IOWA DEPARTMENT ON AGING
510 E 12TH ST., STE. 2 | DES MOINES, IA 50309 | IOWAAGING.GOV

Signed Verification of Agency Intent and Compliance

Elderbridge Agency on Aging

(AAA) accepts full authority and responsibility to develop and administer the SFY2019 Update to the SFY 2018 - SFY 2021 Area Plan on Aging in accordance with all requirements of the Older Americans Act as amended through P.L. 114-144 (2016), state laws, rules, and procedures. The Parties agree that Area Plan is incorporated herein by this reference as if fully set forth in this Agreement. The AAA verifies that the following conditions are and will continue to be met:

1. The AAA agrees it will comply with the Area Plan Assurances. These assurances are available at https://iowaaging.gov/area-agencies-aging/area-plan-aging-guidance.The Parties agree that Area Plan Assurances are incorporated herein by this reference as if fully set forth in this Agreement.

2. The AAA agrees it will comply with the Procurement Terms and Conditions for Services as set forth by the Iowa Department of Administrative Services. These Procurement Terms and Conditions for Services are available at https://das.iowa.gov/procurement/terms-and-conditions. The Parties agree that Procurement Terms and Conditions for Services are incorporated herein by this reference as if fully set forth in this Agreement.

3. The AAA agrees it will comply with the Department of Human Services Standard Terms and Conditions related to Federal Financial Assistance. These Standard Terms and Conditions related to Federal Financial Assistance are available at https://iowaaging.gov/area-agencies-aging/area-plan-aging-guidance. The Parties agree that Standard Terms and Conditions related to Federal Financial Assistance are incorporated herein by this reference as if fully set forth in this Agreement.

4. The AAA agrees it will comply with the requirements of Iowa code chapter 8F. These Terms are available at https://iowaaging.gov/area-agencies-aging/area-plan-aging-guidance. The Parties agree that 8F Terms and Conditions related to Federal Financial Assistance are incorporated herein by this reference as if fully set forth in this Agreement.

5. The AAA agrees it will comply with the process and procedures described in the reporting manual. The Reporting Manual is available https://iowaaging.gov/area-agencies-aging/area-plan-aging-guidance. The Parties agree the Reporting Manual is incorporated herein by this reference as if fully set forth in this Agreement.

By accepting this authority and responsibility, the area agency agrees to develop and administer the Area Plan for a comprehensive and coordinated system of service and to serve as the advocate and focal point for all Iowans 60+ years of age in the area agency's planning and service area. The Area Plan on Aging reflects input from a cross section of service providers, consumers, and caregivers that are representative of all areas and culturally diverse populations in the planning and service area; its contents are true, accurate, and incorporate the comments and recommendations of the Area Agency's Advisory Council and has been reviewed and approved by the Area Agency's Governing Body. It is acknowledged that intentional misrepresentation or falsification may result in the termination of financial assistance.

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Signed Verification of Agency Intent and Compliance

The **Advisory Council** has reviewed and commented on the SFY 2019 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2019 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

Susan Osvald, President

NAME OF ADVISORY COUNCIL SIGNER

Susan Osvald Digitally signed by Susan Osvald
Date: 2018.02.28 13:40:01
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ADVISORY COUNCIL SIGNATURE

The **Governing Body** has reviewed and approved the SFY 2019 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2019 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

Paula Harms, President

NAME OF GOVERNING BODY SIGNER

Paula F Harms Digitally signed by Paula F Harms
DN: cn=Paula F Harms, o=Elderbridge, ou=Board President, email=pharms@abcmcorp.com, c=US
Date: 2018.03.07 08:32:22 -06'00'

GOVERNING BODY SIGNATURE

The **Executive Director** has reviewed and approved the SFY 2019 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2019 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

Shelly Sindt, Chief Executive Officer

NAME OF EXECUTIVE DIRECTOR

Shelly Sindt Digitally signed by Shelly Sindt
Date: 2018.02.28 13:35:30
-06'00'

EXECUTIVE DIRECTOR SIGNATURE

Elderbridge Agency on Aging PSA #1

SFY 2019 Area Plan Aging Update
Area Plan on Aging SFY 2018 – 2021

Plan Effective Dates: July 1, 2018-June 30, 2021
Plan Update: July 1, 2019

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Elderbridge Agency on Aging Update

Elderbridge orchestrated a successful strategic planning initiative since the submission and approval of our SFY 2018-2021 Area Plan. Through a joint effort by Board, Advisory Council, and staff, a careful review of our mission, vision, and core values stimulated new thinking, resulting in changes made to all three. The Elderbridge mission now reflects more accurately our target population to be served and reads as follows: "to advocate for and empower older adults, caregivers and individuals with disabilities to pursue independent healthy lives."

Unexpected challenges this past year resulted in new opportunities for Elderbridge to strengthen partnerships and launch new program initiatives. Reduced funding forced us to identify grant opportunities and reach out to partners to develop collaborative approaches for meeting gaps in services identified in the Area Plan. The Benefits Enrollment Center project is an example of a new collaborative program initiative with NEI3A and County Social Services that will enhance our LifeLong Links program and dramatically increase our reach to low income Medicare beneficiaries. Another opportunity to strengthen partnerships was capitalized on by Elderbridge, NEI3A, and the Office of Substitute Decision-Making in order to address the unmet needs for guardians and conservators identified through our Options Counseling, Elder Rights, and Case Management programs.

Ending our contracts with IME and the MCOs to provide Medicaid waiver case management services greatly impacted our case management service delivery and staffing. Caseloads dramatically decreased which resulted in reducing case management staff and needing to revise case management projections in the Area Plan.

The increased emphasis placed on data collection and reporting has been a positive, although challenging experience. The data collected helped us evaluate our services, plan for future consumer needs, and review effectiveness of internal operations. Lean procedures have been reinforced along with increased monitoring and training of staff.

Educating Elderbridge stakeholders on activities or issues that could impact service-delivery, funding, or Area Plan objectives remains a priority. Regular contact is made with state legislators, providers, and funders through our newsletter, website, social media, and one-on-one visits. Elderbridge management staff visited each county board of supervisors this past fall to present our annual report and share aging issues pertinent to their respective counties.

Overview of accomplishments this past year would include reassigning staff to new positions that would better meet Area Plan objectives and serve our consumers. A new Service Specialist position was created to allow more flexibility for staff to move back and forth in program areas where demand is needed. Area Plan outreach and marketing strategies have resulted in a redesign of the Agency's public relations department which included adding a new public relations specialist, greater emphasis on Facebook marketing, and more connections with local stakeholders. Staff involvement in county interagency groups has increased this year, resulting

in more referrals to LifeLong Links and Elder Rights. A Client Safety Team in Fort Dodge was started along with two new Caregiver Support Groups and one Facebook Caregiver Support Group. Our falls prevention evidence-based health activities were expanded and four staff were trained to facilitate Tai Chi. Elderbridge Alliance also continues to grow slowly, so far serving 13 clients during SFY 2018.

Initiatives planned for SFY 2019 include continued commitment to data collection and data management. Accurate and reliable data will be a priority along with an emphasis on staff training. Elderbridge will continue to strengthen existing partnerships and develop new ones this coming year through increased participation in county provider meetings, development of additional client safety teams, expansion of SALT activities, and exploration of new grant opportunities with partners. Building donor relations and developing our volunteer base are planned activities this coming year. Events planned include two family caregiver conferences, three Ready, Set, Retired workshops, and numerous benefits enrollment sessions.

Section 1: Update on Strategies to Achieve 2018-2021 Goals

Goal 1: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older Iowans.

Prioritized Service Gaps

Elderbridge Agency on Aging completed a needs assessment February 8, 2017 to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included: The Iowa Aging Program Reporting System (IAPRS), the Iowa Department of Human Services (DHS) dependent abuse statistical report from January 1, 2016 to December 31, 2016, assessments completed on Elder Abuse Prevention and Awareness (EAPA) consumers, feedback from EAPA staff and their comfort level in working with consumers. Comments from consumers calling or visiting Elderbridge offices and comments from community providers.

Elderbridge also completed a second needs assessment in October 2017 to identify and prioritize service gaps. Methods used to identify service gaps included: work sessions with our LLL Advisory Committee, Advisory Council, and Board of Directors. No changes to the prioritized service gaps were made as the result of the work sessions.

SERVICE GAP #1: Financial exploitation and self-neglect of older Iowans continues to rise. Staff are undertrained.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Number of fully trained EAPA staff
- # EAPA referrals from DHS
- # Referrals made to Iowa Legal Aid
- # EAPA consumer cases opened in targeted counties

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Will explore financial exploitation, self-neglect, and mental health training opportunities for ER staff through a variety of resources including; the IDA, Iowa Attorney General's Office, the Department of Justice and the National Clearing House of Abuse in Later Life	No	In Progress
2. ER staff will complete CADER Core Courses including; issues in aging and disabilities, disability networks, consumer control, choice and direction in options counseling, assessment, and mental health	No	Completed

Current Strategies	Revised or New Strategy?	Status
training.		
3. ER staff will study and test to become certified "Information & Referral Specialists for Aging and Disability" (CIRS-AD).	No	Completed
4. ER staff will participate in Motivational Interviewing. They will learn methods that work on facilitating and engaging motivation to prompt changed behavior with the consumers served.	No	Completed
5. Will reach out to DHS supervisors to inquire about what happens to rejected abuse referrals and discuss a potential process of servicing those cases that do not meet DHS dependent adult criteria.	No	In Progress
6. Will contact Legal Aid to request presentations to educate all staff on services provided.	No	Completed
7. Will contact the Office of Substitute Decisions Making and request training on their role and how they can assist with cases.	No	Completed
8. Will visit with Legal Aid staff to explore the possibility of a referral system or a point of contact for consumers coming through LLL and/or referrals to the ER program and how best to access their services.	No	Completed

Update on Strategy Activities to Date

1. EAPA staff have completed the required IDA training in October 2017, a training on substitute decision making for vulnerable adults in August 2017, and on-going webinars from the National Clearing House for Abuse in Later Years.
2. CADER courses have been completed by staff.
3. All EAPA staff are either AIRS trained and /or certified.
4. Staff completed motivational interviewing training.
5. DHS supervisors have been approached and we are developing a process for referring individuals to Elderbridge who do not meet DHS dependent adult abuse criteria.
6. Legal Aid provided an in-service to EAPA staff in August 2017.
7. EAPA staff have received training and information on how to access the Office of Substitute Decision Making.
7. An agreement was made with Legal Aid for Elderbridge staff to always utilize the toll-free number as point of contact when referring consumers to Legal Aid for services.

Strategy Activities Planned for SFY 2019

Elderbridge plans to implement the following activities in SFY 2019:

- Target underserved counties to focus outreach efforts.
- Post financial exploitation and self-neglect messages on social media twice a month.
- Develop list of banks for which to target outreach efforts to increase referrals and provide community awareness.

- Strengthen relationship with SMP to access the most current exploitation materials.

SERVICE GAP #2: **Veteran services, financial institutions, DHS, and law enforcement in select counties are unaware of the elder rights program**.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

Community presentations
Agency in-services
EAPA consumer cases opened/closed
EAPA consumer cases opened in targeted counties
Referrals to EAPA
Public awareness events

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Training the new Elder Rights staff to provide community presentations.	No	In Progress
2. ER Staff will provide ER program presentations for veteran organizations and financial institutions to include banks and/or credit unions, DHS and Law Enforcement.	No	In Progress
3. ER Staff will also contact Veteran Services, Banks, and Credit Unions, DHS, and Law Enforcement to offer topic specific training on elder abuse, Senior Medicare/Medicaid Patrol, fraud and scams.	No	In Progress
4. ER staff will target 3 specific counties in the PSA the first year for presentations to include Audubon, Buena Vista, and Calhoun. ER staff will continue with 3 counties each year thereafter that have not referred consumers to the EAPA program.	No	In Progress
5. Elderbridge will update the ER brochure and other media material's to further educate others on the ER program and Elder Abuse.	No	Completed
6. Elderbridge will work with Legal Aid to help distribute their brochures and the ER brochure to locations that seniors and/or adults with disabilities frequently visit.	No	Completed
7. Elder Rights staff will plan and coordinate local World Elder Abuse Awareness Day activities to prompt community awareness.	No	In Progress
8. ER staff will contact DART, SART and local military planning specialists to increase awareness of services and partner on providing presentations and training when able to.	No	In Progress

Current Strategies	Revised or New Strategy?	Status
9. ER staff will explore possibility of starting a SALT (seniors and Law Enforcement Together) in Spencer and Ft. Dodge service area.	No	In Progress

Update on Strategy Activities to Date

1. Public Relations staff will train EAPA staff on public speaking tips and techniques in May 2018.
2. EAPA presentations are in progress.
3. EAPA presentations are in progress.
4. Outreach efforts are in progress in Audubon, Buena Vista, and Calhoun counties including social service agencies, banks, churches, veteran agencies, and law enforcement to schedule presentations and encourage new referrals to EAPA.
5. EAPA brochures and media materials have been updated.
6. Legal Aid brochures are accessible in all Agency locations and are distributed at EAPA presentations.
7. Plans are to develop new World Elder Abuse Awareness activities. Details have not been worked out yet.
8. Staff members from Domestic Violence and Sexual Assault agencies have been invited to attend the Client Safety meetings, along with local veteran's representatives. Plans will be to offer in-service presentations to their staff.
9. Still being considered. The Advisory Council will give input at their May 28th meeting.

Strategy Activities Planned for SFY 2019

Elderbridge plans to implement the following activities in SFY 2019:

- Target 3 new counties that have made few or no referrals to the EAPA program.
- Post fresh EAPA articles on website and social media on a regular basis.
- Plan a new event or activity in each of our four offices in communities where we have not scheduled events in the past to recognize our involvement in World Elder Abuse Awareness Day.

SERVICE GAP #3: Multidisciplinary (MDT) meetings with community agencies targeted at 60 years or older is limited or non-existent.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

Number of new client safety team groups established
Membership in client safety team groups
EAPA representation in county provider groups

Partnerships established

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. ER staff in Fort Dodge will explore and invite potential providers (law enforcement, DHS, housing, etc.) who would be willing to participate in a regular safety meeting.	No	Completed
2. ER staff in Fort Dodge will attend and observe the operation of the Spencer and Mason City safety meetings.	No	Completed
3. ER staff in Fort Dodge will set a date for a safety meeting then develop an invitation letter and distribute it to all potential participants.	No	Completed
4. ER staff in Fort Dodge will have participants sign in, present the ER program, explain how participants can work together and develop a continued agenda.	No	Completed
5. ER staff in Fort Dodge will request email addresses of participants and follow-up with a summary of each safety meeting and will distribute news of any training opportunities to the group.	No	Completed
6. ER staff will develop networks and reciprocal relationships with community providers, coworkers, and with the Mental Health and Disability Service (MHDS) regions, banks and credit unions.	No	In Progress
7. ER staff in Fort Dodge will, after several successful safety meetings, explore the possibility of a safety meeting in the Carroll office.	No	In Progress

Update on Strategy Activities to Date

1. Representatives from many providers such as DHS, law enforcement, housing, MHDS agencies, and Legal Aid were invited and agreed to participate in client safety team meetings in Fort Dodge.
2. In preparation for establishing the Fort Dodge Client Safety Team, EAPA staff observed how the Mason City and Spencer Client Safety Teams operated.
3. An invitation was sent out to prospective members inviting them to the first client safety meeting in Fort Dodge.
4. EAPA staff presented general information about the elder rights program at their first meeting and discussed the purpose and format of upcoming client safety team meetings.
5. Minutes of the first client safety team meeting were emailed to all participants attending and will continue to be emailed after each meeting along with information about any training opportunities.
6. EAPA staff are currently reaching out to MHDS regions to offer in-service presentations about the EAPA program for community awareness and referral purposes.

7. Plans are for staff to reach out to community partners in the Carroll area to determine interest in establishing a client safety group.

Strategy Activities Planned for SFY 2019

Elderbridge plans to implement the following activities in SFY 2019:

- Approach community partners and providers in Carroll to develop support for establishing a client safety team.
- EAPA staff who will be assigned to work with the Carroll Client Safety Team will observe how our other client safety teams operate.
- Develop list of providers to invite to participate in the Carroll Client Safety Team.
- Establish Carroll Client Safety Team.
- Develop two more client safety teams throughout the Elderbridge service area with the goal of having six teams functioning by the end of SFY 2019.

Goal 2: Iowa Aging Network will work with older Iowans, Iowans with disabilities, and caregivers as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.

Prioritized Service Gaps

Elderbridge Agency on Aging completed a needs assessment February 8, 2017 to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included: Data obtained from the Iowa Aging Program Reporting System (IAPRS), Elderbridge annual report, comments made from LLL and Nutrition program staff, concerns expressed by consumers, and comments made by community providers.

Elderbridge also completed a second needs assessment in October 2017 to identify and prioritize service gaps. Methods used to identify service gaps included: work sessions with our LLL Advisory Committee, Advisory Council, and Board of Directors. No changes to the prioritized service gaps were made as the result of the work sessions.

SERVICE GAP #1: Life Long links staff are undertrained.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Number of LLL staff completing mental health, motivational, and disability training
- # I&R Specialists AIRS certified
- # LLL referrals to DHS
- # DHS referrals to LLL

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. LLL staff will participate in training to learn how to respond to and help consumers with mental health issues. (Mental Health First Aid and subsequent mental health trainings)	No	In Progress
2. LLL staff will participate in CADER core courses on-line, including; issues in aging and disabilities, disability networks, consumer control, choice and direction in options counseling, assessment, and mental health training.	No	Completed
3. LLL staff will study and test to become certified “Information & Referral Specialists for Aging and Disability” (CIRS-AD).	No	In Progress

Current Strategies	Revised or New Strategy?	Status
4. LLL staff will participate in Motivational Interviewing. Learning methods that work on facilitating and engaging motivation to prompt changed behavior with the consumers served.	No	Completed
5. LLL staff will participate in disability benefits and social security trainings.	No	Completed
6. Elderbridge will coordinate with DHS to have a Point of Contact or procedure to resolve consumer questions about DHS applications.	No	Completed

Update on Strategy Activities to Date

1. Some staff have participated in the Mental Health First Aid training and plans are underway with our MHDS agencies to provide LLL staff yet this fiscal year with additional mental health training.
2. With the exception of our new staff, LLL staff have completed the CADER core courses.
3. All LLL staff are required to study and become AIRS prepared as part of their job requirements. However, only I&R Specialists will be required to test and become AIRS certified. April 15th is the deadline for becoming AIRS certified.
4. LLL staff completed motivational interviewing training this fiscal year.
5. Disability and social security in-services were provided to LLL staff this year.
6. Points of contact with the major DHS offices in our territory have been established.

Strategy Activities Planned for SFY 2019

Elderbridge plans to implement the following activities in SFY 2019:

- OCs will complete the person-centered counseling core curriculum through Elsevier.
- Identify age-specific, mental health, and caregiving on-line training for staff to participate in on an on-going basis.
- Explore the possibility of sending LLL staff who have not yet been trained to Mental Health First Aid training.

SERVICE GAP #2: Mental health and disability agencies, DHS, and law enforcement are unaware of all services offered through LLL.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

Referrals to LLL made from MHDS agencies, DHS, and law enforcement
Completed Benefits Check-Up
Completed applications for benefits assistance programs
Increased referrals from targeted counties
Postings on social media

Outreach activities targeting providers

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Increase LLL articles in our monthly Renaissance newsletter.	No	Completed
2. Increase presentations for Mental Health and Disability Agencies, DHS and Law Enforcement.	No	In Progress
3. Develop and implement an outreach and marketing plan.	No	In Progress
4. Distribute LLL brochures to all our meal sites, doctor offices, housing complexes, and other locations in our PSA where seniors and adults with disabilities congregate.	No	Completed
5. Identify target counties including; Audubon, Calhoun, Crawford, Emmet and more to deliver LLL presentations to increase awareness and encourage referrals to contact LLL.	No	In Progress
6. Plan and set up a process of educating service providers on LLL.	No	In Progress
7. Increase LLL visibility on social media sites.	No	In Progress
8. Request to participate in multidisciplinary meetings that DHS conducts on the same population LLL serves.	No	Completed

Update on Strategy Activities to Date

1. LLL related articles are now included in each issue of Renaissance.
2. Staff are currently approaching MHDS agencies, DHS, and law enforcement to schedule presentations and in-services with their staff to share information about LLL services.
3. An outreach and marketing plan for the Benefits Enrollment Center (BEC) grant which will be delivered through our existing LLL structure will aggressively promote and educate providers and general public not only about about BEC services but LLL services in general.
4. LLL brochures have been delivered to meal sites, housing complexes, doctor offices, just to name a few.
5. A series of presentations are being scheduled in the targeted counties of Audubon, Calhoun, Crawford, and Emmet counties to increase awareness of LLL and to encourage referrals made.
6. A plan for educating providers on LLL services is being developed which will include LLL News You Can Use emails, offers to present staff in-services, and participation in county provider meetings.
7. Emphasis has been placed by Elderbridge on better utilizing social media to increase our visibility and educate our consumers and the general public. LLL services will be stressed on our social media sites.
8. Requests have been made to participate in DHS multidisciplinary meetings and have discovered that the only groups operating are child multidisciplinary teams. This is not the population that LLL serves.

Strategy Activities Planned for SFY 2019

Elderbridge plans to implement the following activities in SFY 2019:

- Collaborate with MHDS Regions to target Medicare eligible older adults and individuals with disabilities to enroll in public benefit programs.
- Identify new counties to target for LLL outreach and promotion.
- Participate in county provider meetings to increase LLL awareness and encourage referrals.

SERVICE GAP #3: High nutrition risk consumers are not receiving services that address their risks.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

Number of referrals to the dietitian by agency staff.
Number of referrals to the dietitian by non-agency aging/health professionals.
Number of nutrition counseling mentions in agency print/electronic messaging.
Number of nutrition counseling service units provided.
Number of follow-up service units provided.

Strategies to Address Service Gap

Current Strategies	**Revised or New Strategy?**	**Status**
1. Market nutrition counseling through our monthly newsletter.	No	Not Started
2. Plan and deliver nutrition counseling presentations.	No	In Progress
3. Develop print materials to distribute where seniors gather.	No	Not Started
4. Increase nutrition counseling visibility on social media sites.	No	Not Started
5. Develop and implement a strategy to engage caregivers, case workers and health professionals to help in identifying, referring and encouraging individuals that could benefit, to seek out nutrition counseling.	No	In Progress
6. Elderbridge's licensed registered dietitian will: Provide nutrition counseling for consumers requesting assistance with chronic health conditions, high blood pressure, cardiovascular disease, diabetes and more.	No	In Progress
7. Elderbridge's licensed registered dietitian will: Provide nutrition counseling preventive services on; recognizing and dealing with food allergies, weight management, meal planning, shopping on a fixed budget and more as requested.	No	In Progress
8. Elderbridge's licensed registered dietitian will: Work with the	No	Stalled

Current Strategies	Revised or New Strategy?	Status
senior nutrition work group to create a trigger identifier for at risk seniors to notify LLL of seniors who can benefit from other Elderbridge services.		
9. Elderbridge's licensed registered dietitian will: Provide high risk consumers receiving counseling with follow-up risk questions at subsequent visits to determine if health has improved.	No	Not Started

Update on Strategy Activities to Date

The Agency dietitian is in the process of scheduling a series of "Meet the Dietitian" days at select meal sites in the planning and service area. These sessions will consist of the following components: nutrition education presentation, question & answer session, and one on one counseling with consumers. Consumers will be given the opportunity to schedule private follow-up meetings with the dietitian if they wish. The sessions are being advertised in advance.

Agency Lifelong Links staff have been instructed in identifying high risk individuals and how to refer them for nutrition counseling.

The agency has not yet included nutrition counseling messaging in the newsletter, social media or consumer ready printed materials. Nutrition staff has met with marketing staff to begin developing and distributing this messaging.

Development with the nutrition work group of triggers identifying at risk seniors is stalled. The nutrition work group will need to take up this issue in subsequent meetings.

Strategy Activities Planned for SFY 2019

- The Agency dietitian will continue to schedule and conduct "Meet the Dietitian" days at agency meal sites. Nutrition staff will continue development of nutrition counseling print materials with the marketing staff and submit for inclusion in the agency newsletter and social media. These materials will be pushed out to agency sponsored meal sites via regional meetings.
- The nutrition director will work with the state nutrition work group to implement triggers for nutrition counseling referrals.

Goal 3: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.

Prioritized Service Gaps

Elderbridge Agency on Aging completed a needs assessment February 8, 2017 to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included: Data obtained from the Iowa Aging Program Reporting System (IAPRS), State of Iowa

Data Center, "A Call to Action" report obtained from Meals on Wheels America 2017, Home Meds and Unmet Needs trackers, Iowa Association of the Area Agencies on Aging (I4A), John Hale and Des Moines Register, comments made from nutrition program, case management, and LLL and ER staff, concerns expressed by caregivers, consumer surveys, and community providers.

Elderbridge also completed a second needs assessment in October 2017 to identify and prioritize service gaps. Methods used to identify service gaps included: work sessions with nutrition staff, Advisory Council, and Board of Directors. No changes to the prioritized service gaps were made as the result of the work sessions.

SERVICE GAP #1: Food insecurity for seniors and adults with disabilities.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Number of homebound individuals receiving shelf stable emergency meals.
- # Number of adults with disabilities receiving emergency meals.
- # Number of eligible seniors receiving and redeeming SFMNP checks.
- # Number of meal sites and consumers participating in Fresh Conversations.
- # Number of individuals assisted with SNAP applications.
- # Number of meal sites and consumers participating in Fresh Produce Box.
- # Number of meal sites increasing or maintaining participation.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Identify and apply for grant funding to provide emergency shelf stable meals for: 1-Homebound Iowans during meal site closures due to equipment or facility breakdowns or because no volunteers are willing to travel to the consumer's home due to severe weather. 2-Adults with disabilities that are experiencing food insecurity while waiting for approval of food assistance from government programs. Emergency shelf stable meals offer consumers a temporary back-up option to food insecurity.	No	In Progress
2. Explore best practice and or process of distribution of emergency meals to homebound seniors and adults with disabilities.	No	In Progress
3. Strengthen partnership with the Iowa Food Bank Association to promote outreach, help sign up qualifying older adults in the	No	In Progress

Current Strategies	Revised or New Strategy?	Status
Supplemental Nutrition Assistance Program (SNAP), and explore the possibility of shipping food to homebound seniors.		
4. Explore possibilities of mobile food pantries delivering food to seniors who are homebound and to those seniors with transportation barriers.	No	Not Started
5. Work with our congregate meal sites to promote outreach and help sign up qualifying older adults in SNAP.	No	In Progress
6. Train LLL staff on SNAP to help eligible seniors and adults with disabilities complete an application. According to MOWA, one reason food insecure Iowans do not applying for SNAP is there frustration with the application process.	No	In Progress
7. Administer the Senior Farmers Market Nutrition Program (SFMNP) in the service areas.	No	Completed
8. Continue to participate in the Growing Bolder initiative, to reduce hunger and food insecurity among the population of older Iowans.	No	In Progress
9. Publish food insecurity needs through articles in the agency newsletter and media sites.	No	Not Started
10. Explore potential partnership and funding through United Way (UW), which supports food insecurity projects.	No	In Progress
11. Increase nutrition education programs such as Fresh Conversations at congregate meals sites.	No	In Progress
12. Work with congregate meal sites to increase meal participation through event planning or increased activities to draw more seniors to the meal sites.	No	In Progress
13. Seek out new customer bases by developing relationships with insurance companies, caregivers, Managed Care Organizations, and Medicare to increase visibility of congregate meal sites and home-delivered meals.	No	In Progress
14. Build relationships with hospital care coordinators and skilled nursing care staff who can contact Elderbridge when seniors are discharged who are in need of meals.	No	In Progress
15. Work with meal sites to be more proactive in getting menus to churches and other community locations that older Iowans visit.	No	In Progress
16. Nutrition Director will seek out IDA nutrition work group for technical assistance on how Elderbridge can increase meal site participation and home-delivered meals.	No	In Progress

Update on Strategy Activities to Date

Elderbridge secured a grant to purchase and distribute shelf stable meals. Meals were ordered and distributed providing 187 homebound consumers and adults with disabilities struggling with food insecurity 1 box of 5 shelf stable meals. Later, Elderbridge received two additional grants to purchase emergency meals. We are in the process of ordering and will coordinate delivery thereafter.

Elderbridge continues to work with its meal site personnel, Life Long Links staff, Fresh Conversations staff, and the Iowa Food Bank in providing individuals and groups with SNAP information, and assistance with applying for SNAP benefits. Availability of SNAP information is verified at each meal site as part of the annual meal program evaluation process. Fresh Conversations, a SNAP funded program delivers participants SNAP information on a monthly basis and has been implemented at 28 meal sites. Three Fresh Conversations sites have been added so far this year and another 3 are being targeted for implementation in 2018. Finding willing and qualified volunteers to facilitate the Fresh Conversations program is a difficult task which complicates and hinders expansion, especially in smaller communities.

The Fresh Produce Box project (Growing Bolder), is planned for six pilot sites in the Spencer region this spring. Staff is currently working on the difficult problem of securing reliable sources of donated produce for this program. Relying solely on donated produce could prove a major impediment to the success and future of this project.

In conjunction with IDALS, Elderbridge distributed 2017 Senior Farmers Market Checks to 2389 low income seniors throughout the PSA. The redemption rate of these checks for local fresh produce was approximately 78%.

Falling participation numbers at meal sites is an ongoing and continuing trend. Because they can have a direct impact on participation, Elderbridge nutrition staff has been evaluating each meal site's programming and outreach activities during annual on-site program reviews. Best practices, at more successful meal sites are being shared with those that are less so. Strategies being pursued are things such as implementation of evidence based programs or Fresh Conversations, guest speakers, special event days and outreach through health care professionals, caregivers, care organizations and religious organizations. Discussion and brainstorming of participation issues with the state nutrition workgroup are continuous. A potentially serious problem that could arise with increasing the meal participation rate is how to fund it. Lack of identifiable funds, could stall almost all efforts toward increased participation.

Currently not started is the strategy to publish food insecurity needs through agency media. The agency needs to clearly identify its desired goals and outcomes before issuing a call to action through media.

Also not started is the strategy to explore mobile food pantries to assist homebound individuals or those with transportation barriers. Funding this type of program is a major consideration and obstacle. The agency needs to determine if this is even practical or if it can be anything other than a service for a fee.

Strategy Activities Planned for SFY 2019

Elderbridge will reapply for grants to fund shelf stable emergency meals for its meal program consumers and adults with disabilities struggling with food insecurity.

Elderbridge will continue to reach out and assist individuals who could benefit from SNAP by providing information through the meal sites, Life Long Links, the Fresh Conversations program and asking Iowa Food Bank to resume SNAP presentations/signup events.

The Elderbridge Fresh Conversations Coordinator will implement the program at an additional 6 meal sites and maintain existing program sites. As the program expands, Elderbridge may have to dedicate additional resources to provide oversight assistance to the coordinator.

Pending success of the Fresh Produce Box program at the six pilot sites, the agency will try implementation at an additional six sites. If the pilot sites are unsuccessful or struggling, the agency will reevaluate and adjust the implementation strategy.

Elderbridge will continue working with IDALS to administrate the Senior Farmers Market Nutrition Program for the PSA.

Elderbridge will continue to evaluate and implement best practices for increasing/maintaining meal program participation by working with its meal sites and the state nutrition work group. With increased participation as the goal, the agency needs to determine how increases in meals will be paid for.

The Elderbridge nutrition and marketing staff will plan and publish food insecurity articles in the agency newsletter and social media with a clear call to action and planned outcome.

SERVICE GAP #2: Increased opportunities to participate in evidence based health activities including fall prevention will keep seniors safe in their home.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Annual number of evidence based programs offered in the PSA.
- # Number of individuals participating in evidence based programs.
- # Number of counties in PSA that have had evidence based programs offered.
- # Number of individuals trained as volunteer evidence based program leaders.
- # Number of evidence based programs funded by participants and/or organizations receiving evidence based programming.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status

Current Strategies	Revised or New Strategy?	Status
1. Increase reach and leverage of the agency's Master Trainers, by implementing a plan to identify volunteers and organizations, such as county public health department staff who are willing to become trained coaches (lay leaders) in "A Matter of Balance".	No	In Progress
2. Pursue a plan to reach out and contract with existing master trainers ("A Matter of Balance") and trained facilitators ("Stepping On") who are already operating within the Elderbridge PSA or in counties adjacent to it.	No	Not Started
3. Increase Evidence-Based program articles in our monthly Renaissance newsletter.	No	In Progress
4. Plan and deliver Evidence-Based program activity presentations.	No	In Progress
5. Develop print materials to distribute where seniors gather.	No	In Progress
6. Increase Evidence –Based activities visibility on social media sites.	No	In Progress
7. Develop and implement a strategy to engage caregivers, case workers and health professionals to help in identifying individuals that could benefit from the evidence based activities we offer.	No	Not Started
8. Train new staff in the process of recognizing consumers who are at high risk for medication related issues and how those consumers can benefit from the HomeMeds screening tool.	No	In Progress
9. Consumers who are participating in Evidence Based Health Activities will be asked for a contribution for these services.	No	In Progress
10. Increase reach to generating revenue care transition partnerships with hospitals and MCOs whose consumers can benefit from Evidence Based Health Activities.	No	In Progress
11. Target counties including; Audubon, Calhoun, Cerro Gordo, Clay, Emmet, Floyd and more with opportunities to participate in Evidence Based Health Activities.	No	In Progress
12. Pilot Tai Chi for Arthritis in Clay and Cerro Gordo County for an estimate 8-12 weeks for an hour and expand to other counties as capacity allows.	No	Completed /In Progress

Update on Strategy Activities to Date

A Matter of Balance workshops have been conducted in Emmet, Sac, Audubon, Cerro Gordo, and Calhoun counties with additional classes planned this year for Cerro Gordo. Lay leader coaches are currently available to the agency in Audubon, Calhoun and Humboldt counties.

Stepping On workshops have been conducted or are being conducted in Buena Vista, Crawford, Palo Alto, Pocahontas, and Webster counties.

Tai Chi has been conducted in Clay County and Cerro Gordo County has a series of classes in progress. Due to the overwhelming demand and interest shown for this program, the agency has recently trained four additional Tai Chi instructors. The agency expects at least four more series of classes will be completed or started by year end.

The three evidence based balance programs being conducted by Elderbridge have all been promoted by agency media in print, social media and active presentations. The resulting demand for all three programs is high and the agency expects to spend the available funds in house without contracting with or engaging outside resources. Attempts to generate additional revenue for the programs through participant donations have thus far been unsuccessful and the agency needs to develop a better strategy for asking and receiving donations.

The agency has trained its personnel on identifying Home Meds candidates and has been making referrals and enrollments as needed. The agency is currently actively pursuing Home Meds revenue generating opportunities, offering the program and/or training to the MCO's, hospitals and care transition partners.

Strategy Activities Planned for SFY 2019

Elderbridge will continue promoting, scheduling and conducting the three evidence based balance programs as it has been. Going forward, priority will be given to counties/communities where the programs have not been offered, previous demand has not been met, or there has been express interest by the community. Elderbridge will need to evaluate and explore the best way to solicit client donations to help offset expenses and further expand the programs.

Elderbridge will continue to identify and enroll Home Meds consumers with Title IIID dollars and also try to expand the program to insurers, hospitals and care transition programs by offering enrollment services or training.

SERVICE GAP #3: Caregivers caring for individuals with complex care needs are underserved with Elderbridge caregiver services.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Active caregiver support groups
- # Caregiver referrals received from underserved counties
- # Caregiver consumer cases opened/closed
- # Number of Caregiver consumers served by service
- # Partnerships established
- # Family Caregiver Conference events

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Continue to strengthen the two caregiver support groups offered in our PSA. One located in Mason City and the other in Spencer.	No	Completed
2. Develop print materials to distribute where seniors gather.	No	Completed
3. Develop a marketing plan to provide caregiver services in underserved counties including; eight out-lying counties of Sioux, Lyon, Osceola, O'Brien, Guthrie, Audubon, Greene and Crawford. The target consumer in these counties will be adults 40-59 years of age, predominantly female who are currently acting as a caregiver to an older family member or friend. Provide buffet style dinner and presentations to increase caregivers and services.	No	Completed
4. Increase all Caregiver Services across the PSA by visibility on social media sites, articles in the newsletter and media outlets.	No	Completed
5. Find and Coordinate with a Caregiver spokesperson for caregiver outreach who has shown interest in helping us with our outreach efforts.	No	Completed
6. Research and establish caregiver support groups in the Ft. Dodge and Carroll areas.	No	In Progress
7. Create a caregiver brochure unique to Elderbridge.	No	Completed
8. Research and develop partnerships with other caregiving agencies and organizations for additional access to resources and potential funding to support family caregivers.	No	Completed
9. Plan, collaborate with community partners and implement one to two Family Caregiver Conferences each year to support and provide practical tools for caregivers.	No	Completed
10. Continue to support and advocate for the Iowa Family Caregiver Network.	No	In Progress

Update on Strategy Activities to Date

1. Both the Mason City and Spencer Caregiver Support groups are being facilitated by Elderbridge Family Caregiver Specialists. Participation has increased.
2. Caregiver print materials have been distributed at meal sites, senior centers, senior housing complexes, and churches.
3. The caregiver outreach campaign was executed in the underserved counties including 8 dinners and presentations to family caregivers.
4. A caregiver Facebook page was established this past year, supported by our Family Caregiver Specialists who post regularly. The frequency of Information about caregiver services and caregiver-related topics shared on the Elderbridge website and other social media has also increased.

5. A caregiver spokesperson was identified to help with caregiver outreach initiatives.
6 The Fort Dodge Caregiver Support group has been established and due to its success is meeting both during the day and in the evening. The Carroll Caregiver Support group is in the process of developing, with emphasis on serving family members of Alzheimer's individuals.
7. The caregiver brochure, unique to Elderbridge, has just been updated.
8. Partnerships have been developed with medical providers in counties throughout our territory to access additional resources and funding to support family caregivers.
9. Family caregiver advocacy efforts will continue through individual consumer support and involvement with OIL, legislators, and funders.

Strategy Activities Planned for SFY 2019

Elderbridge plans to implement the following activities in SFY 2019:

- Expand caregiver support groups/services in underserved counties throughout the PSA.
- Work with community partners to co-sponsor a Family Caregiver Conference in Fort Dodge.
- Collaborate with community partners to develop at least one volunteer-based respite program.
- Explore establishing a family caregiver service council in the Elderbridge PSA for the purpose of creating new services to support the family caregiver.

SERVICE GAP #4: Older Iowans who have unmet needs are at risk of losing their independence.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

# of times managers met to establish criteria for unmet needs/material aid
# of consumers that meet with LLL who explained unmet needs/material aid criteria
# of consumers requesting unmet needs/material aid funding to maintain independence
# of grant awards received for unmet needs/material aid
# of foundation and corporate donors sent proposals
# of articles in the agency newsletter identifying unmet needs

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Establish specific guidelines for consumers requesting financial assistance. (Consumers must be living at home, and have a current need that cannot be funded or resolved through Medicare, Medicaid or local resources.)	No	Completed

Current Strategies	Revised or New Strategy?	Status
2. Inform Consumers that requests must be medically necessary, maintains safety or independence and/or delay nursing home placement.	No	Completed
3. Collaborate with our community partners to identify other potential funding sources.	No	Completed
4. Brainstorm potential sources of support including; past and present constituents, vendors that the agency does business with, past and present donors and more.	No	In Progress
5. Develop a fundraising program to include; annual giving, major gifts, planned giving and prospect research.	No	In Progress
6. Research foundation and corporate grant makers and increase grant writing efforts.	No	In Progress
7. Identify needs and funding opportunities through recurring content sections of the agency newsletter.	No	In Progress
8. Continue to develop Elderbridge Alliance targeted to the private pay market while providing an additional source of revenue to the Agency.	No	In Progress

Update on Strategy Activities to Date

1. Guidelines for requesting financial assistance have been established and distributed to staff. LLL staff have received specific training on the process.
2. Informing consumers about the criteria used for determining if financial requests meet the guidelines is part of the intake process used by LLL staff.
3. It has been determined that part of the intake process used by LLL staff when reviewing consumer financial requests is to first identify what resources the consumer has approached and what the outcomes were. Efforts are made to share the burden of providing assistance throughout the community service network. When possible, financial assistance to consumers is met through a collaborative effort with other funders.
4. Staff have brainstormed with the Board and Advisory Council on development of a list of prospective donors. A fundraising program is in the process of being developed.
5. Foundations existing in the Spencer area is in the process of being researched to identify likely ones for which to submit applications. Priority will be given to submitting applications to foundations in the Spencer area.
6. A fundraising article is now included in each issue of the Renaissance to identify needs and address funding opportunities. This will be an on-going occurrence in the Agency's newsletter.
7. Elderbridge Alliance is continuing to grow. Last year we served 1 client. This year Elderbridge Alliance has served 13 clients so far.

Strategy Activities Planned for SFY 2019

Elderbridge will implement the following activities in SFY 2019:

- Recruit volunteers to help with donor and mail solicitations.
- Continue to develop prospective donor list.
- Develop relationships with prospective donors.
- Research and develop list of corporations for which we can submit grant applications.
- Continue to develop our fundraising program to include planned giving and prospect research.
- Expand Elderbridge Alliance services to break-even.

SERVICE GAP #5: Non-Medicaid and pre-Medicaid population.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

Number of non-Medicaid consumers
Number of pre Medicaid consumers
Number of referrals received
Number of consumers admitted
Primary referral source
Number of Case Management Outreach activities

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Continue to develop Elderbridge Alliance targeted to the private pay market including non-Medicaid consumers	No	In Progress
2. Develop a case management program and process for non-and pre-Medicaid consumers.	No	Completed
3. Conduct outreach and education efforts to community partners to identify potential referrals for consumers who can be served through Federal and State funded case management.	No	In Progress
4. By the end of FY18, the PSA Case Management Service will increase the non-Medicaid or pre-Medicaid consumers being served to at least 10% or 50 of the projected 500 consumers served.	No	In Progress
5. Develop partnerships with local hospitals, insurance companies and/or MCO to provide services to reduce patient readmission.	No	In Progress
6. Explore and research the potential of Elderbridge becoming a Medicare provider.	No	Completed
7. Explore possibility of becoming a Center for Medicaid and Medicare Services (CMS) medical nutrition therapy provider.	No	Stalled

Update on Strategy Activities to Date

1. Elderbridge is continuing to focus on marketing Elderbridge fee for service. Case Managers are doing public education through presentations, partnership collaborations, 1-1 visits and participating in county service provider groups.
2. Elderbridge Case Management service continues to follow Iowa Administrative Rules Chapter 21.
3. Elderbridge continues to focus on marketing OAA Case Management service through public education presentations, partnership collaborations, 1-1 visits and participating in county service provider groups. Elderbridge has realized a decrease in staffing patterns with the exit of AmeriHealth Caritas on 11/30/17. At this time there are no contacts with IME or other MCOs to provide case management services.
4. All referrals have been acted on and admitted as indicated. Referrals have been lower than anticipated. Our current case load reflects 10% of the projected 50.
5. Due to the loss of MCO contracts and reduction in staff, minimal outreach has occurred in the above area to reduce patient readmissions. Partners are informed of availability and services offered.
6. Elderbridge has researched becoming a Medicare provider and is not pursuing at this time.
7. Due to staffing limitations, this strategy will be focused on in FY 19.

Strategy Activities Planned for SFY 2019

Elderbridge plans to continue to work on activities by doing these things:

1. Public education and training, presentations, social media, news releases, bi-monthly newsletter and participating in county provider collaborative meetings.
2. Elderbridge continues to follow Iowa Administrative Code Chapter 21 rules in providing case management services.
3. Elderbridge will be promoting the MIPPA and Benefits Enrollment Center grants to identify consumers who are eligible for the case management program. Staff will evaluate need and interest in participating.
4. Elderbridge will revise the strategy to increase non-Medicaid and pre Medicaid consumers to 25 by the end of FY 19 through continued outreach and education efforts.
5. Managed Care Organization collaboration for case management ended 11/30/17. Elderbridge will focus outreach efforts on local hospitals and other aging and disability service providers through individual and group contacts.
6. This strategy was evaluated and will not be pursued due to budget constraints and reduced staffing patterns.
7. Depending upon budget priorities this strategy will be pursued in FY 19 if staffing patterns allow.

Section 2: Performance and Service Projections

Performance Outcome & Fiscal Year Targets

Goal: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older Iowans.

Program: Elder Abuse Prevention and Awareness (EAPA)

Performance Outcome: Consumer is able to use information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.

Performance Outcome Measure	**SFY 2018 Target**	**Result as of** 3/6/2018**:**	**SFY 2019 Target**
Percentage of EAPA Consultation consumers whose needs are met through provider referrals.	75%	21%	50%

Progress to date:

Missing data impacts our performance on this outcome. Efforts are in motion to complete all missing EAPA Service Forms and answer all outcome questions. Reducing missing data will be our goal next year along with meeting our target.

Performance Outcome: Consumer's abuse, neglect, or exploitation situation is resolved.

Performance Outcome Measure	**SFY 2018 Target**	**Result as of** 3/6/2018	**SFY 2019 Target**
Percentage of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed.	95%	80%	85%

Progress to date:

This target has already been met.

Goal: Iowa Aging Network will work with older Iowans, Iowans with disabilities, and caregivers as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.

Program: LifeLong Links

Performance Outcome: Consumer received information appropriate to their need.

Performance Outcome Measure	**SFY 2018 Target**	**Result as of** 3/6/2018	**SFY 2019 Target**
Percentage of LifeLong Links callers indicating they received the information they were seeking.	85%	99.9%	95%

Progress to date:

Our target has already been met. Training of new staff has been a priority and will continue to be. Our callers have been satisfied with the information they have received. Therefore, our target will be increased by 10%.

Performance Outcome: Consumer directed the interactive process to obtain guidance in their deliberations on making informed choices about long-term supports.

Performance Outcome Measure	**SFY 2018 Target**	**Result as of** 3/06/2018	**SFY 2019 Target**
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	85%	96%	95%

Progress to date:

Missing data impacts performance on this outcome. Efforts are in motion to correct/complete records and then focus on developing more comprehensive action plans with the consumers in order to meet the target yet this fiscal year. New staff are in training and as the result of these activities, plans are to be able to reach a higher target next fiscal year.

Service(s): Nutrition Education and Nutrition Counseling

Performance Outcome: Consumers who are at risk for poor nutrition and health status receive information so that they have better health enhancing options.

Performance Outcome Measure	**SFY 2018 Target**	**Result as of** 3/6/2018	**SFY 2019 Target**

Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	55%	46%	55%

Progress to date:

Site personnel will be trained to review all nutritional risk screening answers provided on the intake forms, identify individuals considered at high nutrition risk, and determine what nutrition education topics would best address their needs.

Performance Outcome: Consumers who are at risk for poor nutrition and health status receive nutrition counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.

Performance Outcome Measure	**SFY 2018 Target**	**Result as of** 3/6/2018	**SFY 2019 Target**
Change in consumers receiving nutrition counseling from previous FY (percentage and number).	1,000% & 10	100% & 1	1,000% & 10

Progress to date:

Plans are to implement "Meet the Dietician" at targeted meal sites yet this fiscal year. This outreach event will provide an opportunity for seniors to receive immediate counseling sessions or schedule a nutrition counseling session with the dietician for a later date. Plans are to counsel 5 more this fiscal year and continue using this outreach approach next year

Goal: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.

Service: Case Management

Performance Outcome: Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.

Performance Outcome Measure	**SFY 2018 Target**	**Result as of** 3/6/2018	**SFY 2019 Target**
Percentage of Case Management cases closed because case management service was no longer needed.	75%	92%	90%

Progress to date:

Target has been met.

Performance Outcome: Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.

Performance Outcome Measure	**SFY 2018 Target**	**Result as of** 3/6/2018	**SFY 2019 Target**
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	45	10.5	15

Progress to date:

The SFY 2018 target reflected both waiver and non-waiver case management consumers, explaining the high number. Because Elderbridge no longer has waiver case management consumers, the target cannot be reached and needs to be changed to reflect a more reasonable and achievable goal. The YTD target for SFY 2019 is more realistic and attainable.

Service(s): Congregate Meal and Home Delivered Meal

Performance Outcome: Congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community.

Performance Outcome Measure	**SFY 2018 Target**	**Result as of** 3/6/2018	**SFY 2019 Target**
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	75%	87%	90%

Progress to date:

This target has already been met. It is our belief that the criteria of 4 meals/month is too low and needs to be changed. However, the performance target can be increased and it will substantially be increased for SFY'19 to 90%, remaining reasonable and achievable.

Performance Outcome: Home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person.

Performance Outcome Measure	**SFY 2018 Target**	**Result as of** 3/6/2018	**SFY 2019 Target**
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	75%	74%	85%

Progress to date:

The target has been met. The criteria of 8 meals/month is low and can easily be reached. Since the criteria cannot change, the SFY'19 target will be increased to 85%.

Service(s): Caregiver Counseling and Caregiver Respite Care

Performance Outcome: Caregivers receive the supports and services they need to continue to provide informal care to the care recipient.

Performance Outcome Measure	**SFY 2018 Target**	**Result as of** 3/6/2018	**SFY 2019 Target**
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	75%	94%	95%

Progress to date:

This target has been met.

FY 2019 Projected Older Americans Act Consumers and Service Units

Form 3A-1
Elderbridge Area Agency on Aging
FY 2019
This report has NOT been finalized
Budget Report, Version 1

SERVICE		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty	SLP Low Income	SLP Moderate Income
01A: Administration	General Aging								
	Caregiver								
1: Personal Care	General Aging	4,900	225	43	35	30	41		
2: Homemaker	General Aging	7,235	387	42	20	16	47		
3: Chore	General Aging	700	70	65	6	4	60		
4: Home Delivered Meals	General Aging	210,000	2,320	951	39	14	882		
5: Adult Daycare	General Aging								
6: Case Management	General Aging	350	30	28	3	3	20		
7: Congregate Meals	General Aging	240,000	5,420	2,222	90	33	2,060		
8: Nutrition Counseling	General Aging	10	10	4			1		
9: Assisted Transportation	General Aging								
10: Transportation	General Aging	35,025	585	7	60	57	150		
11: Legal Assistance	General Aging	600	600						
12: Nutrition Education	General Aging	16,710	2,785	440	50	18	1,132		
13: Information & Assistance	General Aging	3,220	1,700	1,250	4	4	950		
14: Outreach	General Aging	550	20						
B02: Health Promotion & Disease Prevention	General Aging	1,090	525	450	3	2	350		
B07: Evidence Based Health Activities	General Aging	275	275	200	4	2	185		
C07: EAPA Consultation	General Aging	180	45	25	2	1	33		
C08: EAPA Assessment & Intervention	General Aging	1,800	70	55	7	2	65		
C09: EAPA Training & Education	General Aging	25	250						

C10: Self-Directed Care	General Aging						
C12: EAPA Non-Consumer Consultation	General Aging	50	22	10	1	1	7
D01: Training & Education	General Aging	550	6,750				
E05: Options Counseling	General Aging	1,800	375	300	8	5	275
F02: Material Aide	General Aging	25,000	650	575	4	2	650
CG1: CG Access Assistance	Caregiver	800	350	275	3	1	300
CG2: CG Self-Directed Care	Caregiver						
CG3: CG Counseling	Caregiver	100	60	50	2	1	45
CG4: CG Information Services	Caregiver	200	11,500				
CG5: CG Respite	Caregiver	5,800	70	65	2	1	35
CG6: CG Supplemental Services	Caregiver	180	22	18	1	1	20
CG7: CG Home Delivered Meals	Caregiver						
CG8: CG Options Counseling	Caregiver	850	225	175	3	1	150
GO1: GO Access Assistance	Caregiver						
GO2: GO Self-Directed Care	Caregiver						
GO3: GO Counseling	Caregiver						
GO4: GO Information Services	Caregiver						
GO5: GO Respite	Caregiver						
GO6: GO Supplemental Services	Caregiver						
GO7: GO Home Delivered Meals	Caregiver						
GO8: GO Options Counseling	Caregiver						

Service Coverage & Wait List Information

Service Coverage Changes

No service coverage changes planned for SFY 2019.

An "X" indicates the service is offered in the county.

Mandatory Services	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Case Management	X	X	X	X	X	X	X	X	X	X	X	X
Congregate Meals	X	X	X	X	X	X	X	X	X	X	X	X
Health Promotion & Disease Prevention	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meals	X	X	X	X	X	X	X	X	X	X	X	X
Information & Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X

Other Services	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Adult Day Care/Adult Day Health												
Chore	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Consultation	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Training & Education	X	X	X	X	X	X	X	X	X	X	X	X
Evidence-Based Health Activities	X	X	X	X	X	X	X	X	X	X	X	X
Homemaker	X	X	X	X	X	X	X	X	X	X	X	X
Material Aid	X	X	X	X	X	X	X	X	X	X	X	X
Outreach	X	X	X	X	X	X	X	X	X	X	X	X
Personal Care	X	X	X	X	X	X	X	X	X	X	X	X
Self-Directed Care												
Training & Education	X	X	X	X	X	X	X	X	X	X	X	X
Assisted Transportation												
Transportation	X	X	X	X	X	X	X	X	X	X	X	X

Family Caregiver & Grandparent/Other Elderly Caregivers	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Access Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meal												
Information Services	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Respite Care	X		X		X	X	X	X	X	X	X	X
Self-Directed Care												
Supplemental services	X	X	X	X	X	X	X	X	X	X	X	X

Grandparent/Other Elderly Caregivers	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Access Assistance												
Counseling												
Home Delivered Meal												
Information Services												
Options Counseling												
Respite Care												
Self-Directed Care												
Supplemental services												

Mandatory Services	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Case Management	X	X	X	X	X	X	X	X	X	X	X	X
Congregate Meals	X	X	X	X	X	X	X	X	X	X	X	X
Health Promotion & Disease Prevention	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meals	X	X	X	X	X	X	X	X	X	X	X	X
Information & Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X

Other Services	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Adult Day Care/Adult Day Health												

Other Services	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Chore	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Consultation	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Training & Education	X	X	X	X	X	X	X	X	X	X	X	X
Evidence-Based Health Activities	X	X	X	X	X	X	X	X	X	X	X	X
Homemaker	X	X	X	X	X	X	X	X	X	X	X	X
Material Aid	X	X	X	X	X	X	X	X	X	X	X	X
Outreach	X	X	X	X	X	X	X	X	X	X	X	X
Personal Care	X	X	X	X	X	X	X	X	x	X	X	X
Self-Directed Care												
Training & Education	X	X	X	X	X	X	X	X	X	X	X	X
Assisted Transportation												
Transportation	X	X	X	X	X	X	X	X	X	X	X	X

Family Caregiver & Grandparent/Other Elderly Caregivers	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	PaloAlto	Pocahontas	Sac
Access Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meal												
Information Services	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Respite Care		X	X	X		X	X	X	X	X		
Self-Directed Care												
Supplemental services	X	X	X	X	X	X	X	X	X	X	X	X

Grandparent/Other Elderly Caregivers	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Access Assistance												
Counseling												
Home Delivered Meal												
Information Services												
Options Counseling												
Respite Care												
Self-Directed Care												

Grandparent/Other Elderly Caregivers	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Supplemental services												

Mandatory Services	Sioux	Webster	Winnebago	Worth	Wright	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Case Management	X	X	X	X	X							
Congregate Meals	X	X	X	X	X							
Health Promotion & Disease Prevention	X	X	X	X	X							
Home Delivered Meals	X	X	X	X	X							
Information & Assistance	X	X	X	X	X							
Legal Assistance	X	X	X	X	X							
Nutrition Counseling	X	X	X	X	X							
Nutrition Education	X	X	X	X	X							
Options Counseling	X	X	X	X	X							

Other Services	Sioux	Webster	Winnebago	Worth	Wright	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Adult Day Care/Adult Day Health												
Chore	X	X	X	X	X							
EAPA Consultation	X	X	X	X	X							
EAPA Assessment & Intervention	X	X	X	X	X							
EAPA Training & Education	X	X	X	X	X							
Evidence-Based Health Activities	X	X	X	X	X							
Homemaker	X	X	X	X	X							
Material Aid	X	X	X	X	X							
Outreach	X	X	X	X	X							
Personal Care	X	X	X	X	X							
Self-Directed Care												
Training & Education	X	X	X	X	X							
Assisted Transportation												
Transportation	X	X	X	X	X							

Family Caregiver & Grandparent/Other Elderly Caregivers	Sioux	Webster	Winnebago	Worth	Wright	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Access Assistance	X	X	X	X	X							
Counseling	X	X	X	X	X							
Home Delivered Meal												
Information Services	X	X	X	X	X							
Options Counseling	X	X	X	X	X							
Respite Care	X	X	X	X								
Self-Directed Care												
Supplemental services	X	X	X	X	X							

Grandparent/Other Elderly Caregivers	Sioux	Webster	Winnebago	Worth	Wright	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Access Assistance												
Counseling												
Home Delivered Meal												
Information Services												
Options Counseling												
Respite Care												
Self-Directed Care												
Supplemental services												

Area Plan Service Waiting List

Elderbridge Agency on Aging has not yet established a formal waiting list this fiscal year and is currently developing a waiting list process. It is anticipated that a wait list may be established for case management and options counseling consumers if Elderbridge cannot provide service at the time need is determined but is likely to provide service within six months.

Section 3: Quality Management

☒ Agency staff reviewed the quality management activities that will be undertaken during the plan period and determined that the information is current. (No additional information is required.)

OR

☐ Agency staff reviewed the quality management activities that will be undertaken during the plan period and determined that updated information is required.

Section 4: Public Input

Public Hearing Requirements

☒ Agency staff reviewed the Iowa Administrative Rule, 17-6.2 (231) on public hearing requirements and determined that the updated information provided does not necessitate a public hearing. (No additional information is required.)

OR

☐ Agency staff reviewed the Iowa Administrative Rule, 17-6.2 (231)on public hearing requirements and determined that the updated information provided required a public hearing. Public hearing documentation appears below.

Governing Body

Governing Body for: Elderbridge Agency on Aging.
Updated On: 1/19/2018

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Paula Harms	707 5th Ave. NE	Belmond, 50421	Wright	641-444-3915 pharms@abcmcorp.com	6/2019

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Lionel J. Foster	PO Box 546	Mason City, 50401	Cerro Gordo	641-583-1378 dinadawn@mchsi.com	6/2020

Secretary/Secretary-Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires
Jan Sowers	2107 90th Ave.	Algona, 50511	Kossuth	515-295-3987 jcfs3987@gmail.com	6/2019

Treasurer, (if separate officer)

Name	Address	City & Zip	County	Phone & Email	Term Expires
Mary Jeann Batham	360 W 12th Street	Garner, 50438	Hancock	641-923-2240 mjbatham@yahoo.com	6/2019

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires
Jim Burns	18296 220th Street	Carroll, 51401	Carroll	712-830-1884 jbvb@gliddenwildblue.com	6/2018
Beth Will	1802 Hill Ave. Street 2502	Spirit Lake, 51360	Dickinson	712-336-0775 bwill@co.dickinson.ia.us	6/2020
Mabel Mantel	Box 293	Orange City, 51041-1130	Sioux	j.mmantel@hotmail.com	6/2019
Michael (Mike) Otto	225 S. Harker Street	Paullina, 51406	O'Brien	712-630-1020 otto@tcaexpress.net	6/2019
Jan Olson	715 8th Ave. North	Humboldt, 50548	Humboldt	515-332-1977 jjdolson@goldfieldaccess.net	6/2020
Larry Pedley	338 9th Street	Sibley, 51249	Osceola	605-321-4259 C44dash8@yahoo.com	6/2019
Ann Leonard, Advisory Liaison	1215 Lillian Lane	Belmond, 50421	Wright	641-444-4030 Leonard121@frontiernet.net	6/2019

Advisory Council

Older Americans Act Section 306(a)(6)(D). Each area agency on aging shall 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 the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

Older Americans Act Code of Regulations, Subpart C, Sec. 1321.57(b) Composition of Council. The council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the area agency in developing community-based systems of services. The advisory council shall be made up of:

1. More than 50 percent older persons, including minority individuals who are participants or who are eligible to participate in programs under this part;
2. Representatives of older persons;
3. Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
4. Representatives of supportive services provider organizations;
5. Persons with leadership experience in the private and voluntary sectors;
6. Local elected officials; and
7. The general public.

If the agency's Advisory Council does not currently meet all 7 composition criteria listed above, provide the following information:

1) Composition criteria yet to be satisfied by the Council (# 1, 2, 3, 4, 5, 6, 7)

None, all composition criteria are satisfied by the Council.

Advisory Council for: Elderbridge Agency on Aging.
Updated on: 1/23/2018

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Susan Osvald	1851 280th St	Exira, 50076	Audubon	712-549-2237 pjsmmdd@metc.net	6/2018	1,2,7

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Becky Koppen	749 2nd Street	Webster City, 50595	Hamilton	515-832-2525 rsvphamco@cirsvp.org	6/2018	2,5,7

Secretary/Secretary Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Lori Hain - Secretary	106 Rock Grove Drive	Nora Springs, 50458	Floyd	641-420-2636 lori.j.hain@wellsfargo.com	6/2020	2,5,7

Treasurer (if separate officer)

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)

Other Members:

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Rebecca Wolf	705 West 7th	Alta, 51002	Buena Vista	712-200-2620 Rebecca.wolf@w	6/2020	2,3,5

				elcou.com		
Leane Bodle	820 13th Avenue	Manson, 50563	Calhoun	712-469-3052 iabtlover@yahoo.com	6/2020	1,2,5,7
Joene Bohlmann	805 Iowa Drive	Manning, 51455	Carroll	712-790-9143 E-mail: None	6/2020	1,2,5,6,7
Amanda Ragan	361 S. Pennsylvania 1D	Mason City, 50401	Cerro Gordo	641-380-0080 meals@netconx.net	6/2019	4,6
Deb Woodcock	1805 S. Grand Plaza Dr.	Spencer, 51301	Clay	712-262-7154 woodcock@smunet.net	6/2019	1,2,5,7
Steven Fitzgerald	1600 Northwood Dr.	Denison, 51442	Crawford	712-263-2928 fitzandpets@juno.com	6/2019	1,5,7
Kathleen Johnson	98 Helen Avenue	Milford, 51351	Dickinson	712-339-7477 kbiowa@gmail.com	6/2018	1,3,7
Kelly Schultz	PO Box 318	Estherville, IA 51334	Emmet	712-229-6064 dks@ncn.net	6/2020	2,5,7
Tracy Quinones	791 120th St.	Hampton, 50441	Franklin	641-430-8473 tquinones@abcmcorp.com	6/2018	3,7
Joan Tiffany	605 15th St. S.	Grand Junction, 50107	Greene	515-738-2176 jtiffany@iowatelecom.net	6/2018	1,2,4,5
Betty Knudsen	1589 Dogwood Avenue	Coon Rapids, 50058	Guthrie	712-210-1147 bjknudsen@gmail.com	6/2020	1,2,5,7
Marlene Gray	318 2nd Ave, SW	Britt, 50423	Hancock	641-843-3680 gmgray@comm1net.net	6/2019	1,2
Janeice Geitzenauer	306 Second Ave N	Dakota City, 50529	Humboldt	515-332-3769 geitz@q.com	6/2019	1,5,7
Linda Vaudt	1903 20th Avenue	Whittemore, 50598	Kossuth	515-341-0125 vcareteam@netamumail.com	6/2020	1,2,3,5,7
Sandy Chilson	413 S. Broad Street	Stacyville, 50476	Mitchell	641-710-2215 Scnh.sandychilson@gmail.com	6/2018	2,3,5

Darwin Dau	512 South Clark Street	Paullina, 51406	O'Brien	712-949-2176	6/2018	2, 5, 6, 7
Maureen Sandberg	PO Box #5	Graettinger 51342	Palo Alto	712-589-3883 msandberg@rvtc.net	6/2020	1,2,5,7
Clint Fogde	101 NE 5th Street, Apt. 101	Pocahontas 50574	Pocahontas	712-335-4626 managerph@arlingtonplaceretirement.com	6/2020	1,2,4,5
Patricia Rubendall	501 Morningside Dr.	Sac City, 50583	Sac	712-661-9269 prubendall@frontier.com	6/2019	1, 2, 4,
Lori Hayungs	400 Central Ave NW, Ste. 700	Orange City 51041	Sioux	712-395-0153 lhayungs@iastate.edu	6/2019	2,5,7
Alison Hauser	723 1st Ave. S., #1	Fort Dodge, 50501	Webster	515-890-8764 chauser@countysocialservices.org	6/2020	5, 7
Rick Burke	635 Highway 9 E	Forest City, 50436	Winnebago	641-585-1555 rick@forestplaza.biz	6/2019	2, 3, 4, 7
Nancy Franck	1101 Central Ave	Northwood 50459	Worth	641-324-8556 nancy.franck@northwoodlrh.org	6/2020	3,5,7
Ann Leonard	1215 Lillian Lane	Belmond, 50421	Wright	641-444-4030 leonard121@Frontiernet.net	6/2019	1,2,5
Lionel J. Foster Board Liaison	PO Box 546	Mason City, 50401	Cerro Gordo	641-583-1378 dinadawn@mchsi.com	6/2020	1,2,5,7

Lyon and Osceola Counties Vacant

LifeLong Links Advisory Council

LifeLong Links Advisory Council for: Elderbridge Agency on Aging
Updated On: 1/26/2018

Name	Organization	Address	City & Zip	County	Phone & Email
Kim Wilson	NW Iowa Care Connections	215 West 4th,Ste 6	Spencer, 51301	Clay	712-262-9438 kwilson@co.clay.ia.us
Russell Wood, Chair	Franklin Co Community Services	123, 1st Ave, SW PO Box 58	Hampton, 50441	Franklin	641-456-2128 rwood@co.franklin.ia.us
Erin Barkema	Region 2 Community Health		Des Moines, 50319-0075	Polk	515-829-0515 Erin.Barkema@idph.iowa.gov
Denise Hiscocks	Hancock Cty Health System	532 1st St. NW	Britt, 50423	Hancock	641-923-3676 hiscockd@mercyhealth.com
Raina Kellogg	County Social Services	1206 S. Main St. Suite D	Charles City, 50616	Floyd	641-257-6199 rkellogg@countysocialservices.org
Lisa Bringle	Rolling Hills Community Svc	520 West Main St.	Cherokee, 51012	Cherokee	712-261-6700 1bringle@co.cherokee.ia.us
Kari Prescott	Webster Cty. Health Dept.	330 1st Ave.	Fort Dodge, 50501	Webster	515-574-3833 kprescott@webstercountyia.org
Ellen Ritter	Heart of Iowa Community Services	114 N Chestnut St.	Jefferson, 50129	Greene	515-336-4864 eritter@co.greene.ia.us

ATTACHMENTS

Authorized Signatures

Authorized Signatures

Area Agency on Aging Name	Primary Street Address	City & Zip	Type of Agency	Date of AAA Designation
Elderbridge	22 North Georgia, Suite 216	Mason City, 50401	Public Non-profit	1974

Authorized Signatures for Funding Applications and Contracts

Print Name: Shelly Sindt

Shelly Sindt — 3/13/18

Signature of Executive Director — Date Signed

Print Name: Paula Harms

Paula Y Harms — 3/13/18

Signature of Chair, Governing Body — Date Signed

Authorized Signatures for Fiscal Reports

Print Name: Shelly Sindt

Shelly Sindt — 3/13/18

Signature of Executive Director — Date Signed

Print Name: Paula Harms

Paula Y Harms — 3/13/18

Signature of Chair, Governing Body — Date Signed

Print Name: Sherri Boedeker

Sherri Boedeker — 3/13/18

Signature of Finance Director — Date Signed

Authorized Signatures for Program Reports

Print Name: Shelly Sindt

Shelly Sindt — 3/13/18

Signature of Executive Director — Date Signed

Print Name: Donell Doering

Donell Doering — 3/13/18

Signature of Director of Operations — Date Signed

Grievance Procedures

☒ Agency staff reviewed the grievance procedures information in the plan and determined that the information is current. (No additional information is required.)

OR

☐ Agency staff reviewed the grievance procedures information in the plan and determined that updated information is required. Updated information appears below.

[Insert updated information on how members of the public may obtain your agency's grievance procedures related service provision.]

Nutrition Services, Service Providers, and Senior Center/ Focal Points

Nutrition Services
Agency staff reviewed the following Nutrition Services information entered into SAMS and verified that the information is current as of ***2/22/2018***.

Nutrition Services information to be verified for accuracy includes:

- Location (Name, Street Address, City, Zip)
- Frequency

Service Providers of OAA Services
Agency staff reviewed the Service Provider information entered into SAMS and verified that the information is current as of ***2/22/2018***.

Senior Centers and Focal Points
Agency staff reviewed the Senior Center and Focal Point information entered into SAMS and verified that the information is current as of ***2/22/2018***.

☒ Agency staff reviewed the information on the process agency uses to identify and select facilities as focal points in the agency's PSA and determined that the information is current. (No additional information is required.)

OR

☐ Agency staff have reviewed the information on the process agency uses to identify and select facilities as focal points in the agency's PSA and determined that updated information is required. Updated information appears below.

> [Insert updated information on process agency uses to identify and select facilities as focal points in the agency's PSA.]

Emergency Plan Summary

☒ Agency staff reviewed the emergency preparedness planning and plan activation information in the plan and determined that the information is current. (No additional information is required.)

OR

☐ Agency staff reviewed the emergency preparedness planning and plan activation information in the plan and determined that updated information is required.

> [Insert updated information on the activities the agency is involved in as they relate to preparedness planning and plan activation. Insert updated information that describes how the agency collaborates with other entities, including partners and contractors, as well as emergency response agencies, relief organizations, government agencies or other institutions, when carrying out these activities.]

Direct Service Requests

☒ The request to provide direct service(s) submitted with the SFY 2018 – 2021 Area Plan on Aging are **current**. (No additional information is required.)

OR

☐ The agency seeks to provide additional service(s) directly in the planning and service area starting in SFY 2019. A completed Request to Provide Direct Service form has been submitted with the plan for the new direct service the agency plans to provide starting in SFY 2019.