Such meals are to be provided to *complement* the congregate meal program:

(A) During disaster or emergency situations affecting the provision of nutrition services;

(B) To older individuals who have an occasional need for such meal; and/or

(C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

(1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;
(2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need

(3) Description of the eligibility criteria for service provision;

(4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

Response:

The state will not implement the optional provision in 45 CFR § 1321.87(a)(1)(ii). Note that since 45 CFR § 1321.87(a)(1)(ii) will not be implemented, 45 CFR § 1321.27 (j) will not be relevant.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:
How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

Response:

The Office of the State Long-Term Care Ombudsman is located within CDA and provides oversight to 35 local Long-Term Care (LTC) Ombudsman Programs. AAAs provide these programs directly or by subcontract. As advocates for residents of LTC facilities, the Office of the State LTC Ombudsman and local Ombudsman representatives promote residents' rights and provide assurances to protect these rights. Statewide, approximately 700 state-certified Ombudsman volunteers and paid local LTCOP staff identify, investigate, and resolve complaints and concerns on behalf of approximately 302,000 residents in nearly 1,230 Skilled Nursing Facilities (SNFs), including Distinct Part SNFs and Intermediate Care Facilities, plus approximately 7,300 Residential Care Facilities for the Elderly.

1) AAAs, directly or by subcontract, provide Programs for Prevention of Elder Abuse, Neglect and Exploitation under Title VII, Chapter 3. These services include public education sessions, distributing educational materials, training sessions for professionals and family caregivers served by Title III E and developing a coordinated system to respond to elder abuse.

2) The State holds public hearings to obtain stakeholder input on these programs during the State Plan review and development process.

3) The State reviews AAA Area Plans and Area Plan Updates to determine how Title VII funds are used to establish a coordinated system to respond to elder abuse. The State also monitors AAAs and their compliance with the provisions of Title VII, Chapter 3.

4) The State reviews funds expended under this Title and certifies these expenditures to the federal government.

5) The State imposes no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on entities seeking designation as local Ombudsman programs.

6) The State, through the AAAs, coordinates services locally with funds expended under Title VII, Chapter 3, and maintains the confidentiality of any reports of abuse or neglect.

Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

Response:

Legal Assistance *(42 USC 3026 (a)(2)(C)*
As a required service under the Title III B Supportive Services program, every AAA has a legal assistance program to help older adults resolve their legal issues. The assistance can address housing, consumer fraud, elder abuse, Social Security, Supplemental Security Income (SSI), Medicare, Medicaid (Medi-Cal in California), age discrimination, pensions, nursing homes, conservatorships, and other matters. During State Fiscal Year 2023-24, statewide legal assistance programs served over 21,000 older adults.

Elder Abuse Prevention Program (Title VII - Chapter 3)
The Elder Abuse Prevention program provides services to develop, strengthen, and implement programs for the prevention, detection, assessment, and treatment of elder abuse. Activities include training, public education and outreach, and coordination of elder abuse prevention services with adult protective services, law enforcement, and the courts. During the State Fiscal Year 2023-24, this program provided 457 public education sessions, 508 professional training sessions, 202 caregiver training sessions, and more than 5,612 hours coordinating services with other State and local agencies in response to elder abuse allegations.

The OAA State Plan on Aging identifies the following objective and supporting strategies to further strengthen California's work in this area:

Objective 3.3 in the state plan is to promote strategies to reduce and prevent fraud, abuse, neglect, and exploitation of older adults, and advocate for Elder Justice.

Strategies for this include:

- Continue to provide public education, outreach, and training in partnership with adult protective services, law enforcement, and the courts on the topics of prevention, detection, assessment, and treatment of elder abuse.
- Explore opportunities to partner with the California Department of Consumer Affairs' Senior Scam Stoppers through CDA's Learning Management System.
- Continue CDA's leadership role as Chair of the state Elder and Disability Justice Coordinating Council on behalf of the CalHHS Agency in collaboration with the California Office of the Attorney

General and partners in the aging and disability communities in alignment with the Master Plan for Aging.

Monitoring of Assurances

45 CFR § 1321.27 (m):
Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

Response:

Effective stewardship and oversight are integral parts of supporting CDA's mission and values. In addition to policies and procedures, CDA provides ongoing formal and informal technical assistance, training, monitoring, written guidance, and on-site visits to AAAs and other providers. The department also routinely analyzes both fiscal and performance data to identify patterns that may indicate the need for further attention and guidance.

In addition to regular engagement with AAA's and aging network providers, CDA has launched key quality management initiatives designed to enhance performance feedback, tracking, data management, and reporting transparency. As of 2025, these initiatives are either fully implemented or efforts are underway to move toward full implementation. These include:

- **AAA Monitoring**: CDA has developed and implemented an effective, streamlined procedure to remotely monitor AAAs' compliance with federal, state, and contract requirements. In addition to intensive contract reviews and fiscal audits every 3-4 years, the team has deployed the following supportive practices:
    - Monthly one-on-one meetings with each Planning and Service Area (PSA) to review current performance measures and provide technical assistance.
    - Quarterly meetings with AAAs to review fiscal and program updates, and discuss any concerns and best practices.
    - Ad hoc meetings to provide technical assistance.
    - Additional monitoring processes are under development to further enhance the compliance review for local service providers.

- **Enterprise Risk Management**: CDA is finalizing the development and implementation of an Enterprise Risk Management assessment. This new process will enable the department to track and mitigate internal and external program risks to support stronger performance. CDA will develop a governance structure to determine the prioritization of risks, aiding monitoring and audit teams with focused data in support of targeted performance improvement.

- **California Aging Reporting System (CARS):** To ensure compliant data reporting to the federal government and enhance the state's ability to provide performance outcomes, CDA has updated its reporting system to meet new requirements for the OAA State Program Report (SPR).

- **LTC Ombudsman Quality Review Protocols**: The Office of the State Long-Term Care Ombudsman implemented a Quality Review protocol that produces a summary of local Ombudsman Program organizations' compliance with State and federal requirements and associated performance indicators. These outcomes are compared to baseline measures

published in each Area Plan to identify risks, assess the need for local program technical assistance, and monitor performance improvements. In addition, this process captures testimony from local program leaders reflecting how local relationships and technical support have improved service delivery.

The OAA State Plan on Aging identifies the following objective and supporting strategies to strengthen California's work in this area:

Objective 6.3 is to streamline CDA's planning, monitoring, program operations, and fiscal processes related to AAAs and the network of providers.

Strategies for this include:

- Update the required Area Plan document and streamline the Area Plan monitoring and review processes.
- Streamline the department's contracting and fund disbursement processes.
- Enhance the maintenance of a database of all monitoring findings and Corrective Action Plans to aid in facilitating the identification of trends for areas of deficiencies and inform training needs for AAAs.
- Continue implementation of a Corrective Action Plan (CAP) oversight process for intensive oversight/communication/follow-up of AAAs determined to be at high risk to ensure priority findings and areas of deficiencies are corrected timely.
- Finalize and implement a post-monitoring assessment of risk protocol for each program to inform further monitoring and technical assistance needs.

State Plans Informed By and Based on Area Plans

45 CFR § 1321.27 (c):
Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

Response:

CDA and the statewide network of 33 AAAs share responsibility for planning for California's future long-term services and supports needs. Together, the AAA Area Plans (APs) and the California OAA State Plan on Aging establish the framework for how the AAAs and CDA will deliver services to California's diverse population. CDA works in partnership with AAAs to: (1) make the AP review process more efficient, (2) ensure that future APs reflect state and local priorities, and (3) enable CDA to better track program compliance. A major component of the OAA State Plan development is an in-depth analysis of each AAA's 2024-2028 Area Plan. Every four years, when developing a new AP, each AAA conducts a local needs assessment. The needs assessment, at a minimum, must include a survey of older adults and a review of data related to demographics and social services, though it usually involves more, such as focus groups, interviews with service providers and program participants, and input from local advocates and advisory panels. These needs assessments help AAAs to determine local priorities. AAAs also hold at least one public hearing on their AP annually.

Common needs that emerged in recent assessments conducted across jurisdictions include:

- Enhance collaboration between state agencies, aging service providers, and local stakeholders to improve coordination, close service gaps, and reduce redundancies.
- Expand access to key services, such as transportation, in-home care, and nutrition programs, particularly in rural areas, where workforce shortages impact service delivery.
- Strengthen family caregiver support through evidence-based programs, support groups, and expanding respite care options to ease caregiver burden.
- Protect older adults from fraud, abuse, neglect, and exploitation, including launching statewide awareness campaigns to address rising cases of fraud and financial exploitation.
- Modernize systems and reduce administrative burdens, ensuring more efficient data collection, reporting, and service delivery.
- Address workforce shortages by invest in training programs and professional development opportunities for direct care workers.
- Foster community engagement by supporting age-friendly and dementia-friendly initiatives to combat isolation and promote healthy aging.

Public Input and Review

45 CFR § 1321.29:
Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

Response:

CDA publicly posted the draft OAA State Plan in English, Spanish, Chinese, Korean, Vietnamese, and Filipino for a 30-day public comment period. In addition, CDA hosted an in-person public hearing in Los Angeles with Spanish translation and ASL interpretation services. The in-person public hearing was followed by two virtual hearings to present the plan and hear stakeholder input. One virtual public hearing was for all stakeholders across California and the other was presented to Tribal partners. The virtual hearings featured live ASL interpretation and closed captioning. Recordings are available on CDA's YouTube channel. To ensure broad engagement, public comment was also solicited via an online survey that was available in English, Spanish, Chinese, Korean, Vietnamese, and Filipino to maximize participation across diverse populations. In addition to the public at large, CDA invited and received substantial feedback from stakeholders across the aging and disability communities by actively promoting the public comment period through its listserv of approximately 6600 individuals and organizations and through announcements at public stakeholder meetings. A total of 71 individuals provided comments on the state plan, through verbal comments during public hearings, participation in an anonymous online survey, and by submitting formal letters and emails.

All public and stakeholder input was reviewed by CDA. Where applicable to OAA programs and services, public and stakeholder input informed meaningful revisions to the plan. A summary of broad themes included:

- Increase Outreach and Communication & Strengthen Partnerships
- Acknowledge and elevate LGBTQIA+ older adults and people Aging with HIV and AIDS
- Elevate populations and key services
- Prioritize Affordable Housing & Assistance
- Emphasize the importance of Disaster Preparedness
- Integrate Oral Health Care for Older Adults
- Address Transportation/ Integrated Transportation
- Promote Health and Nutrition
- Examine Artificial Intelligence as it relates to fraud and abuse prevention strategies
- Deepen Tribal Partnerships
- Adopt suggested language and improve measurability of the plan

A list of all individuals and organizations that provided written input during the public comment period is posted to CDA's website with a summary of feedback received.

Program Development and Coordination Activities (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.27 (h):
Certification that any program development and coordination activities shall meet the following requirements:

(1) The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;

(2) Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;

(3) State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and

(4) Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

Response: CDA has elected to not yet pursue this activity.

Legal Assistance Developer

45 CFR § 1321.27 (l):
How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

Response:

CDA will ensure legal resource accessibility for all, including vulnerable populations at risk of fraud, abuse, neglect, and exploitation. Our objective is to expand access to Title IIIB legal assistance services to ensure that more older Californians have access to a Legal Services program to protect rights and secure justice.

Strategies include:

- Collaborate with the AAA's and California's network of aging services providers to identify challenges experienced when bringing Legal Services to isolated areas.
- Provide focused technical assistance to improve the reach and delivery of Legal Services to rural communities.
- Establish a work group comprised of stakeholders representing California Legal Services providers, AAAs, elder justice advocates, and consumers to leverage statewide resources, develop specialized expertise, and incorporate initiatives from the Master Plan for Aging.
- Assess and recommend opportunities for improvement in the role of the State Legal Assistance Developer.
- Further align legal assistance services with the legal services provider network.

Emergency Preparedness Plans – Coordination and Development

OAA Section 307(a)(28):
The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Response:

To ensure compliance with this requirement, CDA maintains a Disaster Assistance Handbook for AAAs and a disaster preparedness webpage for the public. The department also provides guidance and training to AAAs to assist them in fulfilling their contractual responsibilities related to emergency/disaster preparedness, coordination, response, and recovery. CDA maintains contact information for each AAA emergency coordinator, including after-hours contact information, to communicate with these organizations during an emergency.

CDA is also working on additional disaster preparedness and response tools and strategies. In 2020, CDA developed and distributed to the AAAs, program stakeholders, and the public via social media a Disaster Preparedness and Response Resource Guide that contains helpful tips and information about how to prepare for and remain safe during wildfire events. This guide was updated again in 2025 and includes links to State disaster preparedness resources. CDA is participating in a CHHS-led Drought Preparedness and Response Workgroup that is working to identify strategies to mitigate the effects of California's current severe drought and related events such as heat waves. CDA will share strategies and resources identified in this workgroup with the AAAs and will bring to the workgroup the type of support and resources that would be helpful to them at the state level. The CDA director also serves on the CHHS Disaster Council, which is charged with preparing for and responding to emergency/disaster events.

In addition, CDA maintains a Business Continuity Plan to ensure that the State of California can continue its vital governmental services and operations under all conditions. The continuity plan applies to CDA's headquarters, any other location where CDA may have operations, and all its divisions and staff.

CDA strives to facilitate coordination with County services including Medicaid Eligibility Determination, Adult Protective Services, In-Home Supportive Services, Housing and Homelessness Services, Public Guardian/Conservators, Emergency/Disaster Response services, and Veteran's Services, among others, to support streamlined access to coordinated services and better outcomes for older adults, people with disabilities, and family caregivers.
Strategies for this include:

- Share peer-to-peer models of AAA collaboration with county government with the three PSA models in California: 1) county embedded AAA, 2) Joint Powers Agreement, or 3) private nonprofit entity.
- Explore and deepen partnerships with California State Libraries, California State Parks and Recreation, and California Volunteers, among others.
- Facilitate discussion and solution-seeking to further data exchange and interoperability between AAAs and county entities.

Continue to strengthen partnership with County leadership on issues impacting older adults at California State Association of Counties (CSAC) and County Welfare Directors Association of California (CWDA).

Emergency Preparedness Plans – Involvement of the head of the State agency

OAA Section 307(a)(29):
The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Response:

California is focused on enhancing its emergency preparedness for older adults, people with disabilities, and family caregivers, ensuring they have the resources, support, and services needed before, during, and after a disaster. Under the leadership of the Director of the California Department of Aging (Director), CDA has developed Stewardship and Oversight Activities that ensure emergency plans are in place and are regularly reviewed. This includes requiring AAAs to develop and maintain up-to-date emergency preparedness and response plans that align with local and state emergency management protocols. Additionally, CDA monitors emergency coordination efforts by conducting Quarterly Emergency Management Meetings with AAAs to assess readiness, identify gaps, share resources, and help AAAs effectively communicate with local emergency management programs and partners (e.g., local California Office of Emergency Services (Cal OES), fire departments, and disaster response teams). CDA subject matter experts provide extensive education and promote readiness through distribution of emergency preparedness guides, strengthening partnerships with local, state and federal agencies, and ensuring essential services like home-delivered meals and transportation continue uninterrupted even in times of disaster. In the face of a crisis, aging services

providers are not considered first responders, though AAAs do play a critical role in the local community before, during, and after natural disasters, including extreme heat events.

When natural disasters occur, the Director leads CDA's engagement in statewide emergency response through partnership with Cal OES, California Health & Human Services Agency, Federal Emergency Management Agency, Red Cross, AAAs and local emergency agencies. The Director empowers CDA staff to engage across California and in the community during and after the disaster to support AAAs, community providers, and those impacted with response and recovery.

The OAA State Plan on Aging outlines the following goal, supporting strategies, and objectives to further enhance California's work in this area:
Goal 1: Enhance Outreach, Information and Assistance includes Objective 1.5: Improve emergency preparedness through a learning community that exchanges information (training, resources, best practices) to prepare for disasters before they happen, to remain safe during the disaster, and aid in recovery efforts after disasters occur.

Strategies include:

- Require updated AAA emergency plans annually with specific guidance on what must be included to ensure continuity of operations.
- Educate the public about emergency preparedness tools, planning, and resources by distributing California's Emergency Preparedness Guide statewide in multiple languages — making sure it is made available to older adults, people with disabilities, family caregivers, and service providers.
- Continue joint CDA/AAA Quarterly Emergency Management meetings where CDA facilitates the exchange of local, regional, statewide, and federal information and resources.
- Support local efforts in emergency preparedness through partnership with Cal OES, California Health & Human Services Agency, Federal Emergency Management Agency, Red Cross, and local emergency agencies, to streamline information before, during, and after disasters.
- In partnership with Listos California, Cal OES, California Department of Public Health, and other statewide entities, actively promote emergency services available to older adults, people with disabilities, and family caregivers through coordinated messaging and tailored outreach campaigns.

Objective 1.7: Provide Language Access and ADA Accessible Programs and Services with the following strategy:

Expand the Emergency Resource Guide beyond seven current languages to include additional language translations that reflect California's diverse populations. This initiative will enhance the accessibility of vital emergency preparedness information for older adults, people with disabilities, and family caregivers who have limited English proficiency.

Attachment C: Resource Allocations

CALIFORNIA DEPARTMENT OF AGING (CDA)
INTRASTATE FUNDING FORMULA (IFF) REQUIREMENTS

The California Department of Aging allocates Title III, VII, and NSIP funding to thirty-three Area Agencies on Aging using the approved Intrastate Funding Formula in accordance with the Older Americans Act and its regulations. Section 1321.15 (f) of the Code of Federal Regulations requires the Department to "review and confirm their interstate planning and service area agreement as part of their State plan on aging."

The funding formula submitted as part of this State Plan, FFY 2025-2029, is the same formula that was approved for the FFY 2020-2024 State Plan.

CDA's IFF was developed: to support the provisions of providing needed services to older persons; to reflect the relative emphasis required by the OAA; to provide consistent emphasis to individuals with certain characteristics, regardless of their area of residence; and to be responsive to California's diversity.

The OAA requirement to give "preference" and "particular attention" to older individuals with certain characteristics prioritizes serving older adults that possess those specified characteristics. CDA took this requirement into account by assigning a weight of one (1.0), the least weight, to the population factor of 60+ Non-Minority, identified here as "other individuals."

CDA then applied the definitions of 'greatest economic need' and 'greatest social need' in selecting the three remaining factors listed below and assigned weights to develop a weighted population and to achieve the relative emphasis required by the OAA.

INDIVIDUALS	FACTORS	WEIGHTS
Greatest Economic Need:	60+ Low-Income	2.0
Greatest Social Need:	60+ Minority	2.0
	60+ Geographical Isolation (Rural)	1.5
Other Individuals:	60+ Non Minority	1.0
Medical underserved (IIID only):	60+ Medi-Cal Eligibles	1.0

CDA's interpretation of OAA requirements assumes that the IFF must: be equitable for all PSAs and reflect consistent application among PSAs of greatest economic or social need, with particular attention to low-income minority individuals; include factors which are mutually exclusive whenever possible; utilize data that are available, dependable, and comparable statewide, and that are updated periodically to reflect current status; reflect changes in population characteristics among PSAs; and be as easy as possible to understand.

Numerical Statement of the Formula:

- Identify total Federal and State matching funds available for allocation to PSAs for each Title III and VII Program

Administration Funding Allocation:

1. 10% from B, C1, C2 and E is set aside from Total Funding (TOTAL Funding less 5% for State Administration)
2. Allocates a base amount of $50,000 to each of the thirty-three Area Agencies on Aging.
3. The remainder is allocated based on each AAAs proportion of their 60+ population to the total population.

Base		Funding in Excess of Base		TOTAL Administrative Funding
$50,000 to each AAA	+	60+ Population /Total 60+ Population x Administration Funding (after Base Amount)	=	AAA Administrative Funding (Base + Allocated Amount)

Program Funding Allocation:

1. B, C1 and C2 are allocated based on the IFF Factors. This determines the initial Program Services allocations (a).
2. 1990/00 Test compares the Program Service allocations to the 1999/00 expenditures. If the AAA falls below their 1999/00 expenditures, then the AAA is brought up to their 1999/00 allocations and the Program Services funding is reallocated.

	IFF Factor	Program Allocation (a)	1999/00 Expenditures	The amount needed to be brought up to 1999/00 Expenditures	Adjusted Factor	Program Reallocation
PSA A	15%	$220,989	$135,000	0	19%	$192,920
PSA B	31%	$471,068	$221,500	0	40%	$411,233
PSA C	32%	$482,081	$321,500	0	41%	$420,847
PSA D	22%	$325,862	$475,000	$149,138		$475,000
TOTAL	**100%**	**$1,500,000**	**$1,153,000**	**$149,138**	**100%**	**$1,500,000**

Program Allocation	**$1,500,000**
Amount Reallocated to PSA A, B and C	$1,025,000
Amount Allocated to PSA D- 1999/00 Exp	$475,000

3. Maintenance of Effort (MOE) compares the Previous Year's Initial Allocation to the Current Initial Allocation. If a PSA falls below the Previous Year's Initial allocation, their Current Initial Allocation is increased to the Previous Year's Initial Allocation.

	Previous Year's Allocation (All Programs - All Funds)	Current Allocation (All Programs)	State Match Required	Amount Needed for MOE - Use Surplus Match	Revised Allocations
PSA A	$300,000	$375,000	$22,059	0	$375,000
PSA B	$300,000	$350,000	$20,588	0	$350,000
PSA C	$600,000	$700,000	$41,176	0	$700,000
PSA D	$450,000	$400,000	$23,529	$50,000	$450,000
TOTAL	**$1,650,000**	**$1,825,000**	**$107,352**	**$50,000**	**$1,875,000**

Amount Available for State Match	$300,000
Required State Match	$107,352
Surplus Match	$192,648
MOE Needed	$50,000
Revised Surplus Match	$142,648

4. 1984/85 Test compares the Program Service Initial Allocations to each AAAs 1984/85 Allocation. If AAA falls below their 1984/85 Allocation, then the AAAs Program Service Initial Allocation is increased to their 1984/85 Allocation using available Surplus Match.

Available Surplus Overmatch	$108,418
Less Amount Needed for 84/85 Test	$32,759
Revised Surplus Overmatch	$75,659

	Program Allocation	1984/85 Allocation	Amount needed to achieve 1984/85 Allocations	Revised Program Allocation	Revised Required State Match	Surplus Overmatch Allocated
PSA A	$147,326	$125,000	0	$147,326	$8,666	$11,147
PSA B	$314,046	$250,000	0	$314,046	$18,473	$23,760
PSA C	$321,387	$300,000	0	$321,387	$18,905	$24,316
PSA D	$217,241	$250,000	$32,759	$250,000	$14,706	$16,436
TOTAL	**$1,000,000**	**$925,000**	**$32,759**	**$1,032,759**	**$60,750**	**$75,659**

Future Changes to the Funding Formula:

The Department will revisit the funding formula in consultation with the Area Agencies on Aging. Updates to the formula may include:

- Explore a single Intrastate Funding Formula (IFF) for state and federal funds.
- Update the IFF factors and weights to align with equity priorities.
- Update Maintenance of Effort rules
- Explore updating base funding schemes.

California Department of Aging
POPULATION DATA AND DEMONSTRATION OF ALLOCATION

	Population Data (Number of Persons)							Demonstration of IFF Allocation									
									Weighted Population = Weight x Number of Persons								
PSA	Pop 60 +	60+ Non-Min.	60+ Minority	60+ Low Income	60+ Medi-Cal Eligibles	60+ Geo. Isolation	PSA	Area Admin Allocation	1.0 Non-Min	2.0 Minority	2.0 Low Income	1.0 Med-Cal Eligibles	1.5 Geo Isolation	Title IIIB, C, E Weighted Total	Title IIID Weighted Total	Total Federal Allocation	b
A	B	C	D	E	F	G	A	H	I	J	K	L	M	N	O	P	A
1	43,985	37,456	6,529	7,565	10,295	16,276	1	$114,894	37,456	13,058	15,130	10,295	24,414	90,058	100,353	$718,649	1
2	85,484	74,045	11,439	12,840	17,635	46,245	2	$176,120	72,650	18,576	21,220	50,223	12,707	125,153	209,606	$1,531,298	2
3	91,542	74,132	17,410	14,150	21,233	39,471	3	$185,057	79,597	30,088	25,620	41,979	16,814	152,119	217,692	$1,567,540	3
4	587,301	378,390	208,911	70,470	123,799	66,183	4	$916,480	385,552	341,486	129,250	62,454	94,085	950,373	1,160,226	$8,271,274	4
5	94,462	79,389	15,073	6,930	8,404	6,267	5	$189,365	72,640	23,284	11,590	7,770	6,148	113,662	141,200	$1,058,747	5
6	231,151	83,653	147,498	34,445	67,507	0	6	$391,031	85,412	246,520	67,770	0	58,785	458,487	515,046	$3,573,568	6
7	301,888	168,824	133,064	23,025	49,920	3,015	7	$495,394	178,725	220,144	42,060	2,654	37,050	477,979	535,445	$3,873,641	7
8	213,321	104,587	108,734	15,630	29,161	4,101	8	$364,725	106,809	177,278	29,290	5,370	23,670	337,047	388,628	$2,866,834	8
9	427,373	170,711	256,662	41,660	93,681	2,518	9	$680,529	168,355	396,750	76,960	1,980	76,510	718,575	864,813	$6,154,293	9
10	455,724	193,128	262,596	41,050	96,777	7,191	10	$722,357	211,742	435,464	78,130	6,521	78,960	804,296	907,984	$6,473,874	10
11	157,610	69,301	88,309	19,825	41,669	15,167	11	$282,532	77,090	144,668	37,130	17,183	31,937	290,825	349,989	$2,461,237	11
12	62,671	54,411	8,260	6,420	8,105	41,876	12	$142,462	53,526	13,042	12,670	47,886	5,371	84,609	154,690	$1,168,526	12
13	88,841	63,213	25,628	8,180	15,117	15,523	13	$181,072	61,528	43,202	15,510	14,382	10,992	131,232	169,231	$1,229,458	13
14	224,955	107,351	117,604	35,445	70,501	43,438	14	$381,890	115,258	207,464	68,770	45,336	54,917	446,409	549,107	$3,821,402	14
15	113,699	51,174	62,525	17,195	38,143	22,253	15	$217,747	55,728	102,454	37,080	21,980	28,852	224,114	282,137	$1,948,457	15
16	11,136	9,110	2,026	1,310	1,442	4,547	16	$66,430	8,431	3,300	1,840	5,804	1,066	14,637	24,045	$336,233	16
17	186,705	136,027	50,678	17,780	28,754	24,233	17	$325,457	140,238	89,276	33,100	24,174	20,834	283,448	338,047	$2,467,193	17
18	210,331	130,398	79,933	19,755	34,672	7,017	18	$360,314	134,179	139,650	32,860	7,878	25,254	331,943	374,972	$2,714,955	18
19	1,438,210	501,963	940,241	197,940	489,044	21,114	19	$2,171,878	534,807	1,712,235	374,630	16,079	379,679	3,001,351	3,299,040	$22,446,676	19
20	420,344	170,004	250,340	60,605	119,171	31,226	20	$670,159	198,964	409,760	104,900	31,773	88,649	802,273	957,904	$6,696,205	20
21	524,237	278,048	246,189	70,760	122,728	32,223	21	$823,438	327,434	429,894	124,390	32,163	87,221	968,939	1,083,009	$7,664,702	21
22	775,897	423,229	352,668	81,535	174,848	1,811	22	$1,194,727	431,304	587,074	141,800	1,241	129,976	1,290,154	1,469,200	$10,332,476	22
23	756,425	446,891	309,534	81,885	159,272	37,043	23	$1,165,999	462,726	537,968	155,940	34,136	118,363	1,274,997	1,444,566	$10,258,172	23
24	37,634	6,505	31,129	8,455	19,061	5,926	24	$105,524	8,285	56,936	15,270	7,184	15,745	96,236	113,623	$755,738	24
25	822,771	307,133	511,644	152,235	279,773	743	25	$1,263,884	327,785	982,375	282,710	1,085	224,394	1,817,264	1,915,779	$13,067,975	25
26	49,255	40,725	8,530	8,400	12,671	24,016	26	$122,669	40,310	13,796	13,760	25,799	9,998	77,864	123,280	$882,649	26
27	145,229	117,030	28,199	13,795	20,217	26,165	27	$264,265	123,689	51,096	24,780	26,930	15,197	214,762	260,483	$1,916,277	27
28	155,012	82,354	72,658	13,280	25,786	14,677	28	$278,699	84,944	120,520	24,910	13,413	19,163	249,537	302,032	$2,203,595	28
29	65,463	55,758	9,705	5,760	6,593	25,475	29	$146,581	51,790	14,676	9,760	24,900	4,592	80,818	131,494	$995,622	29
30	111,336	62,086	49,250	16,300	31,363	10,750	30	$214,261	69,557	79,340	30,080	12,150	24,974	203,951	240,674	$1,671,305	30
31	49,865	21,286	28,579	8,630	16,611	9,459	31	$123,569	23,884	47,510	14,260	8,858	12,392	98,046	126,504	$877,489	31
32	94,555	46,446	48,109	9,730	21,720	17,126	32	$189,503	50,653	81,796	19,770	15,668	15,644	167,863	209,533	$1,498,756	32
33	164,538	82,545	81,993	29,125	53,048	28,304	33	$292,753	90,602	131,846	45,750	25,943	36,529	304,727	400,285	$2,772,756	33
	9,198,950	4,627,303	4,571,647	1,152,110	2,308,721	651,379		$15,221,765	4,871,650	7,902,526	2,118,690	651,184	1,790,882	16,683,748	19,360,607	$136,277,572	

State Plan Guidance Attachment D

2025 California Planning and Service Areas (PSAs)

The State is divided geographically into 33 PSAs. Within each PSA is an Area Agency on Aging (AAA) responsible for planning and administering services for older adults and people with disabilities.

California's Area Agencies on Aging

Planning and Service Area (PSA) & Counties Served	Director	Address	Phone
PSA 1 Del Norte, Humboldt	Maggie Kraft	333 J Street Eureka CA 95501	707-442-3763
PSA 2 Lassen, Modoc, Shasta, Siskiyou, Trinity	Teri Gabriel	208 West Center Street Yreka CA 96097	530-842-1687
PSA 3 Butte, Colusa, Glenn, Plumas, Tehama	Joseph Cobery	25 Main Street Rm 202 Chico CA 95928	530-898-6758
PSA 4 Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba	Pam Miller	1401 El Camino Avenue, 4th floor Sacramento, CA 95815	916-710-8390
PSA 5 Marin	Jenay Cottrell	10 North San Pedro Road Suite 1023 San Rafael, CA 94903	415-473-2689
PSA 6 City of San Francisco, County of San Francisco	Kelly Dearman	1650 Mission Street, 5th Floor San Francisco, CA 94103	415-355-6767
PSA 7 Contra Costa	Tracy Murray	300 Ellinwood Way Pleasant Hill, CA 94523	925-608-4801
PSA 8 San Mateo	Lee Pullen	2000 Alameda De Las Pulgas, Suite 210 Man Mateo, CA 94403	650-573-3904
PSA 9 Alameda	Jennifer Stephens-Pierre	6955 Foothill Blvd, Suite 300 Oakland, CA 94605	510-577-1966
PSA 10 Santa Clara	Aneliza Del Pinal	3100 De La Cruz Blvd, Suite 310 Santa Clara, CA 95054	408-350-3231
PSA 11 San Joaquin	Elise Vigil	102 South San Joaquin Street Stockton, CA 95201	209-468-1581
PSA 12 Alpine, Amador, Calaveras, Mariposa, Tuolumne	Kristin Millhoff	19074 Standard Road, Ste. A Sonora, CA 95370-7542	209-532-6272 x200
PSA 13 San Benito, Santa Cruz	Clay Kempf	234 Santa Cruz Avenue Aptos, CA 95003	831-688-0400 x115
PSA 14 Fresno, Madera	Jamie Sharma	2520 W. Shaw Ln #101A Fresno, CA 93711	559-319-0860
PSA 15 Kings, Tulare	Dayna Wild	5957 South Mooney Blvd Visalia, CA 93277	559-624-8080
PSA 16 Inyo, Mono	Anna Scott	1360 North Main Street Bishop, CA 93514-2709	760-873-3305
PSA 17 San Luis Obispo, Santa Barbara	Ron Roman	528 South Broadway Santa Maria, CA 93454-5109	805-925-9554

California's Area Agencies on Aging

PSA 18 Ventura	Monique Nowlin	646 County Square Drive, Suite 100 Ventura, CA 93003-9086	805-477-7330
PSA 19 Los Angeles County	Victoria Jump	510 S Vermont Avenue 11th Floor Lose Angeles CA 90020	213-738-2617
PSA 20 San Bernardino	Sharon Nevins	784 E. Hospitality Lane San Bernardino, CA 92415	909-891-3917
PSA 21 Riverside	Jewel Lee	3610 Central Avenue 5th Floor Riverside, CA 92506	951-867-3854
PSA 22 Orange	Claudia Harris	1300 South Grand Avenue, Building B, 2nd Floor Santa Ana, CA 92705-4434	714-480-6483
PSA 23 San Diego	Jennifer Bransford-Koons	5560 Overland Avenue, Suite 310 San Diego, CA 92123	858-505-6329
PSA 24 Imperial	Sarah Enz	778 West State Street El Centro, CA 92243	442-265-7007
PSA 25 Los Angeles City	Jaime Pacheco	221 N. Figueroa Street, Suite 500 Los Angeles, CA 90012-4390	213-202-5645
PSA 26 Lake, Mendocino	Rachael Dillman-Parsons	16170 Main Street Unit F Lower Lake, CA 95457	707-995-4295
PSA 27 Sonoma	Paul Dunaway	3725 Westwind Blvd Suite 101 Santa Rosa, CA 95403	707-565-3673
PSA 28 Napa, Solano	Elaine Clark	275 Beck Avenue MS 5200 Fairfield CA, CA 95433	707-784-8276
PSA 29 El Dorado	Yvette Wencke	3057 Briw Road, Suite A Placerville, CA 95667-5335	530-621-6161
PSA 30 Stanislaus	Craig Gundlach	3500 Coffee Road, Suite 19 Modesto, CA 95355-1315	209-525-4601
PSA 31 Merced	Yvonnia Brown	851 West 23rd Street Merced, CA 95340-3611	209-385-3000 x5300
PSA 32 Monterey	Diana Jimenez	1000 South Main Street Suite 301 Salinas, CA 93901-2356	831-796-3320
PSA 33 Kern	Jeremy Oliver	5357 Truxtun Avenue Bakersfield, CA 93309	661-868-1051

Attachment E - Evidence of Providing the Minimum Public Comment Period

CDA publicly posted the draft OAA State Plan in English, Spanish, Chinese, Korean, Vietnamese, and Filipino for a 30-day public comment period. In addition, CDA hosted an in-person public hearing in Los Angeles with Spanish translation and ASL interpretation services. The in-person public hearing was followed by two virtual hearings to present the plan and hear stakeholder input. One virtual public hearing was for all stakeholders across California and the other was presented to Tribal partners. The virtual hearings featured live ASL interpretation and closed captioning. Recordings are available on CDA's YouTube channel. Public comment was also solicited via an anonymous online survey that was available in English, Spanish, Chinese, Korean, Vietnamese, and Filipino to maximize participation across diverse populations. In addition to the public at large, CDA invited and received substantial feedback from stakeholders across the aging and disability communities by actively promoting the public comment period through its listserv of approximately 6600 individuals and organizations and through announcements at public stakeholder meetings. A total of 71 individuals provided comments on the plan, through verbal comments during public hearings, participation in an anonymous online survey, and by submitting formal letters and emails.

All public and stakeholder input was reviewed by CDA. Where applicable to OAA programs and services, public and stakeholder input informed meaningful revisions to the plan. A summary of broad themes included:

- Increase Outreach and Communication & Strengthen Partnerships
- Acknowledge and Elevate LGBTQIA+ Older Adults and People Aging with HIV and AIDS
- Elevate Populations and Key Services
- Prioritize Affordable Housing & Assistance
- Emphasize the Importance of Disaster Preparedness
- Integrate Oral Health Care for Older Adults
- Address Transportation/ Integrated Transportation
- Promote Health and Nutrition
- Examine Artificial Intelligence as it Relates to Fraud and Abuse Prevention Strategies
- Deepen Tribal Partnerships
- Adopt Suggested Language and Improve Measurability of the Plan

A list of all individuals and organizations that provided written input during the public comment period is posted below and on CDA's website with a summary of feedback received.

Letters Received:

Aging and HIV Institute
Area 1 Agency on Aging
California Assisted Living Association
California Commission on Aging
California Dental Hygienists Association
C. Koppes, Resident, Palm Springs, California
Equality California
E. Valentine, Resident, San Francisco, California
G. Londe-Berg, Resident, Richmond, California
Jewish Family Service LA
J. Lagana-Jackson, Resident, Oakland, California
Justice in Aging
L Cooley, Resident, Sacramento, California
M. Markwell, Resident, San Francisco, California
Moms Meals
Partners in Care Foundation
SAGE, Advocacy & Services for LGBTQ+ Elders
San Francisco AIDS Foundation
T. Reed, Resident, Riverside, California

OAA State Plan Draft

- English
- Spanish
- Chinese
- Korean
- Vietnamese
- Filipino

Public Comment Survey

- English
- Spanish
- Chinese
- Korean
- Vietnamese
- Filipino

Home | oaa state plan

2025-2029 Older Americans Act State Plan

What Is the Older Americans Act State Plan?

Each year, the federal government gives California funding for programs authorized by the Older Americans Act (OAA) and related federal legislation. OAA programs, which are operated by local Area Agencies on Aging, provide vital services for older adults including, but not limited to nutrition, health and wellness, caregiver support, and much more.

To receive funding, California must submit a State Plan on Aging to the federal government every four years that identifies specific goals related to OAA programs.

The goals identified within the State Plan include:

- Goal 1: Enhance Outreach, Information and Assistance
- Goal 2: Increase Opportunities to Age-in-Place in Home and Community-Based Settings
- Goal 3: Prevent Isolation, Promote Inclusion, and Advocate for Elder Justice
- Goal 4: Strengthen Partnerships
- Goal 5: Advance Strategies to Improve Financial Security and Economic Support
- Goal 6: Support Aging Services Providers Statewide

View the draft Older Americans Act 2025-2029 State Plan on Aging
English | Spanish | Chinese | Korean | Vietnamese | Filipino

Public Engagement

Public Comment

CDA is seeking public comment regarding the draft of the 2025-2029 Older Americans Act (OAA) State Plan on Aging through an online survey. The survey will be open May 22, 2025 through June 21, 2025.

Public Comment Survey:
English | Spanish | Chinese | Korean | Vietnamese | Filipino

Comments can also be emailed to OAAStatePlan@aging.ca.gov

Public Hearings

CDA will hold one in-person public hearing in Los Angeles, California and two virtual public hearings, one of which will be hosted for tribal organizations and partners throughout the state. To register, please click the links below.

In- Person Public Hearing
June 5, 2025 | 1:00 p.m. – 3:00 p.m.
East Los Angeles Service Center
133 N Sunol Drive
Los Angeles, CA 90063

Register for In-Person

Virtual Public Hearing
June 6, 2025 | 10:00 a.m. – 11:30 a.m.

Register for Virtual

Tribal Partners Virtual Hearing
June 9, 2025 | 9:30 a.m. – 11:00 a.m

Register for Virtual