

# State of Louisiana

## AREA AGENCY ON AGING FOUR-YEAR AREA PLAN

A Comprehensive Coordinated Service System for Older persons in Louisiana

\_\_\_\_\_Area Agency on Aging

**JULY 1, 2015 – JUNE 30, 2019**  
(Fiscal Year 2016 – Fiscal Year 2019)

Submitted to:



Office of the Governor  
Office of Elderly Affairs  
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# SUBMITTAL PAGE

- ( ) 4-Year Plan for July 1, 2015 – June 30, 2019
- ( ) Area Plan Update for July 1, 20\_\_ - June 30, 20\_\_
- ( ) Area Plan Amendment (Date): \_\_\_\_\_

This Area Plan for programs on aging is hereby submitted for the \_\_\_\_\_ planning and service area. The \_\_\_\_\_ Area Agency on Aging assumes full responsibility for implementation of this plan in accordance with requirements of the Older Americans Act (OAA) and Regulations; laws and rules of the State of Louisiana; and policies and procedures of the Governor’s Office of Elderly Affairs.

This plan includes all information, goals and objectives, and assurances required under the Governor’s Office of Elderly Affairs Area Plan on Aging format, and it is, to the best of my knowledge, complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Area Agency Director

The Area Agency on Aging Advisory Council has participated in the development and final review of the Area Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairperson, Area Agency Advisory Council

The Board of Directors of the sponsoring agency has reviewed this plan and Submittal Page. It is understood that we are approving all sections of the Plan. We are satisfied that the plan is complete, correct, and appropriately developed for our planning and service area.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairperson, Board of Directors

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Secretary, Board of Directors

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# Section 1

## Mission Statement

The Governor's Office of Elderly Affairs' mission statement is "To serve as the focal point for the development, implementation, and administration of the public policy for the state of Louisiana, and address the needs of the state's elderly citizens."

Provide the mission statement which describes the purpose and overall goal(s) of the Area Agency on Aging.

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# Section 2

## Description of the Planning and Service Area (PSA)

Provide a description of the physical and demographic characteristics of the PSA and the unique resources and/or constraints. Describe the service delivery system, challenges, successes in the local system development, public and private resources.

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### Area Profile

1. Identify cities/towns designated as rural in the PSA. Describe population using the 2010 Census Data. (Include chart showing population data)

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2. Identify cities/towns designated as urban in the planning and service area. Describe population using the 2010 Census Data. (Include chart showing population data)

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3. Describe significant differences among cities/towns/communities in the PSA as relates to availability of services, resources, populations, economy, etc.

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## Focal Points

1. For the purpose of assuring access to information and services for older persons, the area agency shall work with the community agencies and officials in the PSA to ensure that focal points are available in each community. Define "community" for the purposes of focal point designation.

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2. List community focal points within the PSA (include addresses) as reported on the NAPIS State Program Report. Attach maps of the PSA and indicate all Focal Points.

	Community Served	Name and address of Focal Point	Services Provided	Services Coordinated with other Agencies
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

## Summary of the Needs Assessment

Provide an explanation of the needs assessment process and results. Describe how the survey was distributed and to whom. Did specific groups have similar responses? What were some comments received from respondents? Describe some conclusions determined from survey results.

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## Description of Priority Groups

Provide a clear and concise description of target groups in your PSA. How will the needs assessment impact elderly persons: with greatest Economic and Social need, at risk for institutional placement, with limited English proficiency, with cognitive disorders, residing in rural areas, Minorities, Native Americans, and other vulnerable populations?

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# Section 3

## Description of the Area Agency on Aging

1. Describe how the Area Agency, on behalf of all older individuals, will carry out its role as the leader on aging issues in the PSA. Explain the community-based system of services and how it will promote independence, protect, and preserve the quality of life for seniors and caregivers.

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2. Describe how the agency coordinates and delivers services, the connection it has to local agencies/providers, strengths and weaknesses and how the agency ensures service system delivery.

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3. Explain leadership efforts and involvement with the community to help persons with disabilities and their caregivers.

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4. Describe the administrative functions of the Area Agency, the organizational structure, the effectiveness of services, any expansion efforts, planned changes and attach the organizational chart (clearly define lines of authority).

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## Section 4

### Planning Process/Establishing Priorities

1. Give an overview of the steps utilized by the Area Agency during the planning process. Explain how the agency established planning priorities.

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2. Explain how the Area Agency provides opportunities for public involvement in the planning process, specifically using public agencies, governmental entities, local business, and current/past program participants.

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# Section 5

## Methods Used to Determine Service Needs

1. Describe below how the Area Agency assessed the needs of older persons and adults with disabilities residing in the planning and service area. Give details of the process and methods used (tools or instruments used).

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2. Which home and community-based services have a waiting list? Detail your plan to reduce or eliminate these waiting lists.

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## Service Needs

1. Based on the information and methods used to determine service needs, list the prevalent service needs of older persons and adults with disabilities in the PSA. Include discussion regarding whether information was received from organizations or agencies that specifically serve persons with disabilities and whether such information was incorporated into the Area Plan. (Office of Aging and Adult Services, Alzheimer's Association, Office of Behavioral Health, Long Term Care Units, Office of Disability Affairs, etc.)

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2. Give a brief overview of how the Area Agency will address the top five (5) needs identified. (Specific details of goals and objectives are required in Section 10: Goals and Objectives.)

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## Service to Most-in-Need

Identify and explain how the Area Agency will address vulnerable and most-in-need citizens of the PSA.

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## Needs Identified

Describe the existing and potential needs of older adults, adults with disabilities, and their caregivers in the PSA.

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### Resources

1. Determine existing services and resources within the PSA currently available for addressing the needs identified.

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2. Explain the association between the Aging Agency and the local Aging and Disability Resource Center.

### Service Gaps and Barriers

Provide a description of unmet needs, under-utilized services, gaps, and barriers that prevent access to services.

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### Budget Impact

Explain how the AAA budget will be impacted by the Area Plan. Briefly describe possible funding sources. How will additional funding be obtained to close service gaps?

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## Section 6

### Targeted Populations

Describe how the AAA's policies meet the need of the targeted populations. Include a review of the targeting priorities established in the OAA. Explain how the Area Agency will target specific goals as outlined in the GOEA State Plan (See GOEA Website; Documents). Identify existing target populations in the PSA and methods used to identify them. Expound on their characteristics, locations, and needs. How will they be addressed in the current Area Plan? How has this changed from the previous plan? Discuss barriers that may exist for providing services to those targeted populations, and how the AAA plans to overcome those barriers.

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# Section 7

## Community Meetings

\_\_\_\_\_ Area Agency on Aging

### Area Plan Needs Assessment Community Meeting Record Fiscal Years 2016-2019

Date of Meeting \_\_\_\_\_ Location of Meeting \_\_\_\_\_

1. Describe the format and attach copies of the agenda for the meeting.

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2. Briefly summarize comments of those in attendance at the meeting.

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3. Indicate revisions made due to comments, if applicable.

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4. Attach a copy of the attendance list indicating attendee's name, organization or group representing minority elderly person, rural elderly person, caregiver, and/or grandparent raising grandchild, etc. Mark as: Needs Assessment Community Meeting Record

Note: A separate Community Meeting Form is required for **each** meeting held.

# Section 8

## RESULTS OF PUBLIC HEARING

### \_\_\_\_\_ AREA AGENCY ON AGING

1. Complete the following record for all Public Hearings conducted on the proposed plan.

LOCATION	DATE	# 60 + ATTEND	# SERVICE PROVID.	# ELECTED OFFICIAL	# PUBLIC OFFICIAL	# OTHERS	TOTAL # ATTEND

Add more rows/pages as needed.

2. Briefly summarize comments of those in attendance.

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3. Indicate needs identified through public hearings from the following:

Elected Officials:

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Public Officials:

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Service providers including Entitlement Programs:

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Service Recipients:

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Older individuals:

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Specify others, such as, caretakers:

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4. Summarize comments and indicate revisions made due to comments, if applicable.

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5. Specify methods and dates used in publicizing hearings.

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6. Indicate the views of service recipients regarding general policy in the development and administration of the area plan.

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# Section 9

## Identification of Priorities

Describe the Area Agency's planning cycle priorities derived from the Needs Assessment process. Explain how the agency will meet targeting mandates. List the factors which have influenced the agency's priorities; the Area Plan goals and objectives must relate to the priorities established in this section. Some factors may include resources, number of persons served, administrative changes, and service delivery constraints.

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# Section 10

## Area Plan Goals and Objectives

AAA's objectives must address Title IIIB, Title IIID, and Title IIIE services as follows: Access Services (Information and Assistance, Outreach, Assisted Transportation, and Case Management); In-Home Services (Home Delivered Meals, Chore, Homemaker, Personal Care, Home repair/Modification, Sitter, Telephoning); Health Promotion/Disease Prevention (Medication Management, Evidence-Based Wellness); Family Caregiver Services(In-Home, Group and Institutional Respite, Adult Day Care, Adult Day Health Care, Individual Care Support, Individual Counseling, Support Groups, Case Management, Outreach, Information & Assistance); Family Caregiver Supplemental Services (Material Aid, Personal Care, Sitter, Chore, Home-Delivered Meals, Home Repair/Modification); Ombudsman (Awareness and Partnerships); and Elderly Protective Services-EPS (Awareness and Partnerships).

Category: \_\_\_\_\_

Narrative: How is goal related to an unmet need as determined by the Needs Survey?

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Goal Statement:

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Rationale: How will goal alleviate the need referenced above?

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Objective 1.1

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Completion date:

Objective 1.2

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Completion date:

Objective 1.3

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Completion date:

# Section 11

## \_\_\_\_\_ AREA AGENCY ON AGING

### SUMMARY OF SERVICES UNDER THE AREA PLAN

Mark all services to be administered under the Area Plan by funding source

SERVICES TO BE PROVIDED	III B	III C	III D	III E	SENIOR CENTER	LOCAL FUNDS	IN KIND	OTHER FUNDS
Adult Day Care/Health								
Assisted Transport								
Case Management								
Chore								
Congregate Meals								
Home Delivered Meals								
Homemaker								
Information & Assistance								
Legal Assistance								
Nutrition Counseling								
Nutrition Education								
Outreach								
Personal Care								
Transportation								
Counseling								
Crime Prevention Services								
Home Repair/Modification								
Material Aid								
Medical Alert								
Placement Services								
Recreation								
Telephoning								
Utility Assistance								
Visiting								
Wellness								
Respite								
Sitter								

## Section 12

### Disaster Preparedness

Insert Disaster Plan in format specified by Compliance and Planning.

# Section 13

\_\_\_\_\_ Area Agency on Aging

## Title III Request for Waiver of Priority Services (Optional)

Agencies may request a Waiver of Priority Services if it is demonstrated that such service(s) is/are being provided sufficiently to meet the needs in the PSA. Agencies requesting a Waiver must adhere to GOEA Policy §1141.

1. Priority Service(s) for which Waiver is requested: \_\_\_\_\_

2. Detailed rationale for Waiver Request.

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3. Public Hearing record regarding Waiver Request. (See format in Section 8)

4. Assurance that supplemental service funds not utilized due to this request are allocated to the remaining priority services categories.

5. Waivers may be granted for up to 12 month periods and must be requested annually.

# Section 14

## Governing Board

Insert completed GOEA forms PAF4012 Board Roster and PAF4010 Roster Certification. See Tools.



# Section 16

## ASSURANCES

### STANDARD ASSURANCES UNDER THE OLDER AMERICANS ACT (PROVISION OF ASSURANCES BY AREA AGENCIES ON AGING)

The Older Americans Act of 1965, as amended (42 U.S.C., Section 3001, *et. seq.* hereafter referred to as the Act), requires each Area Agency on Aging to provide assurances that it will develop a plan and carry out a program in accordance with the plan. Each Area Agency on Aging must comply with the following provisions of the Act and written policies, procedures or agreements, as appropriate, must be on file in the Area Agency on Aging office and available for review and approval by Office of Elderly Affairs officials.

- Sec. 306(a)(6)(E)(F)(G) Procedures for Coordination with Program Listed in Sec. 203(b) of the OAA
- Sec. 306(a)(7) Policy for the Coordination of Community-Based Long Term Care
- Sec. 306(a)(8) Policy Regarding Coordinating of Case Management Services
- Sec. 306(a)(9) Policy to Carry Out the Long-Term Care Ombudsman as Described in Section 307(a)(9)
- Sec. 306(a)(10) Policy for a Grievance Procedure for Older Individuals That are Dissatisfied or Denied a Service Under This Title.
- Sec. 306(a)(11)(A)(B)(C) Policy to Provide or Coordinate Services for Older Native Americans Under This Title With Services Provided Under Title VI
- Sec. 306(a)(12) Procedure to Coordinate Services with Other Federally Assisted Programs as Described in Section 202(b)
- Sec. 306(a)(13)(A)(B)(C) Provide assurances that area agency will maintain the integrity and public purpose of services, provide identify of contracts, demonstrate that the quantity and quality of the services are enhances as a result of such contract or relationship
- Sec. 306(a)(14) Assurance is given that preference in receiving Title III services will not be given to any individual as a result of a contract or commercial relationship that is not to implement Title III.
- Sec. 306(a)(15) Provide assurances regarding use of funds
- Sec. 306(a)(16) Self Directed Care
- Sec. 306(a)(17)(a)(b)(c)(d)(e)(f) Emergency Preparedness, Waiver Request Due to Adequate Supply, State Agency May Enter Into Agreements to Administer Programs, Legal Assistance Privacy Requirements, and State Agency Withholding of Funds as a Result of Failure to Comply





# Section 17

## VERIFICATION OF INTENT

\_\_\_\_\_ Area Agency on Aging

This Area Plan on Aging for the period July 1, 2014, through June 30, 2019 includes all assurances and provisions required by the 2000 Older Americans Act Amendments (the Act).

The Area Agency on Aging identified will assume full authority to develop and administer the Area Plan in accordance with all requirements of the Act and related State policy. In accepting this authority the area agency agrees to be the leader relative to all aging issues on behalf of all older persons in the planning and service area (PSA). This means that the area agency shall proactively carry out, under the leadership of the Governor's Office of Elderly Affairs, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development and enhancement of a comprehensive and coordinated community based system to serve each community in the PSA. This system shall be designed to assist older persons in leading independent, meaningful lives in their own homes and communities as long as possible.

## CERTIFICATION

This Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Act, as amended, and is hereby submitted to the Governor's Office of Elderly Affairs for approval.

\_\_\_\_\_  
AREA AGENCY DIRECTOR

\_\_\_\_\_  
DATE

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging.

\_\_\_\_\_  
CHAIRPERSON, ADVISORY COUNCIL

\_\_\_\_\_  
DATE

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

\_\_\_\_\_  
CHAIRPERSON, BOARD OF DIRECTORS

\_\_\_\_\_  
DATE

# Section 18

## Needs Assessment Surveys and Tally Forms

### **COMMUNITY AGENCY NEEDS ASSESSMENT SURVEY**

Name:	Daytime Phone Number:
Address	

We are obtaining information that will be used to determine the needs of elderly persons (60+) in our community. We are seeking your input as a public/private provider on the needs that your agency encounters. Your answers will be compiled and kept confidential.

**Please mail or fax this survey to:**

Area Agency on Aging  
123 Main Street  
Baton Rouge, LA  
Phone: 225 123 4567  
Fax: 225 123 1238

**1. What services does your agency provide to persons over 60 years of age or older?**

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**2. On average, how many older persons does your agency serve per year? \_\_\_\_\_**

**3. Of that number, approximately what percentage is:**

\_\_\_\_\_ % low-income      \_\_\_\_\_ % minority      \_\_\_\_\_ % rural-residing

**4. Are you able to serve all older persons who request assistance from you?**

Yes  No

**5. List any services that you provide that are needed in greater supply.**

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**6. Are there any areas of the parish and/or region that you cannot reach with your services?**

Yes  No If yes, please give details: \_\_\_\_\_

**7. Are you aware of the services provided by \_\_\_\_\_ Council on Aging?**

Yes  No

**8. List any services you would find valuable that the AAA does not currently offer.**

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**9. Optional:** Would you like the Council on Aging to contact you about services available for senior adults and their caregivers?  Yes  No



As you answer, mark a  in the box that corresponds to your response.

10. Please tell us how essential each of the following services are for helping older persons and those with disabilities in your region.	Very	Quite a bit	A little	Not At All
a. Personal Care (help bathing, dressing, eating meals, taking medicine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Companion/Sitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adult Day Service (all day supervision and help in a community setting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Homemaker/Housework Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Respite Care (personal care provided to individuals to give caregiver a break)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Emergency Call System (LifeLine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Telephone Reassurance (contacting frail persons by telephone regularly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Home-Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Home health/ nurses and nurses aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Help with purchasing medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Dental Care/Dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Minor home renovations/repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Yard work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Energy Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Public Senior Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Rental Subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Assistance with completing Medicare and insurance forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Assistance with applying for benefits and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Transportation (grocery store, doctor's office, pharmacy, or other errands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Transportation to the Senior Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Learning computer basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Learning to read/write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Recreation (exercise, dancing, crafts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Day trips to museums, historical sites, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Legal Assistance and representation (wills, power of attorney, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Crime issues, scams, fraud, personal safety, and safety education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Information and assistance and outreach visits to the homes of seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Congregate meals at a community center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Health screenings (blood pressure checks, diabetes monitoring, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Support groups for issues such as grief, loss, or caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Information on health issues and new medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Counseling (depression, coping with loss, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## COMMUNITY AGENCY NEEDS ASSESSMENT TALLY

1. What was the total number of surveys distributed? \_\_\_\_\_
2. What was the total number of responses received? \_\_\_\_\_

<b>How many community agencies listed each item as essential? Please put the corresponding number next to each service.</b>	<b>Very</b>	<b>Quite a bit</b>	<b>A little</b>	<b>Not At All</b>
a. Personal Care (help bathing, dressing, eating meals, taking medicine, etc.)				
b. Companion/Sitter				
c. Adult Day Service (all day supervision and help in a community setting)				
d. Homemaker/Housework Services				
e. Respite Care (personal care provided to individuals to give caregiver a break)				
f. Emergency Call System (LifeLine)				
g. Telephone Reassurance (contacting frail persons by telephone regularly)				
h. Home-Delivered Meals				
i. Home health/ nurses and nurse's aide				
j. Help with purchasing medications				
k. Dental Care/Dentures				
l. Minor home renovations/repairs				
m. Yard work				
n. Energy Assistance				
o. Public Senior Housing				
p. Rental Subsidy				
q. Assistance with completing Medicare and insurance forms				
r. Assistance with applying for benefits and programs				
s. Transportation (grocery store, doctor's office, pharmacy, or other errands)				
t. Transportation to the Senior Center				
u. Learning computer basics				
v. Learning to read/write				
w. Recreation (exercise, dancing, crafts, etc.)				
x. Day trips to museums, historical sites, etc.				
y. Legal Assistance and representation (wills, power of attorney, etc.)				
z. Crime issues, scams, fraud, personal safety, and safety education				
aa. Information and assistance and outreach visits to the homes of seniors				
bb. Congregate meals at a community center				
cc. Health screenings (blood pressure checks, diabetes monitoring, etc.)				
dd. Support groups for issues such as grief, loss, or caregiving				
ee. Information on health issues and new medications				
ff. Counseling (depression, coping with loss, etc.)				

**List all services that are needed in greater supply by the community agencies.**

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**List all services the community agencies would find valuable that the AAA does not currently offer.**

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# LOUISIANA SENIOR NEEDS ASSESSMENT

Name \_\_\_\_\_ Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

**As you answer, mark a  in the box that corresponds to your response.**

Please return the survey by \_\_\_\_\_ in the postage-paid envelope provided. Thank you.

**1. Please mark all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> I am answering for myself              | <input type="checkbox"/> I am answering for someone I care for |
| <input type="checkbox"/> I am helping someone I care for answer | <input type="checkbox"/> I am over 55 years old                |
| <input type="checkbox"/> I am disabled                          | <input type="checkbox"/> I am a caregiver                      |

**2. Do you receive services from the Council on Aging (COA) or Aging and Disability Resource Center (ADRC) in your area?  Yes  No**

<b>3. How important are the following to help keep you where you are right now?</b>	<b>Very</b>	<b>Quite a bit</b>	<b>A little</b>	<b>Not At All</b>
a. Knowing what services are available and how to get them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Information or help applying for health insurance or prescription coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Transportation to the Senior Center, store, doctor's office, pharmacy, or other errands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Learning to read/write, computer basics, or other classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Having a meal with my friends or others like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Taking part in fun activities (such as crafts, music, games) with others like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Getting the exercise that is good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Exercising, dancing, walking classes or groups with others like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Having someone to talk to when I feel lonely. (Telephone Reassurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Information on how to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Having someone bring a meal to my home every day (Home delivered Meals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Help keeping my home clean. (Homemaker/Housework Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Respite Care (personal care provided to individuals to give caregiver a break)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Help with personal care (bathing, dressing, eating meals, taking medicine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Information on health issues and new medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Having someone help me with my prescription medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Keeping warm or cool as the weather changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Preventing falls and other accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Help making choices about future medical care and end of life decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Someone to protect my rights, safety, property or dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Someone to call when I feel threatened or taken advantage of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Modifications to my home so that I can get around safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. A senior center that is close to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Help with health problems and alcohol/drugs/smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Home health/nurses and nurses aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Dental Care (Dentures), Eye Care (eyeglasses), Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Rental Assistance and/or Energy Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Low interest loans or grants to renovate or purchase a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Assistance with public senior housing and/or assisted living facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Assistance with writing checks, bill payments, and budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Assistance with completing Medicare & Insurance forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Assistance with applying for benefits and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Do you have a medical (physical, mental, or emotional) condition that (mark all that apply)</b>				

<input type="checkbox"/>	Limits your ability to dress, bathe, or get around inside your home	<input type="checkbox"/>	Makes it difficult to see or hear
<input type="checkbox"/>	Makes it difficult to walk, climb stairs, reach, lift or carry things	<input type="checkbox"/>	Makes it hard to go outside alone
<input type="checkbox"/>	that has made it difficult for you to work at a job or business	<input type="checkbox"/>	None of these

5. How much do you need help paying for the following:					
	Very	Quite a bit	A little	Not at all	
a. Utilities or an unexpected bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dental Care and/or Dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hearing Exam and/or Hearing Aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Paying for an Eye Exam and/or eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Help paying for healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Prescriptions or prescription drug coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Please tell us about yourself (If you are a caregiver, answer about the person you care for).**

Gender  
 Female  
 Male

Race  
 Black or African American  
 White or Caucasian  
 Native American  
 Hispanic  
 Asian or Pacific Islander  
 Other (specify): \_\_\_\_\_

Marital Status  
 Single  
 Married  
 Divorced  
 Widowed  
 Domestic Partner

What parish do you live in? \_\_\_\_\_

Education  
 Less than high school  
 High school diploma/GED  
 Some College or Associates degree  
 Bachelor's Degree  
 Advanced/Graduate degree

What is your monthly household income?  
 Less than \$695  
 \$696-\$937  
 \$938-\$1,178  
 \$1,179-\$1,420  
 More than \$1,421

How many people are supported by this income?  
 One     Two     Three     Four or More

What year were you born? 19\_\_ \_\_

7. CAREGIVER: Please answer if you are responsible for the care of one or more persons who are over 60, have a disability, or a minor (under 18).				
	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I need help paying for services the person I care for needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I need help locating services for the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would like training on caring for someone at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I need somewhere for the person I care for to be during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I sometimes need temporary relief from my caregiver duties (respite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Of the persons you care for, how many are:				
	None	One	Two	3 or More
Over 60 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both elderly and disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child under 18 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Optional:** Would you like the Area Agency to contact you about services available for senior adults and their caregivers?  Yes  No



## LOUISIANA SENIOR NEEDS ASSESSMENT TALLY

**1. Of surveys returned, how many marked:**

- \_\_\_\_\_ I am answering for myself
- \_\_\_\_\_ I am answering for someone I care for
- \_\_\_\_\_ I am helping someone I care for answer
- \_\_\_\_\_ I am over 55 years old
- \_\_\_\_\_ I am disabled
- \_\_\_\_\_ I am a caregiver

**2. How many respondents receive services from the AAA/COA or ADRC? \_\_\_\_\_**

Yes \_\_\_\_\_ No \_\_\_\_\_

5. How many respondents marked each?	Very	Quite a bit	A little	Not at all
a. Knowing what services are available and how to get them				
b. Information or help applying for health insurance or prescription coverage				
c. Transportation to the Senior Center, store, doctor's office, pharmacy, or errands.				
d. Learning to read/write, computer basics, or other classes				
e. Having a meal with my friends or others like me				
f. Taking part in fun activities (such as crafts, music, games) with others like me				
g. Getting the exercise that is good for me				
h. Exercising, dancing, walking classes or groups with others like me				
i. Having someone to talk to when I feel lonely. (Telephone Reassurance)				
j. Information on how to eat healthy				
k. Having someone bring a meal to my home every day (Home delivered Meals)				
l. Help keeping my home clean. (Homemaker/Housework Services)				
m. Respite Care (personal care provided to individuals to give caregiver a break)				
n. Help with personal care (bathing, dressing, eating meals, taking medicine, etc.)				
o. Information on health issues and new medications				
p. Having someone help me with my prescription medicine				
q. Keeping warm or cool as the weather changes				
r. Preventing falls and other accidents				
s. Help making choices about future medical care and end of life decisions				
t. Someone to protect my rights, safety, property or dignity				
u. Someone to call when I feel threatened or taken advantage of				
v. Modifications to my home so that I can get around safely				
w. A senior center that is close to my home				
x. Help with health problems and alcohol/drugs/smoking cessation				
y. Home health/nurses and nurse aide				
z. Dental Care (Dentures), Eye Care (eyeglasses), Hearing Aid				
aa. Rental Assistance and/or Energy Assistance				
bb. Low interest loans or grants to renovate or purchase a home				
cc. Assistance with public senior housing and/or assisted living facilities				
dd. Assistance with writing checks, bill payments, and budgeting				

<b>ee.</b> Assistance with completing Medicare & Insurance forms				
<b>ff.</b> Assistance with applying for benefits and programs				

<b>4. How many respondents marked: have a medical (physical/mental/emotional) condition that</b>			
<input type="checkbox"/>	Limits your ability to dress, bathe, or get around inside your home	<input type="checkbox"/>	Makes it difficult to see or hear
<input type="checkbox"/>	Makes it difficult to walk, climb stairs, reach, lift or carry things	<input type="checkbox"/>	Makes it hard to go outside alone
<input type="checkbox"/>	that has made it difficult for you to work at a job or business	<input type="checkbox"/>	None of these

<b>5. How many respondents marked each?</b>				Very	Quite a bit	A little	Not At All
<input type="checkbox"/>	a. Utilities or an unexpected bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Dental Care and/or Dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. Hearing Exam and/or Hearing Aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d. Paying for an Eye Exam and/or eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	e. Health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	f. Help paying for healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	g. Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	h. Prescriptions or prescription drug coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. How many respondents marked each:**

Gender     Male     Female

Race

Black or African American

White or Caucasian

Native American

Hispanic

Asian or Pacific Islander

Other (specify): \_\_\_\_\_

Marital Status

Single

Married

Divorced

Widowed

Domestic Partner

How many respondents were aged:

25-60  61-70  71-80  80+

Education

Less than high school

High school diploma/GED

Some College or Associates degree

Bachelor's Degree

Advanced/Graduate degree

What is your monthly household income?

Less than \$698

\$699-\$931

\$932-\$1,257

\$1,258-\$2,093

More than \$2,094

People are supported by this income?

One  Two  Three  Four or More

<b>8. CAREGIVER: Show how many respondents replied for each</b>				Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/>	g. I need help paying for services the person I care for needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	h. I need help locating services for the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	i. I would like training on caring for someone at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	j. I need somewhere for the person I care for to be during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	k. I sometimes need temporary relief from my caregiver duties (respite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Of the persons you care for, how many are:		None	One	Two	3 +
	Over 60 years old				
	Has a disability				
	Both elderly and disabled				
	Child under 18 years old				

## Tools

### **Area Plan:**

Area Plan Guide: Instruction and Helpful Hints Packet

Sample Sign in Sheet for Public Hearing

Goal development and tracking

SMART Goal and Objective Development technique

Goal Enforcer Software Info Sheet

Helpful Websites for Area Plan and Goal Development

Board Roster Certification Form PAF 4010

Blank Board Roster Form PAF 4012

AREA AGENCY ON AGING  
4-YEAR AREA PLAN

AREA PLAN GUIDE INSTRUCTION &  
HELPFUL HINTS PACKET



Louisiana's Governor's Office of Elderly Affairs  
P. O. Box 61  
Baton Rouge, LA 70821-0061

Revised: January 1, 2014

## SUBMISSION TO GOEA

A draft of the Area Plan is to be submitted to the GOEA, Home and Community Based Services Unit, by August 1, 2014. Corrected final drafts must be approved no later than December 15, 2014. The program monitors will review and respond individually to each plan. Changes to the submitted Area Plan may be necessary prior to final approval from GOEA. Area Plans (including the draft) are to be submitted electronically to assist in paper reduction utilizing the GOEA FTP Site (204.196.210.214) for electronic submissions. A final copy containing all required signatures and documents must be received before final approval is granted. Upon receipt of the electronic copy, GOEA will acknowledge receipt of via an e-mail to the AAA.

### References:

OAA 2006 102

OAA 2006 206 and 305

OAA 2006 306(a)(b)

OAA 2006 307(a)(8)(A)

OAA 2006 306(a)(6)(D)

OAA 2006 306(a)(2)(C)

Office of Elderly Affairs Policy Manual 1233

Office of Elderly Affairs Policy Manual - 1133E – Area Plan Amendment

U.S. Census 2010

## Area Agency on Aging Area Plan

The Area Plan is the grant application submitted by an Area Agency on Aging (AAA) to the State Unit on Aging in order to receive funds. The Area Plan contains provisions required by the Older Americans Act, and the Governor's Office of Elderly Affairs (GOEA). It includes commitments that the Area Agency will administer activities so funded in accordance with all requirements. The Area Plan also contains a detailed statement of the manner in which the Area Agency is developing a comprehensive and coordinated system throughout the planning and service area for all allowable services. An Area Agency on Aging may receive contracts and enter into subcontracts under the Older Americans Act only under an approved area plan.

A major objective of the Area Plan is to help AAA produce quality planning that will enable them to move fully attain the goals set forth in the Older Americans Act, that is, to develop greater capacities to provide comprehensive and coordinated services systems to serve older people and to assist in using available resources more efficiently. Instead of focusing on the production of a compliance document, AAAs should focus on quality planning for the next four years.

The Area Agency on Aging is to develop or enhance a comprehensive and coordinated system for serving older persons in communities throughout the planning and service area. Except

where a waiver is granted by the State agency, the Area Agency on Aging is required to award funds by contract to community services provider agencies and organizations.

Title III of the OAA requires the State agency on aging to award federal funds to the designated AAAs for the following categories of services:

- Access Services -- information and assistance; outreach; escort and transportation; and case management;
- In-Home Services -- home-delivered meals; chores; home repair; modifications and rehabilitation; homemaker-home health aides; and personal care;
- Community Services -- congregate meals; senior center activities; adult day care; nursing home ombudsman services; elder abuse prevention; legal services; employment and pension counseling; health promotion; and fitness programs;
- Evidence-Based Services (Health Promotion/Disease Prevention and Wellness) -- health promotion and disease prevention activities that include the following: health risk assessment and screenings, nutrition screening and educational services, physical fitness, health promotion programs on chronic disabling conditions, home injury control services, counseling regarding social services, and follow-up health services. Title III-D funds can only be expended on evidence-based programs.
- Family Caregiver Services -- respite; adult day care; counseling and education; and persons with Alzheimer's disease and related disorders. It also supports caregivers by improving coordination between health care and community service systems.

4. The Area Agency on Aging shall have responsibility for carrying out all activities under the Area Plan on Aging according to the Older Americans Act Section 306 of the Older Americans Act, as amended and 45 CFR Parts 1321.61 and 1321.53. 3.

### Relationship to the Area Plan and Service Procurement

Based on the findings in the Area Plan Needs Assessment, the AAA determines which services to procure with Older American Act and other agency funds. The AAA evaluates proposals and awards subcontracts for the provision of services. The AAA may request authorization from GOEA to provide services directly if the AAA demonstrates it is necessary to ensure an adequate supply of the service or that it can provide services of comparable quality more economically than other providers. Regardless, the AAA submits to GOEA as part of the Service Procurement Package for each service: the total cost, units of service to be provided and unit rate. The approved Exhibits 1 & 2 shall become an official part of the Area Plan.

### Area Plan Sections

### Section 1

AAAs should give a brief, one page explanation of why the plan is being developed, why it is important to the community, and the vision and mission of the AAA/COA.

### Section 2

The focus of this section is on the Planning and Service Area (PSA). It should provide a clear and concise description of the PSA, the targeted groups and populations, along with its resources, constraints, and needs assessment process.

### Section 3

This section contains an overview of the AAAs background, purpose, and organizational structure. This contains a clear description of how the Agency is structured to coordinate and deliver a comprehensive system of services for older people in the community. It must also include a clear description of how the Agency assures services are coordinated with other providers in the PSA. The agency should discuss the strengths and weaknesses of its coordination methods and any planned changes. It clearly defines the lines of authority for the Advisory Council, Board of Directors and AAA/COA and includes a brief narrative explanation.

### Section 4 & 5

These sections provide descriptions of the planning process and an explanation of how priorities were established in the delivery of services. It details the Needs Assessment process and how the agency included public involvement in the development of the Area Plan. A complete picture of all needs, those that are being met, along with those that are not, should be described. The adequacy of the resources, both public and private should be addressed and the agency's ability or inability to access those resources should be explained.

Input from agencies that are not traditionally involved in ageing programs should be considered. Consideration should be given to older population groups that the AAA may not have had the opportunity to communicate with in the past. Emphasis should be on its coordinating role in the community. Current services are identified and evaluated. Unmet needs, gaps in service, barriers, and resources are also identified. Additionally, the impact on the AAAs budget is addressed.

The Needs Assessment should be usable by agency managers to help define client needs, identify under-served groups, illuminate the current system's strengths and weaknesses in addressing those needs, and focus on ways to restructure the system, reallocate funds, if necessary or seek additional resources to better meet those needs.

The various survey instruments should be identified and how they were used to analyze the data collected. The method by which the survey instruments were distributed should also be noted (postal mail, email, via web, phone interviews utilizing key staff members, or other means of distribution the AAA chooses). If there have been recent population shifts, this should be included. The number of low-income minority and older persons residing in rural areas must be identified. The plan will not be accepted if this data is missing.



## Section 6

AAAs focuses on how the agency will target specific goals to address the needs of the targeted populations as outlined in the GOEA State Plan (i.e. frail, homebound, rural, etc.).

## Section 7

The AAA must conduct an adequate number of Community Meetings to obtain input on the initial assessment results. The purpose is to involve people and groups not traditionally associated with Aging programs, and to therefore obtain non-traditional viewpoints on the AAAs role in the community. Key community leaders, healthcare providers, social service providers, charitable organizations' representatives such as United Way, and religious leaders should be invited to attend. Caregivers, senior persons and others affected by the area plan should also be included. The AAA must assure that the groups include representation from minority older people and older individuals residing in rural areas of the PSA.

At the community meetings, the initial results of the Needs Assessment should be shared and discussed. This should include the results of the process which focused on the needs of all older people in the community, as well as, the results of the section which looked at the adequacy of the resources and the delivery system in meeting those needs. A guided discussion should then take place on what the initial findings mean. Ultimately, the community meetings should help the AAA to establish priorities for its plan of action.

The specific number, size and location of these group meetings are at the discretion of the AAA, as well as, the exact format and agenda of the meetings. The plan must provide documentation of the meetings in the format specified.

## Section 8

Prior to the adoption of the Area Plan, the AAA must conduct at least one public hearing at an accessible location in each parish, ward, district or precinct of the PSA. In accordance with the state public meetings, LA R.S. 42:4.1 et.seq., the Area Agency, in holding public hearings, must give at least fourteen days' notice to older persons in each parish. Persons who should be notified, include, but are not limited to, the AAA Advisory Council, public officials, and other interested parties. The notice must include the times, dates, and locations of the public hearing (s) which will be held. Public hearings must be held at a time and location which permits older persons, public officials and other interested parties a reasonable opportunity to participant.

At the public hearing, the AAA must submit the Area Plan for review and comment. Each component of the Area Plan must be briefly discussed and comments solicited. The Area Plan should be available for distribution and used for talking points. In particular, the Area Plan goals and objectives should be highlighted for feedback. This section should contain a short narrative of how many hearings were held, what was made available at the hearing, how the public hearing was conducted, comments from the public, outreach efforts used to seek input from institutionalized, homebound, and disabled adults, along with results of hearing.

## Section 9

This section details the AAAs planning cycle of priorities derived from the Needs Assessment. The goals and objectives are developed based on those priorities.

### Section 10

This section must include the services the AAA has identified as priority as derived from the Needs Assessment. It must include goals and objectives that are S.M.A.R.T. (specific, measurable, attainable, relevant, and time-bound). It must target a specific area for improvement, specify who will do it, state what the expected results will be given the available resources and identify a specific achievement date.

Sample Area Plan: Sonoma County Area Plan 2012-2015:

<http://www.socoaaa.org/pdf/AreaPlan2012.pdf>

## Helpful Tips

### Characteristics of an Excellent Area Plan

- ✓ Area Plan Format is followed for each section; all required information is provided
- ✓ Reader Friendliness - no jargon or highly technical terms
- ✓ Well designed and executed needs assessment process
- ✓ Needs surveys are widely distributed to many individuals and groups within PSA
- ✓ Area Plan clearly summarizes process used to assess need; identifies need found in PSA; lists strengths and weaknesses of current system; and provides rationale of which unmet needs it will seek to address
- ✓ Goals and Objectives must relate to needs identified during needs assessment process
- ✓ Area Plan is a meaningful document that is used by AAA and other agencies in PSA to guide local initiatives and decision making

### Tips in Summarizing the Needs Assessment

To summarize the results of the needs assessment conducted for your area you should:

1. Specify demographics, such as distribution of population, the name and size of the communities targeted, and characteristics of the targeted group.
2. Describe the Advisory Council involvement.
3. List unmet needs identified through the Needs Assessment process.
4. Indicate which needed services are available in the PSA.
5. Indicate efforts of voluntary organizations in the community attempting to meet the unmet needs of older individuals.
6. Identify alternative solutions, activities, or services to fulfill unmet needs.
7. Explain how other agencies are meeting the needs in the PSA.
8. Identify the number and specific needs of the following groups within the PSA.

- a. Greatest economic need:
  - b. Low income minority with greatest economic need:
  - c. Greatest social need:
  - d. Low income minority with greatest social need:
  - e. Older Indians, if there is a significant population:
9. Describe the methods the AAA on aging will use to coordinate planning and the delivery of transportation services (including the purchase of vehicles) to assist older individuals, including those with special needs, in the area.

### Tips in Describing Priority Issues of Older People

To summarize the priority issues of older persons in your area you should:

1. List priority issues of older people in the PSA and factors influencing prioritization.
2. Describe how these issues were determined.
3. Indicate those issues which cannot be addressed at the beginning of the Area Plan cycle by the area agency and/or other service providers within the PSA and explain why they cannot be provided. Also indicate how the AAA plans to address those issues during subsequent years of the plan cycle.
4. Indicate how the AAA will develop and publish methods by which priority of services is determined. Describe how the AAA will meet targeting mandates.

### Public Hearing Materials Requirements

1. A summary of the Older Americans Act program requirements and related state and federal rules and regulations, including La. R.S. 16.1601-1607, if the area agency is a parish council on aging.
2. A profile of the conditions of older persons in the PSA and their need for services, such as survey results and census data.
3. An identification of major issues facing older persons in the PSA and a discussion of constraints and opportunities for problem resolutions.
4. A description of the public hearing process used in plan development and the process the AAA plans to use for receiving written and oral input from older persons, service providers, public officials, and the general public.
5. A general description of how the area agency, parish council(s) on aging, other service providers, and planners in the PSA are organized to respond to the needs of older persons, with particular attention given to Older Americans Act program activities in the PSA.

6. An identification of the AAA advisory council membership by name and address, accompanied by a definition of the council's roles, responsibilities, authorities, and the methods used in membership selection.
7. A description of the site selection criteria for meal sites and senior centers.
8. A description of the participant selection criteria.
9. A summary of the contribution policy for services.
10. A roster of the parish council on aging and area agency on aging governing boards.

Public hearings on plan amendments will only include information relating to the part of the plan being amended.

# **Sample: Public Hearing Sign-In Sheet**

Agency:                      Date:                      Location:

\*Please mark category below with which you most identify:

Signature	Printed Name	* Senior / Older Individual	* Elected Official	* Public Official	* Service Provider	* Service Recipient	* Caretaker	* Other

## SMART Goals

There are several ways you can define the acronym SMART. This is the definition that is most appropriate for small business owners:

- **Specific** - You have clearly defined what you want to accomplish.
- **Measurable** - You have identified targets and milestones to track your progress.
- **Attainable** - Your goal is realistic and manageable.
- **Relevant** - You have identified a goal that fits with your business model.
- **Time-Based** - You have identified a specific period of time for the goal.
- **To Expand on each step:**
- **S = Specific**
- When you are just **getting started with goal setting**, you may only have a vague idea of what you hope to accomplish. As you get further along in the process, however, you will need to be as specific as possible about your goal.
- A specific goal should clearly state what you want to accomplish, why it is an important goal, and how you intend to accomplish the goal.
- **M = Measurable**
- You need to be able to determine, without question, whether or not you are successful in achieving your goal. In order to do this, you need to create a way to measure your progress and your end result.
- A measurable goal should include a plan with targets and milestones that you can use to make sure you're moving in the right direction during the process and should clearly tell you when you've completed the process.
- **A = Attainable**
- While business goals may often pull you out of your comfort zone and challenge you, if the goal and the parameters you have created are not realistic, you may be setting yourself up for failure.
- An attainable goal should be realistic and include a plan that breaks your overall goal down into smaller, manageable action steps that use the time and resources available to you within the timeline you've set.
- **R = Relevant**
- The relevancy of a business goal will often determine the likelihood of achieving it. Goals that do not mesh with all of the other factors that directly and indirectly impact your business are often unachievable.
- Ultimately, a relevant goal should make sense when measured against your business model, mission statement, market, client base and industry.
- **T = Time-Based**
- Business goals cannot be open-ended; every goal should be limited by a period of time. The timeline may vary by weeks, months or years depending on your goal, but a defined timeline is vital in order for you to commit to the goal. Having a deadline can also create an urgency that will motivate you.
- To determine if your goal is time-based, it should include a defined period of time as well as a specific timeline for each step of the process.

## **SMART Goal Setting Worksheet**

*SMART = Specific, Measurable, Attainable, Relevant, Time-Based*

*Write down your business goal in the space below.*

### **GOAL:**

*Use the questions below to determine if your business goal adheres to the SMART methodology. If your goal*

*doesn't successfully fulfill each section, rewrite it in the space provided.*

### **Is your goal specific?**

*A specific goal should clearly state what you want to accomplish, why it is an important goal, and how you intend to accomplish the goal.*

### **Is your goal measurable?**

*A measurable goal should include a plan with targets and milestones that you can use to make sure you're moving in the right direction.*

### **Is your goal attainable?**

*An attainable goal should be realistic and include a plan that breaks your overall goal down into smaller, manageable action steps that use*

*the time and resources available to you within the timeline you've set.*

### **Is your goal relevant?**

*A relevant goal should make sense when measured against your business model, mission statement, market, client base and industry.*

### **Is your goal time-based?**

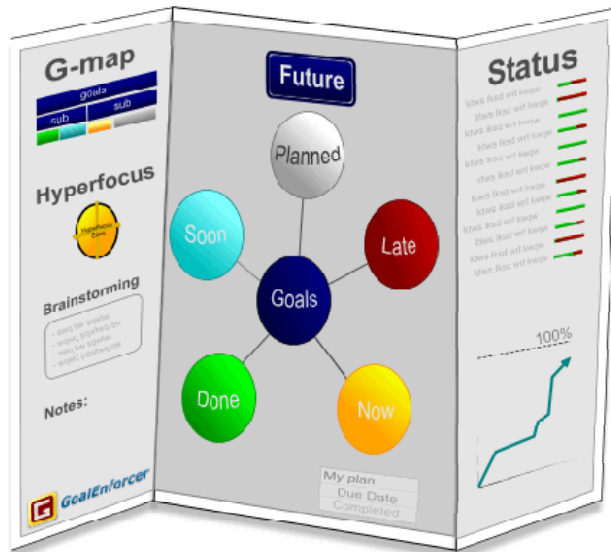
*A time-based goal is limited by a defined period of time and includes a specific timeline for each step of the process.*



# GoalEnforcer

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## GoalEnforcer Visual Goal Setting Software



- ✔ Develop your ideas
- ✔ Start planning immediately
- ✔ Boost your productivity
- ✔ Set and track your tasks
- ✔ Get things done

**GoalEnforcer** is a visual goal planning software that can help you plan, get focused and accomplish goals much faster than any other method. Its innovative interface lets you unleash the power of recursive visual thinking and increase your productivity. You can easily set and rearrange a goal achievement plan by dragging and dropping virtual objects. It includes color coding, status report, and progress chart features for goal tracking. The calendar view can remind you about important due dates, and the new hyperfocus view will optimize your attention and keep you on track. Good for home projects, as well as business project management. Keep your family, friends and co-workers updated by sending status report emails, or posting progress charts to web sites.

### Time Spent Planning

GoalEnforcer provides a better plan in less time

#### GoalEnforcer is a:

- Visual Organizer
- Project Manager
- Task Manager
- Progress Report Generator

#### GoalEnforcer can:

- Set your goals
- Track your progress
- Visually generate and organize your tasks

- Send progress reports by email

- Post reports in HTML format

#### GoalEnforcer allows you to:

- Get started on an idea
- Capture and organize your thoughts
- Plan faster
- Increase your chance of success
- Think clearer
- Save time
- Brainstorm solutions
- Reach your dream goals

Helpful Websites:

Tips for writing Goals and Objectives:

<http://tulane.edu/publichealth/mchttp/upload/Tips-for-writing-goals-and-objectives.pdf>

Visual Goal Setting, Goal Planning and Goal Managing (\$14-\$112):

[www.goalenforcer.com](http://www.goalenforcer.com)

Developing Measurable Program Goals and Objectives (PowerPoint Presentation):

<http://www.fldoe.org/aala/pdf/smart.pdf>

Setting and Achieving Meaningful Goals:

<http://ezinearticles.com/?Setting-and-Achieving-Meaningful-Goals&id=1126061>

Very Detailed Area Plan: Sonoma County Area Plan 2012-2015:

<http://www.socoaaa.org/pdf/AreaPlan2012.pdf>

**PARISH COUNCIL ON AGING  
BOARD OF DIRECTORS ROSTER**

PARISH: \_\_\_\_\_ ELECTION DATE: \_\_\_\_\_

REASON FOR REVISION (X): \_\_\_\_\_ ANNUAL ELECTION \_\_\_\_\_ SPECIAL ELECTION

I CERTIFY THAT THIS IS AN OFFICIAL ROSTER OF THE BOARD OF DIRECTORS AND OFFICERS OF THE  
\_\_\_\_\_ PARISH COUNCIL ON AGING, ELECTED AT A MEETING OF THE  
MEMBERSHIP OF THE COUNCIL AND/OR BOARD OF DIRECTORS, IN ACCORDANCE WITH ITS BYLAWS.

\_\_\_\_\_  
BOARD SECRETARY  
(typed)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

FORM #HCBS1CO1

PAF 4010

**COUNCIL ON AGING  
BOARD ROSTER**

**DATE REVISED/UPDATED:**

<p><b>NAME:</b>  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10px;"> <span>(Last)</span> <span>(First)</span> <span>(M.I.)</span> </div> <b>ADDRESS:</b>  <b>CITY:</b>  <b>ZIP CODE:</b>  <b>PHONE #:</b> ( )  <b>AGE: 60+ (X)</b>  <b>OCCUPATION:</b></p>	<p><b>FIRST TERM:</b>            From _____ To _____  <small>(Month/Year) (Month/Year)</small></p> <p><b>SECOND TERM:</b>            From _____ To _____  <small>(Month/Year) (Month/Year)</small></p> <p><b>IF OFFICER, OFFICE HELD:</b>             From _____ To _____  <small>(Month/Year) (Month/Year)</small></p>
<p><b>NAME:</b>  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10px;"> <span>(Last)</span> <span>(First)</span> <span>(M.I.)</span> </div> <b>ADDRESS:</b>  <b>CITY:</b>  <b>ZIP CODE:</b>  <b>PHONE #:</b> ( )  <b>AGE: 60+ (X)</b>  <b>OCCUPATION:</b></p>	<p><b>FIRST TERM:</b>            From _____ To _____  <small>(Month/Year) (Month/Year)</small></p> <p><b>SECOND TERM:</b>            From _____ To _____  <small>(Month/Year) (Month/Year)</small></p> <p><b>IF OFFICER, OFFICE HELD:</b>             From _____ To _____  <small>(Month/Year) (Month/Year)</small></p>
<p><b>NAME:</b>  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10px;"> <span>(Last)</span> <span>(First)</span> <span>(M.I.)</span> </div> <b>ADDRESS:</b>  <b>CITY:</b>  <b>ZIP CODE:</b>  <b>PHONE #:</b> ( )  <b>AGE: 60+ (X)</b>  <b>OCCUPATION:</b></p>	<p><b>FIRST TERM:</b>            From _____ To _____  <small>(Month/Year) (Month/Year)</small></p> <p><b>SECOND TERM:</b>            From _____ To _____  <small>(Month/Year) (Month/Year)</small></p> <p><b>IF OFFICER, OFFICE HELD:</b>             From _____ To _____  <small>(Month/Year) (Month/Year)</small></p>

PAF 4012

**MULTI AREA AGENCY ON AGING BOARD ROSTER**

**COMPLETE THIS  
COLUMN ONLY IF  
AN OFFICER**

**YEAR** \_\_\_\_\_ - \_\_\_\_\_

FIRST TERM: FROM _____ TO _____ (MM/YY) (MM/YY)	NAME: _____ (Last) _____ (First) ADDRESS: _____ CITY: _____ ZIP CODE: _____ PHONE: (_____)	_____ OFFICE HELD FROM _____ TO _____ (MM/YY) (MM/YY)
SECOND TERM: (IF APPLICABLE) FROM: _____ TO _____ (MM/YY) (MM/YY)	OCCUPATION: _____ DOB: _____ (MM/YY)	

FIRST TERM: FROM _____ TO _____ (MM/YY) (MM/YY)	NAME: _____ (Last) _____ (First) ADDRESS: _____ CITY: _____ ZIP CODE: _____ PHONE: (_____)	_____ OFFICE HELD FROM _____ TO _____ (MM/YY) (MM/YY)
SECOND TERM: (IF APPLICABLE) FROM: _____ TO _____ (MM/YY) (MM/YY)	OCCUPATION: _____ DOB: _____ (MM/YY)	

FIRST TERM: FROM _____ TO _____ (MM/YY) (MM/YY)	NAME: _____ (Last) _____ (First) ADDRESS: _____ CITY: _____ ZIP CODE: _____ PHONE: (_____)	_____ OFFICE HELD FROM _____ TO _____ (MM/YY) (MM/YY)
SECOND TERM: (IF APPLICABLE) FROM: _____ TO _____ (MM/YY) (MM/YY)	OCCUPATION: _____ DOB: _____ (MM/YY)	

**BOARD SECRETARY (typed)/Signature**

**DATE**