



IOWA DEPARTMENT ON AGING
510 E. 12TH ST., STE. 21 | DES MOINES, IA 50309 | IOWAAGING.GOV

Signed Verification of Agency Intent and Compliance

Aging Resources of Central Iowa

(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>. References to "agency" in the Standard Terms and Conditions means the Iowa Department on Aging. 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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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.

Jon McAvoy

NAME OF ADVISORY COUNCIL SIGNER

Jon McAvoy

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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.

Steve Van Oort

NAME OF GOVERNING BODY SIGNER

Steve Van Oort

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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.

Joel Olah

NAME OF EXECUTIVE DIRECTOR

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EXECUTIVE DIRECTOR SIGNATURE

Aging Resources of Central Iowa PSA 3

SFY 2019 Area Plan on 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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Aging Resources' Update

Significant changes in agency staff have occurred since the initial FY2018-FY2020 Area Plan was constructed. Over the last several years, and particularly in FY18, there have been staff reductions. In FY2015 Aging Resources had 33.85 FTEs, currently, the agency has 14.8 FTEs a 56.28% reduction. The entire Case Management Department, including contracted Case Managers, has been eliminated due to the Managed Medicaid program operated by the two Managed Care Organizations. Additional state budget cuts have also impacted staffing and services. Two major reorganizations have taken place to realign staffing and service delivery. Staff members have been cross-trained and perform multiple functions originating from the redistribution of duties from the staff positions that have been eliminated. Further adjustments in staffing and services may be required as state and/or federal budget reductions are made.

Data management and outreach efforts have been prioritized and other organizational efficiencies have been implemented to ensure that clients are well served and agency services are marketed to the community within our eight county service area. Client service data indicates that units of services delivered have been resilient. The agency makes funding of local contracts a priority, not removing funding to community-based service partners. Organizational efforts will be monitored and adjusted as the impact of budgetary pressures continue.

The priority areas covered in the plan begin with the Elder Abuse Prevention and Awareness (EAPA) Program. Building awareness that this program is available through Aging Resources is a continued priority. Initiatives that our EAPA Specialist has undertaken include: accepting leadership roles in several organizations that deal with abuse issues, providing employee trainings to community agencies, providing presentations to older adult community groups, and exhibiting at resource fairs and community events to reach out to the public. Our Specialist also works to build rapport with older adults who are often reluctant to implicate family and/or friends in the abusive situation and need a patient advocate to assist them, especially through a court process. Our Specialist often provides consultations to concerned family, neighbors, or other professionals on how to best assist older adults in abusive or exploitive situations. Reporting of outcomes to these interventions will be emphasized in order to demonstrate the impact of this program.

LifeLong Links, our Aging and Disability Resource Center, encompasses the services of Information and Assistance, Options Counseling, and Case Management and the Family Caregiver, and EAPA Programs. The staff within LifeLong Links work closely to assure that consumers receive the level of service they want and need with the reduced resources available. A priority for this area is to assure that staff are confident in assisting persons under sixty who have disabilities, reaching out to agencies and organizations who work with the disability community in order to learn from them and to become a trusted partner.

An ongoing priority for Aging Resources is to stay visible in our relatively health and human services provider-concentrated region. Our LifeLong Links staff will market our services through outreach initiatives like articles and ads in publications, and presentations and exhibits at

conferences, health fairs, and seminars. More outreach through the Des Moines Area Religious Council (DMARC) is planned to area religious groups.

In FY'19 Aging Resources will continue to work toward increased referrals from our more rural counties. Building relationships through regular contact with providers and older adult groups within these counties will be an emphasis. Also in FY'19 the Family Caregiver Program will provide additional outreach to caregivers in the workforce and will continue to partner with AARP on their caregiver initiatives. Through Case Management we will pursue a possible partnership with an assisted living group of facilities to offer their residents case management services.

Continuing to expand evidence-based health promotion and fall prevention reach is also a priority. Aging Resources has been asked by the Iowa Department of Public Health (IDPH) to be the lead agency on the "Matter of Balance" fall prevention program for their National Council on Aging (NCOA) Falls Prevention grant which includes coordinating leader/coach training in the state.

Our focus for decreasing gaps in nutrition services is providing outreach to those with the highest need and/or those who are not aware of the services available to them. For nutrition counseling, we have continued to promote the service through our agency's nutrition newsletter and other area publications. We plan to increase our nutrition counseling units in the coming months as our Contracted Dietitian visits 14 congregate meal sites this spring/summer.

To address the challenge of attracting new participants to congregate meal sites, several of our contracted service providers have implemented new activities and marketing strategies. Aging Resources is assisting contractors in gaining new participants by sending out a mailing to over 200 doctors' offices, hospitals, and community service agencies and by seeking grant funding. Thus far, we have obtained one grant through the Delta Dental Foundation, which will allow us to develop a nutrition resource booklet for clients receiving nutrition services.

In other initiatives, Aging Resources continues to partner with the Iowa Geriatric Education Center (IGEC) with the training and demonstration of the substance use screen Screening, Brief Intervention and Referral to Treatment (SBIRT+) for older adults. Aging Resources has trained intake staff from five HomeInstead Senior Care Offices, Heartland Senior Services, and Mary Greely Home Health. Over 300 home care clients have been screened for substance use during 2016-2017. Aging Resources has been invited to participate in an additional year of the project to further expand the SBIRT+ project in the remaining areas of the state.

The Age-Friendly Cities of Greater Des Moines project continues to expand with our agency's partnership along with AARP Iowa, Des Moines University, and Broadlawns Medical Center. The project conducted its fifth annual report to the community in December of 2017 and interest continues to replicate the project in other regions of the state.

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

To determine service gaps, staff relied primarily on our EAPA Specialist concerning what she has learned in collaborating with community partners. The EAPA Specialist is on the leadership team of a group called Abuse in Later Life (ALL) through the Iowa Attorney General’s Office. The ALL group sent out a questionnaire to 1,000 older adults in central Iowa. Survey results showed the top concerns in reporting abuse to be: fear of placement in a nursing home, lack of knowledge of services available, and reluctance to incriminate family members. An Iowa Department on Aging (IDA) report in June, 2016 cited that 90% of elder abuse is not reported, indicating that the public lacks knowledge of adult abuse and how to report it.

SERVICE GAP #1: Many businesses and other community agencies that work with vulnerable older adults lack understanding of the common signs of elder abuse and what to do with this population, once it is recognized.

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 EAPA Training & Education activities and number of attendees.
- Number of EAPA Non-Consumer Consultation contacts and new EAPA consumers.
- Number of Adult Abuse Mandatory Reporters trained.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
The EAPA Specialist will continue to contact financial institutions, homecare agencies and other community providers to offer in-service trainings to staff on types of abuse, reporting abuse, Iowa laws on abuse, and EAPA services.	No	In Progress
The Specialist will also collaborate with professionals on strategies to detect, report and mitigate abusive situations.	No	In Progress
As an Adult Abuse Mandatory Reporter Trainer, the Specialist will provide training to professionals needing this certification. EAPA Specialist will connect with the Public Health Nursing offices in our seven rural counties to schedule presentations with their nurses and other	No	In Progress

Current Strategies	Revised or New Strategy?	Status
staff for training on detecting and reporting abuse and on services Aging Resources can provide.		

Update on Strategy Activities to Date

Our EAPA Specialist has become involved in several groups of professionals who work to address abuse. Our EAPA Specialist was appointed to the Iowa Dependent Adult Protective Advisory Council which makes recommendations to the Governor on dependent abuse issues. Our specialist is the chairperson of Seniors and Law Enforcement Together (S.A.L.T.) in Polk County. This group meets monthly and brings together older adults, law enforcement officers, emergency responders and community organizations to work together to meet the safety needs of older adults.

Our EAPA Specialist is also on the Leadership Team of the Abuse in Later Life Grant/Coordinated Community Response Team through the Iowa Attorney General’s Office. This group’s mission is to address issues that affect the ability to assist victims or those at risk of being victims of elder abuse. The grant is focusing on Central Iowa. She assisted in coordinating training programs and recruiting participants. The offerings have included: a training on financial exploitation attended by 250 representatives of financial institutions and financial planners, a law enforcement training with 400 attendees and a training for 100 victims’ services staff of domestic or sexual assault centers.

Our EAPA Specialist has initiated in December, 2017, a system with the Des Moines Fire Department which helps address the problem of multiple emergency calls from some residences that are for non-medical emergencies (i.e. help getting up from a chair or the floor). The new protocol involves the first responder asking the resident’s permission for an Aging Resources’ staff member to contact them to offer service options. The responder then makes a referral to Aging Resources. To date, Aging Resources has received five referrals from the Fire Department. These are complicated cases and the Fire Department is happy for our assistance.

Dependent Adult Abuse Mandatory Reporter Training was provided to staff of HomeInstead Senior Care and HomeCare Services, Inc. with additional trainings planned for this spring and summer. Presentations have also been made to Polk County Human Services’ staff and Broadlawns Medical Center case managers.

As of the end of January, 2018 our EAPA Specialist has provided Training & Education, which includes group presentations, forums, outreach events, and articles reaching 575 individuals.

Strategy Activities Planned for SFY 2019

When annual on-site visits are made to our 30 service contractors by the Contracted Services Director she will highlight the EAPA Program with each contractor and offer training for their employees and/or participants.

Our EAPA Specialist will continue her work with professional groups as they are able to reach a larger audience of other targeted professionals (financial institutions, law enforcement, and first responders) than she could individually. By coordinating efforts with other professionals, they can each use their expertise to increase understanding of issues surrounding elder abuse.

All of the activities stated above assist in our EAPA program becoming more visible in our area with the goal of increasing appropriate referrals.

SERVICE GAP #2: The general population’s lack of knowledge regarding all forms of elder abuse reduces the number of victims that receive appropriate intervention.

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 EAPA Assessments & Interventions clients & units.
- Number of EAPA Consultation clients.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Aging Resources’ Elder Abuse Prevention and Awareness Program is relatively new (four years old) and building awareness with the general public concerning elder abuse and the services offered through the EAPA Program is an ongoing process. The EAPA Specialist currently speaks to many groups and will present at the statewide Iowa Caregivers Conference. She will continue to pursue opportunities to address community groups, faith-based groups, civic organizations, and any others seeking information.	No	In Progress
Our marketing plan for EAPA includes placing advertisements on both Des Moines Area Regional Transit (DART) Paratransit vehicles and Heart of Iowa Regional Transit Agency (HIRTA) buses. A brochure is also being developed which defines abuse, outlines our program, and promotes detection and reporting of abuse. This brochure will be distributed at elder specific fairs, through LifeLong Links’ activities, at libraries and medical facilities and as part of community presentations.	No	In Progress
EAPA Specialist will arrange presentations with congregate meal sites and community groups,	No	In Progress

Current Strategies	Revised or New Strategy?	Status
particularly in rural areas to educate the public on abuse, how to report it and what assistance they can receive from Aging Resources.		

Update on Strategy Activities to Date

In August, our EAPA Specialist presented a session at the One Iowa Senior Summit which focuses on the needs of aging LGBTQ Iowans. This session was entitled “Aging, Economics, and Abuse”, 125 people attended.

Our Specialist provided lectures to Iowa State University (ISU) and Des Moines Area Community College (DMACC) Human Services classes as well as the University Of Iowa School of Social Work, reaching 187 students.

A placard was developed and placed on 98 DART buses. The message was “Do you know you can help stop elder abuse by just checking on your neighbor?” It asked people to report concerns to Aging Resources.

Two thousand large refrigerator magnets were created that market Aging Resources and hold emergency medical information. These magnets have been a popular marketing tool at outreach events and presentations.

Our Elder Abuse Prevention Awareness brochure is being finalized and will match the design/branding of other Aging Resources’ program-specific brochures.

The EAPA Specialist has made presentations to residents of senior housing units, senior centers, civic and church groups.

Strategy Activities Planned for SFY 2019

Creation of a durable wallet card is planned for law enforcement and first responders. The card will outline EAPA services available through Aging Resources for the emergency personnel to have easily available when dealing with older adults in need.

A support staff member will be contacting each congregate meal site to arrange a presentation by the EAPA Specialist in order to educate older adults on signs to look for in an abuse situation, and to encourage them to contact Aging Resources with concerns.

Elder Abuse awareness placards will be placed on Heart of Iowa Regional Transit Agency (HIRTA) buses that serve our seven more rural counties to reach out to this population.

SERVICE GAP #3: Improve assistance to victims of abuse/financial exploitation who are reluctant to implicate family members or friends as perpetrators so they will take action.

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 EAPA Assessment & Intervention Clients with closed cases.
- Number of EAPA Consultation Clients.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Building rapport with victims so they feel able to tell their stories.	No	In Progress
Providing possible strategies for dealing with the abuse/financial exploitation and the abuser. Assuring victims that the Specialist will act as an advocate.	No	In Progress
Brainstorming with victims on what actions they are willing to take, proposing alternatives so that even if they are not willing to implicate the abuser, there is a plan in place that will not allow the abuse or exploitation to continue.	No	In Progress
Keeping the lines of communication open so that if victims are not willing to take action initially, they are comfortable with returning to the Specialist for help as the situation changes.	No	In Progress
Educating the victim concerning the types of support that are available in the community in order to reduce dependency on the abuser.	No	In Progress

Update on Strategy Activities to Date

The EAPA Specialist helps individuals file 235F No Contact Orders and accompanies individuals to court if an advocate is needed.

With difficult cases, an Options Counselor sometimes accompanies the EAPA Specialist on home visits in order to provide a plan to deal with the abuse and a plan for continued service needs, assisting the client in feeling more in control of the situation.

Strategy Activities Planned for SFY 2019

Additional cross-training of staff on the EAPA program is being initiated so that there is backup assistance available for our one EAPA Specialist.

Continuing to identify effective strategies and hone skills in serving older adults who have been abused and in assisting the concerned individuals who want to help.

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

In order to determine service gaps, we held a discussion with our LifeLong Links (LLL) staff concerning trends they are seeing in calls and gaps they see in our provision of service. We also examine the records and demographics of the clients we are currently serving.

SERVICE GAP #1: LifeLong Links staff is not as comfortable and confident in assisting individuals with disabilities as they are in helping older adults.

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:

- Listing of representatives of programs or agencies that service persons with disabilities that have presented to staff.
- Listing of trainings that LLL staff have attended related to adults living with disabilities.
- Number and percentage of I&A clients served who are under 60 with a disability and report they received the information they were seeking.
- Number and percentage of Options Counseling clients served who are under 60 with a disability that report they received the information they needed to make an informed choice regarding goals and services.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
AAA staff will contact providers of services for persons with disabilities asking them to attend a LifeLong Links staff meeting to meet staff and to provide training on the services their agencies provide.	No	In Progress
The LifeLong Links Coordinator will work with our LifeLong Links Advisory Group to add members and to foster relationships with the members in order to increase our reach to other disability providers and organizations.	No	In Progress
Designated staff will specialize in serving persons with disabilities, attending disability related conferences/seminars.	Revised	Not Started

Current Strategies	Revised or New Strategy?	Status
Aging Resources will exhibit at disability-related conferences & seminars in order to increase our visibility.	No	In Process

Update on Strategy Activities to Date

Numerous community providers have presented to LifeLong Links staff at their team meetings including: Easter Seals, Broadlawns Medical Center, Mercy Medical Center, Iowa Department of Revenue (instructing on rent reimbursement applications), American Lung Association, Parkinson’s Association, St. Croix Hospice, and WesleyLife Community Services.

Aging Resources added three new members to our LifeLong Links Advisory Council that work with persons with disabilities: Iowa Parkinson’s Association, United Way 211, and Iowa Department of Human Rights.

It was determined that with the reduced number of LLL staff members available that all staff need to be trained in working with persons under 60 years of age who have disabilities. We are unable to designate specific staff to specialize in this group. This strategy has been removed.

In the first seven months of this fiscal year, Aging Resources assisted 1,759 consumers through Information and Assistance (I&A). Of those persons assisted, only 114 consumers were under 60 years of age with a disability. This is 6.5% of all I&A consumers. With Options Counseling, 16 of our 131 consumers were under 60 which is 12.2% of our Options Counseling consumers. Our goal is to increase this number through the strategies listed above.

Strategy Activities Planned for SFY 2019

Additional training will be scheduled on Social Security benefits especially for persons with disabilities so that staff can assist clients in understanding and obtaining available benefits.

Organizations will continue to be scheduled to present to the LLL team, with an emphasis on groups that serve persons with disabilities. Staff will continue to concentrate on the most successful ways to work with persons with disabilities utilizing the services available to them.

LLL staff will attend the LLL Advisory Council meetings on a rotating basis in order for committee members to become familiar with our staff and the programs Aging Resources provides. Council members may also provide trainings for our staff.

Broadlawns Medical Center, National Alliance on Mental Illness (NAMI), and Alzheimer’s Association will be added to the LLL Advisory Committee in order to broaden our reach to these specific populations.

SERVICE GAP #2: Increase reach of nutrition counseling service to individuals who are at risk for poor nutrition and/or have multiple impairments.

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:

- Total number of nutrition counseling consumers served.
- Number of nutrition counseling consumers served who are high nutrition risk (as determined by their responses to the Nutrition Risk Screening), who have multiple ADL/IADL impairments, and who live in rural areas.
- Number of nutrition counseling consumers who have not received congregate meals in the last 6 months.
- Number of referrals received from agencies other than congregate meal sites.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
We will utilize data from intake forms to determine where the greatest need for these services is, to target a mailing asking clients to call Aging Resources to schedule nutrition counseling. We will specifically target individuals who: <ul style="list-style-type: none"> ○ Live in rural areas ○ Do not attend congregate meal sites ○ Have multiple impairments 	No	Not Started
For programs Aging Resources provide directly, such as Case Management and Elder Abuse Prevention & Awareness, our staff will market the program to their clients to ensure they are aware of the availability of these services.	No	In Progress
In FY16, the percentage of high nutrition risk clients was much higher for those receiving home-delivered meals than for those receiving other nutrition services. We will provide more frequent information about nutrition counseling in Aging Resources’ nutrition newsletter, which is sent to all clients receiving home-delivered meals.	No	In Progress
Provide information about nutrition counseling to doctors’ offices, pharmacies, and hospitals as a preventative service.	No	Completed

Update on Strategy Activities to Date

Our LifeLong Links staff continue to refer clients to nutrition counseling if the consumer’s assessment indicates nutritional deficits. Nutrition counseling flyers are provided in information packets given to clients. So far in 2018, only 1 client has been referred from Aging Resources’ staff for nutritional counseling. We anticipate this number will increase when we begin directly targeting individuals based on consumer intake data.

Information about nutrition counseling was included in Aging Resources' *Nutrition News* newsletter in the months of August, October, and December of 2017. We will continue to include information about nutrition counseling in the newsletter in 2018. *Nutrition News* reaches about 3,000 older adults each month. So far in 2018, we have received nutrition counseling requests from 5 individuals who learned about the service through the newsletter.

We held an informational meeting for those seeking funding from Aging Resources in October, 2017. At the meeting, Aging Resources staff provided information about our agency's services including nutrition counseling. Representatives from 30 different agencies were in attendance.

In December, 2017 information on several nutrition services (including nutrition counseling) was mailed to nearly 200 local doctor's offices, pharmacies, community service agencies, and hospitals. Unfortunately, response from this mailing has been minimal thus far. If this strategy is implemented again in the future, more follow-up with entities receiving the mailing would likely be beneficial.

We plan to begin targeting high risk individuals directly (utilizing data from Harmony) for this service in the spring or summer of 2018.

Aging Resources' Contracted Dietitian will be visiting 14 congregate meal sites in the spring and summer of 2018 to provide nutrition education and information about nutrition counseling. Occasionally, she is able to provide nutrition counseling to interested individuals following her presentation to the group. We anticipate the majority of the years' nutritional counseling requests will result from these visits.

Strategy Activities Planned for SFY 2019

In SFY 2019, Aging Resources staff will continue to provide information about nutrition counseling to clients who are receiving services directly through our agency. We will also continue to include information in our monthly newsletter at regular intervals. The doctor's offices, pharmacies, community service agencies, and hospitals who received our information in December 2017 were asked to contact Aging Resources if more materials are needed, so we hope to continue to provide information to them in the coming year as they need it. Depending on the success of directly reaching out to those who are high-risk based on Harmony data, we may continue that strategy in 2019. Our Contracted Dietitian will again visit meal sites in the spring and summer of 2019. We would expect the number of visits to be similar to that of the current year.

SERVICE GAP #3: Clients looking to make long-term plans for community based services and supports appear unaware of LifeLong Links/Aging Resources and the services we provide. Often consumers are not contacting us until a crisis situation has developed.

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:

- Total unduplicated number of consumers contacting LifeLong Links/Aging Resources for I&A.
- Number of unduplicated consumers contacting LifeLong Links/Aging Resources for I&A who are new to Aging Resources’ services.
- Review of demographics of LLL consumers including county of residence in order to assist us in determining what groups are not being served so that new strategies to reach consumers can be initiated.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Aging Resources will provide outreach to community groups and the general public by offering presentations on Options Counseling along with our other services. Presentations will emphasize resources available through LifeLong Links and will stress the importance of planning for the future and becoming knowledgeable about available services and supports before they are needed.	No	In Progress
Promote the use of the LifeLong Links website as a resource hub both for those looking for immediate service and/or those looking to plan for their future.	No	In Progress
Utilize press releases and articles within newsletters and local publications to highlight ways preparing for one’s future needs can reduce stress for both older adults and their caregivers.	No	In Progress
Provide notices to local town newspapers highlighting particular services, programs, or events.	No	In Progress
Provide articles about Aging Resources’ services to organizations that distribute newsletters, such as Polk County Senior Services, the Brain Injury Association, Dallas County Human Service Providers, and churches.	No	In Progress
Design a mini-directory of our agency’s services so that referral sources and clients can readily find information on the service(s) they need.	No	In Progress
Have our website reviewed for accessibility for person with disabilities. Make necessary changes	No	Stalled

Current Strategies	Revised or New Strategy?	Status
to enhance accessibility.		

Update on Strategy Activities to Date

With the end of our Medicaid Case Management service, we heard that some individuals thought that our agency had also closed. Aging Resources has increased efforts to be visible in our service area. Strategies included:

A postcard celebrating our 45 years of services sent to 165 area service providers.

Staffing vendor tables at: Senior Expo at Park Fair Mall, Des Moines Public Housing Resource Fair, ISU Retirees’ Symposium, Hamilton’s Funeral Home Family Services Symposium, Epilepsy Conference, Representative David Young’s senior event, the Alzheimer’s Association Memory Walk, Southside Days, and Dallas, Warren and Story Counties’ Senior Expos.

Presentations were made to Warren, Jasper & Dallas County Provider Networks, Polk County Parish Nurses, National Alliance on Mental Illness (NAMI), the Alzheimer’s Association meeting, church groups, housing complexes and student groups.

Each LLL team member has been assigned a monthly county provider meeting to attend. The goal is to cultivate relationships with local providers, educate them on our services, and to distribute Aging Resources’ marketing materials.

Several articles and advertisements have been placed in Aging Resources’ nutrition newsletter (distributed to 3,000 congregate and home delivered meals clients) and in the “Polk County Senior Bulletin” which is provided to 3,400 older adults.

Staff assembled a poster (referencing Aging Resources) with tear off information sheets notifying older adults regarding the new Medicare cards that are soon to be distributed. These posters have been placed at meal sites, subsidized housing complexes, medical clinics and libraries throughout our eight counties.

Information on all Aging Resources services was provided to 25 staff members at Broadlawn Medical Center who specifically work with people diagnosed with mental health issues.

Our website has been reviewed for accessibility, but due to significant costs not all accessibility features have been initiated.

We reviewed data on the number of unduplicated consumers receiving Information and Assistance (I&A) from July 1, 2017 to January 31, 2018 and found in that seven month period 1,759 registered consumers received I&A. During that same seven month time frame in the previous year (FY17) 1,122 consumers received I&A. This is an increase of 673 consumers this fiscal year. This indicates that more people are aware of our agency and services.

The majority of I&A consumers live in Polk County at 81%. This is more than the 55% of the older adults in our area that reside in Polk County. The other counties are underrepresented. However, the percentages do not show any one county that is particularly underserved. By having contractors and focal points in each county we feel that many residents rely on those local agencies to answer many of their questions. These professionals then come to us to work with them to assist their consumers.

Strategy Activities Planned for SFY 2019

All current outreach activities will continue and we will search for an intern, volunteer, or a contractor to assist in developing promotional materials and events promoting LifeLong Links, particularly in areas or with groups that we are not currently reaching.

Outreach will focus on networking with the Des Moines Area Religious Council (DMARC) in order to expand our reach through churches. Articles in newsletters and presentations to their older adult groups or their outreach ministries will be offered.

The LifeLong Links Director is scheduled to present information on LifeLong Links at a staff meeting for Central Iowa Community Services (CICS) in July, CICS is the mental health region that encompasses five of our counties. Efforts to increase collaboration will be discussed with staff.

An advertisement for LifeLong Links is being placed monthly in the Polk County Senior Bulletin along with periodic articles on the services available through LifeLong Links. This publication reaches 3,400 older adults in Polk County.

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

Prioritized Service Gaps

To determine our service gaps we reviewed statistical reports to determine numbers and types of clients we are currently serving through our home and community based programs. We reviewed national statistics to help determine other groups that may be in need of services.

SERVICE GAP #1: Only 5.5% of our case management clients are not enrolled in the Medicaid HCBS Elderly Waiver program. Aging Resources needs to reach out to frail older adults who are not eligible for the Medicaid Elderly Waiver but who need the ongoing coordination or supportive services offered by the service of Case Management.

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 Case Management clients.

- Demographics of Case Management clients including deficits in managing Activities of Daily Living (ADLs).

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
The Case Management staff will work in conjunction with our LifeLong Links staff to identify and target those individuals that may benefit from Case Management services.	No	In Progress
Our Options Counselors will use the responses to questions on the Consumer Intake form to identify individuals who due to their need for assistance with activities of daily living may benefit from Case Management.	No	In Progress
Others who will be targeted include: <ul style="list-style-type: none"> • Persons aged 60 to 64 who do not meet the age requirement (65+) to qualify for the Elderly Waiver and must be on very lengthy waiting lists for other Medicaid waivers • Those that are applying for the Elderly Waiver but must wait months to be approved • Those that don't meet the qualifications for Medicaid Waiver programs but have complex needs that warrant coordination of services 	No	In Progress
A private pay case management service with a sliding-fee-scale is currently under development by Aging Resources' Management Team in cooperation with other Area Agencies on Aging (AAA). With the private case management service we hope to tap into the higher income individuals who exceed Medicaid financial qualifications and who can afford to pay for some services and for ongoing service coordination.	Revised	Not Started

Update on Strategy Activities to Date

The ending of our Case Management contract for the Medicaid Elderly Waiver with managed care organizations (MCOs), effective July 31, 2017 meant the loss of all but one case manager and nearly all of our Case Management clients: 95% of our Case Management clients were on the Elderly Waiver so they were transitioned to an MCO Case Manager. With this major

change, we are still examining how to best market this service to increase participation by consumers who need ongoing care coordination.

Options Counselors and our EAPA Specialist continue to assess clients on their need for Case Management service. Consumers who through assessment, report an inability to perform two or more activities of daily living, need multiple services, and ongoing monitoring are offered Case Management.

The LifeLong Links (LLL) Team which includes Information Referral and Assistance (IR&A), Family Caregiver, EAPA and Case Management staff meet routinely to review new community services and to discuss complicated consumer cases, those clients who would benefit from Case Management are offered the service.

LLL staff are attending monthly provider group meetings in each county to promote Aging Resources' services including Case Management services.

Strategy Activities Planned for SFY 2019

Plan to enter into a discussion with Edencrest Assisted Living facilities concerning a fee-for service pilot project with Aging Resources providing Case Management services to their residents.

SERVICE GAP #2: The congregate meal program struggles to find new participants.

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 consumers attending congregate meal sites.
- Number of congregate meals served.
- Positive or innovative changes made at meal sites in our area, including new activities, building updates, marketing initiatives, etc.
- Results of satisfaction surveys from our congregate meal providers.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Several of our contracted nutrition service providers have initiatives planned to modernize and promote the congregate meal programs in their areas: <ul style="list-style-type: none"> • In Marion County, our contractor is focusing on lifelong learning classes and experiences such as computer classes, exercise/fitness class, and group trips. 	No	In Progress

Current Strategies	Revised or New Strategy?	Status
<ul style="list-style-type: none"> • Our contractor in Dallas County is working to create regular weekly activities and to market their programs to their agency's home care aide and transportation clients as well as the public healthcare nurses and nearby doctors' offices. • Our contractor for congregate meals in Polk County plans to work with students at Central College in Pella to developed marketing materials (both print and video). They are also studying the movement through the Polk County congregate sites to determine which consumers are visiting meal sites for activities and which are staying for meals. This is accomplished through the utilization of their MySeniorCenter tracking software. • Our contractor for home-delivered meals in Polk County is planning to revamp their meals through marketing and consumer surveys. 		
<p>Aging Resources plans to support these initiatives through continued marketing of the congregate meal program, providing technical assistance, and making referrals. Our marketing plan will target elder housing complexes, hospitals and doctors' offices, and pharmacies. The marketing materials will contain information including the location of meal sites in central Iowa, how to order a meal, and details about the cost of the meals. It is hoped that continued marketing will combat the stigma associated with congregate meals and will highlight the multiple activities and services available at the meal sites.</p>	No	In Progress
<p>Aging Resources also plans to diversify our funding sources for the congregate meal program by seeking grants, increasing contributions, forming partnerships, and fundraising. If additional funding or support is obtained, the following would be considered as options for increasing program attendance:</p> <ol style="list-style-type: none"> 1. Modernization of congregate meal 	No	In Progress

Current Strategies	Revised or New Strategy?	Status
<p>programs including (but not limited to): new dinnerware, upgrades to buildings/facilities, implementation of meal choices (flex meals, breakfast/dinner meals, or deli/cold home-delivered options), or salad bar equipment.</p> <p>2. Program marketing and promotion including updated flyers, brochures, website development (some contractors do not have websites specifically for their meal programs), press releases and news coverage of large events.</p> <p>3. Work with Accountable Care Organizations (ACO) to provide meals for older adults when they are discharged from the hospital. This would be promoted as a way to reduce hospital readmissions.</p>		

Update on Strategy Activities to Date

Marion County Senior Nutrition has offered many new lifelong learning classes thus far in FY18. With the help of Central College, they have been offering an exercise class called “Fitness over 50”. They have taken several field trips, including trips to the Jolly Holiday Lights display, the outlet mall in Altoona, and the Red Rock Visitors Center in Pella. Meal site participation has remained stable at the Knoxville Senior Center, with an average participation in both 2017 and 2018 of 25-30 individuals each day. The Pella meal site, located at The Well Resource Center, is looking to update their program by seeking participation from all age groups. Their goal is to be a resource “hub” for the city of Pella. Meal site attendance has increased as a result of their efforts to add activities and reach out to new population groups. In January, 2017, 165 meals were served at the Pella meal site compared to 447 meals served in January, 2018.

Polk County Senior Services, our congregate meal provider with 16 meal sites in Polk County, has maintained contact with Central College but has not begun formal preparation of the marketing materials. WesleyLife Meals on Wheels, our home-delivered meal provider in Polk County, has changed food venders and hope to utilize client satisfaction surveys to determine if the change has been an improvement. So far in FY18 their meals have remained stable.

HomeCare Services, Inc., our congregate and home-delivered meal contractor in Dallas County, continues to promote their program around the community through speaking engagements, flyers, and information in local newspapers. They are looking into possible community partnerships such as Sustaining Active Independent Living in Dallas Center (SAIL DC) to expand the reach of their services.

Aging Resources assisted by mailing out information on congregate and home-delivered meals to nearly 200 local doctors' offices, pharmacies, community service agencies, and hospitals in December, 2017. It's difficult to measure the success of these mailings, but overall we have been disappointed with the response thus far. If this strategy is implemented again in the future, more follow-up with entities receiving the mailing would likely be beneficial.

Aging Resources' staff continues to share information about congregate meal programs to groups and individuals on a regular basis.

We continually seek potential grants or funding sources to support our nutrition contracts. In December, 2017 we received a grant from the Delta Dental of Iowa Foundation for \$3,500 toward a nutrition resource booklet. We hope to use this for our nutrition counseling and Fresh Conversations programs primarily. This project will be completed in the fall and distributed towards the end of the calendar year.

Strategy Activities Planned for SFY 2019

For SFY 2019, we plan to continue encouraging our contractors to develop and offer innovative activities and services at their meal sites. We also plan to continually look for grants to help the congregate meal program grow. We are in the beginning stages of determining a way to offer additional congregate funding to contractors for new or innovative programs. We are especially interested in beginning a new program or service model in Story County.

SERVICE GAP #3: 1 in 3 Americans aged 65+ falls each year (in our service area 1 in 3 would be 28,640 individuals). However, our fall prevention program reached only 46 older adults in FY'16.

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 participants who meet the completion standard for Matter of Balance certificates.
- Responses to the workshop evaluation.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Hold "A Matter of Balance" (MOB) coach training in our area every other year to increase the number of available coaches.	No	In Progress
Hold yearly coach update trainings and appreciation events to keep coaches involved.	No	In Progress
Set a goal to have a MOB class available at least	Yes	In Progress

Current Strategies	Revised or New Strategy?	Status
every other month in our area.		
Provide marketing assistance including promotional materials and incentives to assist in finding sponsor groups and in recruiting participants.	No	In Progress
Promote other evidence-based fall prevention programs such as “Stepping On” and Tai Chi through information on our website and promotion through LifeLong Links.	No	In Progress
Promote the falls prevention website available through the Iowa Department of Public Health which provides many fall prevention strategies.	No	In Progress
Have staff involved in the Iowa Falls Prevention Coalition and the annual falls symposium.	No	In Progress

Update on Strategy Activities to Date

A MOB Coach training was held in September, 2017. Fifteen coaches were trained. Of those fifteen, ten were from Aging Resources’ service area and five were from other areas of the state. A coach training is being held by Northeast Iowa Area Agency on Aging (NEI3A) in Marshalltown in April which we are helping to promote as it is close to our area.

A Coach Update Training is planned for April as is a requirement for current MOB Coaches.

Aging Resources has sponsored seven Matter of Balance workshops to date. This is more than what was projected in the strategy. Four of the workshops are currently in progress. As of November 30, 2017 thirty-two consumers have completed workshops and prior to the end of the fiscal at least an additional forty consumers will have complete this evidence-based intervention.

Sponsors for workshops have been recruited, including Polk County Senior Centers and senior housing complexes. Promotional materials are provided to these entities and a recruitment presentation is provided to each sponsor group.

All fall prevention workshops in our area are promoted on Aging Resources’ website. A listing of all on-going Tai Chi classes in the area was developed for use by our LifeLong Links staff and posted on our website. Aging Resources works closely with Mercy Medical Center in promoting “Stepping On” workshops both on our website and through our outreach.

There is a link to the Iowa Department of Public Health (IDPH) websites devoted to fall prevention resources on Aging Resources website.

An Aging Resources' staff member is now co-chairperson of the Iowa Falls Prevention Coalition and is on the Annual Falls Symposium planning committee.

IDPH has asked Aging Resources to enter into a service agreement which will provide \$4,000 in funding to be the lead agency on "Matter of Balance" for their Fall Prevention Grant. This includes attending national webinars, assisting coaches with questions about MOB workshops and facilitating Coach trainings throughout the state.

One MOB Master Trainer and two MOB Coaches have left employment with Aging Resources this fiscal year. One new employee has been trained along with several other community providers. Turnover of staff, increases in workloads along with the ebb and flow of commitment by community providers and volunteers make this program often take two steps forward and one step back.

Strategy Activities Planned for SFY 2019

A "Matter of Balance" coach training will be held in late summer of 2018 which is more often than every other year because we have had requests from entities to have staff trained.

The revised strategy is that we will hold at least six MOB workshops in FY'19. However, they may not be scheduled every other month as described in the current strategy. At certain times of the year, we have numerous requests for workshops but other times like during the summer months, the interest is not as great. So, although we will have the same number of workshops they may not be spaced out every other month.

Aging Resources will continue to actively support all fall preventions workshops/classes available in the community in order that there is some community resource available to consumers at all times.

Our one MOB Master Trainer will be a moderator at the Annual Falls Prevention Symposium along with being on the Planning Committee. The symposium will be held July 20, 2018. The goal is to have 200 participants from throughout the state.

SERVICE GAP #4: Although there are a high percentage of home-delivered meal clients who are unable to perform daily tasks and/or personal care, many do not receive additional 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:

- Number of clients receiving only home-delivered meals
- Number of home-delivered meal consumers with impairments to specific ADLs/IADLs (for example, those unable to do housework)
- Number of home-delivered meal consumers contacted by staff

- Number of clients contacting Aging Resources for I&A who receive only home-delivered meals

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
We will create a referral process when determining the need for additional services (based on the Consumer Intake Form). Clients can be referred to Aging Resources’ Family Caregiver staff, Information and Assistance staff, or Elder Abuse and Prevention staff depending on their response to specific questions on the Consumer Intake Form.	No	Not Started
We will also continue to provide home-delivered meal clients with valuable information about available services in our monthly nutrition newsletter.	No	In Progress

Update on Strategy Activities to Date

We would like to implement a process to contact home-delivered meal recipients whose consumer intake data indicates they may benefit from additional services. However, we have encountered some challenges in implementing this strategy. The number of individuals who could benefit from additional services would likely be substantial. For example, in FY17 over 1,000 individuals receiving only the service of home-delivered meals indicated they are unable to do household chores. The number of individuals receiving chore services through Aging Resources in FY17 was only 353.

Funding is limited for many of the services that would likely be the most needed by home-delivered meal clients. In addition, the majority of the home-delivered meal clients we serve would not be able to afford these services on a fee for service basis. Given the limited funding for services and the high number of clients potentially needing services, more work needs to be done to narrow the referral process to those could benefit the most from this strategy. It may be beneficial for us to utilize consumer priority scores.

The nutrition newsletter continues to showcase valuable services available to older adults. This newsletter is sent out to around 3,000 older individuals each month, with about half of those being home-delivered meal recipients. Some examples of services promoted in the *Nutrition News* newsletter in FY18 thus far include nutrition counseling, food assistance information (including Supplemental Nutrition Assistance Program (SNAP), Supplemental Commodity Foods, food pantries, and prescription drug savings), LifeLong Links, Holiday Meals on Wheels, Senior Farmers Market Nutrition Program, and Senior Medicare Patrol. It’s difficult to measure the reach of the newsletters quantitatively, but we do frequently receive calls to our agency and have heard from other providers that they have received calls as well.

Strategy Activities Planned for SFY 2019

As staff become more knowledgeable about consumer priority scores, we hope to be able to utilize that information to help us contact individuals receiving home-delivered meals who would most benefit from additional services. We will continue to promote services and supports in the monthly nutrition newsletter.

SERVICE GAP #5: It is estimated that that up to 25% of the United States workforce is caring for an older adult. Our caregiver services have not been specifically targeted to this group.

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:

- The number of new coordination efforts with groups working with the workforce.
- Presentations on caregiving provided within work places or to groups that include working caregivers.
- Number of services provided to caregivers, under the age of 65, who most likely will still be in the workforce.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Partner with employers to provide presentations to their employees on strategies for balancing work and caregiving.	Revised	Not Started
Create articles on caregiving that can be used in business publications, newsletters and local newspapers.	No	In Progress
Collaborate with others working with caregivers (i.e. Hale Group, Alzheimer's Association) to develop presentations and training.	No	In Progress

Update on Strategy Activities to Date

An article was written by our LifeLong Links Director for "CityView" magazine regarding caregiving with 30,000 copies distributed to over 700 locations throughout Metro Des Moines. This article was also sent to local newspapers in our eight county area. Another article on services available to caregivers written by our LifeLong Links Director was published in "The Hub" statewide newsletter that goes to 8,000 members and associates of the Iowa Caregivers' Association.

Have procedures in place with the Alzheimer's Association and the Parkinson's Association that they will provide referrals to Aging Resources for families/caregivers to learn about services

available to them in their caregiving role and Aging Resources will provide referral to these associations for information on the disease process and the assistance they offer.

Our agency's partnership with The Mercy Ruan Neurology Center and the Memory Clinic at Broadlawns was awarded a National Association of Area Agencies on Aging (n4a) Innovations in Aging award. In this program, the medical providers make referrals for caregivers of patients diagnosed with dementia to the Family Caregiver Program. A Caregiver Specialist then calls the caregiver to offer counseling and services.

A new partnership with AARP has been developed to work with them on their "Careversations" events. Aging Resources is now part of these Careversations events and the "Caregiver Socials" that are being planned as a follow-up to the initial events. A Caregiver Specialist will provide a short educational presentation at each social and will be available to answer participants' questions.

Strategy Activities Planned for SFY 2019

The first strategy has been revised to contact Des Moines Area Religious Council (DMARC) and the Lutheran Church of Hope to see what we can do within congregations to help family caregivers.

Create a one sheet insert on caregiving and our programs to be provided to businesses and churches.

Prepare and send E-mail blasts regarding the Family Caregiver Program to hospital social workers.

Contact Employee and Family Resources (EFR) to offer an article about balancing employment and caregiving responsibilities for their newsletter, which goes to all member employers and employees.

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 [date]:	SFY 2019 Target
Percentage of EAPA Consultation consumers whose needs are met through provider referrals.	95%	90%	95%

Progress to date:

Aging Resources’ EAPA staff continue to provide appropriate referrals to local community based services to address consumers’ needs based on a thorough evaluation of each person’s situation. When outside services are provided the consumer is less dependent on the caregiver and additional eyes are on the situation. We strive to provide all consumers with options, but on occasion, there just aren’t available resources to address each person’s needs. We will continue to push toward 95% of all our consumers in SFY 2019.

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

Performance Outcome Measure	SFY 2018 Target	Result as of 3/23/2018	SFY 2019 Target
Percentage of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed.	95%	100%	95%

Progress to date:

As of 3/23/18, 100% of our consumer cases are closed with EAPA services no longer needed. Our goal is to address each person’s situation to the fullest extent possible. Aging Resources will not close cases until each consumer is confident that their circumstances are under control. When closing cases, clients are assured that if their situation changes and they need

our services again, that we are happy to assist them. EAPA cases can be complicated and the need/desire for assistance may come and go.

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 12/31/17	SFY 2019 Target
Percentage of LifeLong Links callers indicating they received the information they were seeking.	95%	100%	98%

Progress to date:

The expectation for our LifeLong Links I&A Specialists is that when they finish talking with a consumer, the consumer has received the requested information. If at the end of the interaction the consumer did not receive the information needed, the expectation is that the Specialist would continue the conversation and would continue to look for information to satisfy the consumer’s request. We anticipate that occasionally consumers will not hear information they want to hear. For example, that a service costs a certain amount or that there is a waiting list, but our goal is to provide accurate information regarding requested information.

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 12/31/17	SFY 2019 Target
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	95%	96%	96%

Progress to date:

Our expectation with Options Counseling is that, when the Options Counseling comes to a close, the consumer will indicate they were provided the information they needed to make informed decisions concerning their needs and goals. Again, if the

consumer indicates they were not provided with adequate information, our expectation is that the Options Counselor will continue to work with that consumer until the consumer is satisfied.

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 1/31/18	SFY 2019 Target
Of congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	62%	51%	58%

Progress to date:

We currently hold at least one nutrition education session a month at each meal site. In addition Fresh Conversations nutrition education sessions are held at 17 meal sites and two apartment complexes. Our dietician visits many of the rural meal sites each spring providing nutrition education sessions and promoting nutrition counseling. We recently ran a report showing which meal sites have the largest numbers of high nutrition risk consumers. Our dietician will target the meal sites with larger numbers of high nutrition risk participants for additional nutrition education.

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 [date]:	SFY 2019 Target
Percent change in consumers receiving nutrition counseling from previous FY (percentage and number).	10% 100	7	100% 48

Progress to date:

In FY'16 we reported nutrition counseling to 90 consumers which was the number used when developing this Performance Measure. However, in FY'16 we counted consumers as having nutrition counseling any time our dietician provided individual information to them. In FY'17 we started a more formalized process for nutrition counseling and provided more formalized nutrition counseling to 24 consumers. In FY'18 we actually projected 65 consumers would be served, making our target of 100 inaccurate. For FY'19 we would like to change our target to 48 consumers which is a 100% increase from the FY'17 number of consumers served. Our registered dietician is starting her rounds of visiting congregate meal sites and providing

nutrition education and offering nutrition counseling. We are currently working with site managers to promote nutrition counseling and to schedule counseling time slots for consumers. The number of consumers should show a marked increase by the end of this fiscal year.

Performance Outcome Measure	SFY 2018 Target	Result as of 1/31/2018	SFY 2019 Target
Agency Specific Measure: Number of consumers receiving nutrition counseling who are identified as high nutrition risk.	20 Consumers	1	15

Progress to date:

Our registered dietician is starting to make rounds to the nutrition sites and we are having her target sites that have a high number of persons reporting high nutrition risk. We are also working with the site managers of these sites to promote nutrition counseling as addressed above.

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 12/31/2017	SFY 2019 Target
Percentage of Case Management cases closed because case management service was no longer needed.	60%	100%	75%

Progress to date:

The percentage of Case Management cases closed because service was no longer needed is high (100%) possibly because so few (6) cases have closed in FY'18. Our Case Management program has been in great flux this fiscal year. Our participation in the Medicaid Waiver program ended at the end of July, 2017 causing the layoff of all but one of our Case Managers. Most of our case management consumers (96%) were on the Medicaid Elderly Waiver program and were shifted to MCO Case Managers. We are currently rebuilding this service, adding consumers who need ongoing care coordination but do not qualify for Medicaid. The number of consumers receiving Case Management will continue to increase during the year but we still may not have a large number of cases closing in FY'19.

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 12/31/2017	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.	41 months	14 months	16 months

Progress to date:

Again, we started the year with few consumers receiving Case Management. We are adding to the number of consumers each month. We project there will be an increase from the current 14 months in each consecutive year. The 41 months target was an average when we were providing Case Management service to 1,200 people over a number of years. As the consumers we are now adding to Case Management continue to receive this service the average number of months they will be able to live independently will increase.

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 12/31/17	SFY 2019 Target
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	48%	87%	87%

Progress to date:

We are increasing the percentage target for FY'19 of socially isolated consumers who eat at least 4 congregate meals a month. Our 48% target for FY'18 was very low compared to the actual 87%. This was the first year that we tracked this

statistic and we hypothesized that if people were socially isolated they may also be frail and unable to attend a meal site on a regular basis. Fortunately, it appears that the majority are able attend at least four times a month. We will continue to work with the transportation/assisted transportation providers we fund to prioritize trips to the congregate meal sites in order to assist isolated consumers in attending the congregate meals. Having the meals available in smaller communities is an ongoing struggle.

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 12/31/17	SFY 2019 Target
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	64%	83%	80%

Progress to date:

As with the congregate meal measure above, we projected a lower percentage of socially isolated consumers receiving at least 8 meals per month than the actual percentage. We are pleased that the percentage is 83% because this means that these consumers are not only having a hot meal at least 8 times a month but are also having personal contact with a meal delivery driver. We will continue to work with hospital discharge planners to promote referral for older adults leaving the hospital to the home delivered meal program.

Performance Outcome Measure	SFY 2018 Target	Result as of 03/16/2018	SFY 2019 Target
Agency-Specific Measure: Of home-delivered meal clients, the percentage receiving more than one service.	34%	27%	30%

Progress to date:

The agency objective for this measure is to target consumers who receive home-delivered meals for additional services if needed. As home-delivered meal clients tend to be frail and homebound we would like to assist them with additional services to help them remain independent. Each home-delivered meal recipient receives our monthly nutrition newsletter. An ad or an article will be placed in the newsletter monthly to call Aging Resources to discuss additional options for services.

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 12/31/17	SFY 2019 Target
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	90%	95%	95%

Progress to date:

The 95% result is higher than our target of 90%. The reason that the small percentage (5%) of caregivers felt the services did not allow them to maintain their caregiving role was that the level of care for the older adult became too great. This was the response we anticipated because even with services, levels of care especially with person with dementia, may become too great for caregivers to maintain. Our Family Caregiver staff will continue to counsel caregivers on self-care and will offer respite when a caregiver expresses the need for a break (as funding allows).

SFY 2019 Projected Older Americans Act Consumers and Service Units

SERVICE		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
01A: Administration	General Aging						
	Caregiver						
1: Personal Care	General Aging	1,204	20	3	1	1	8
2: Homemaker	General Aging	4,965	144	14	6	4	71
3: Chore	General Aging	3,432	270	6	78	30	83
4: Home Delivered Meals	General Aging	260,000	2,375	606	79	48	842
5: Adult Daycare	General Aging	42,105	109	7	6	3	10
6: Case Management	General Aging	860	45	5	5	2	8
7: Congregate Meals	General Aging	267,623	4,777	602	364	181	861
8: Nutrition Counseling	General Aging	55	48	7	4	1	4
9: Assisted Transportation	General Aging	52,145	706	44	26	18	159
10: Transportation	General Aging	67,000	1,430	40	150	100	445
11: Legal Assistance	General Aging	1,990	875	45	160	60	240
12: Nutrition Education	General Aging	17,445	2,720	359	217	47	513
13: Information & Assistance	General Aging	4,200	2,500	912	340	40	400
14: Outreach	General Aging	3,780	3,000	570	240	36	300
B02: Health Promotion & Disease Prevention	General Aging	16,500	2,000	35	151	51	365
B07: Evidence Based Health Activities	General Aging	70	70	5	3	1	5
C07: EAPA Consultation	General Aging	300	45	8	3	1	4
C08: EAPA Assessment & Intervention	General Aging	100	24	4	2	1	5
C09: EAPA Training & Education	General Aging	125	5,000	750	300	60	400
C10: Self-Directed Care	General Aging	NA	NA	NA	NA	NA	NA
C12: EAPA Non-Consumer Consultation	General Aging	400	70	13	5	2	9
D01: Training & Education	General Aging	600	25,000	2,750	1,500	375	2,500
E05: Options Counseling	General Aging	375	150	23	11	2	13
F02: Material Aide	General Aging	380	350	40	42	15	85
CG1: CG Access Assist	Caregiver	1,650	1,100	165	66	7	88
CG2: CG Self-Directed Care	Caregiver	NA	NA	NA	NA	NA	NA
CG3: CG Counseling	Caregiver	290	275	41	22	7	20
CG4: CG Information Services	Caregiver	24	8,000	1,500	600	60	560

SERVICE		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
CG5: CG Respite	Caregiver	9,000	90	12	7	3	10
CG6: CG Supplemental Services	Caregiver	650	150	16	12	5	15
CG7: CG Home Delivered Meals	Caregiver	600	5	1	1	0	1
CG8: CG Options Counseling	Caregiver	400	175	26	12	3	12
GO1: GO Access Assistance	Caregiver	230	125	17	12	4	11
GO2: GO Self-Directed Care	Caregiver	NA	NA	NA	NA	NA	NA
GO3: GO Counseling	Caregiver	28	12	2	1	0	2
GO4: GO Information Services	Caregiver	3	100	15	8	2	7
GO5: GO Respite	Caregiver	3,000	12	2	3	0	2
GO6: GO Supplemental Services	Caregiver	100	40	6	4	2	8
GO7: GO Home Delivered Meals	Caregiver	600	5	1	1	0	1
GO8: GO Options Counseling	Caregiver	16	6	1	1	0	1

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	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Case Management	X	X	X	X	X	X	X	X
Congregate Meals	X	X	X	X	X	X	X	X
Health Promotion & Disease Prevention	X	X	X	X	X	X	X	X
Home Delivered Meals	X	X	X	X	X	X	X	X
Information & Assistance	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X

Other Services	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Adult Day Care/Adult Day Health	X		X			X	X	
Chore				X		X		
EAPA Consultation	X	X	X	X	X	X	X	X
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X
EAPA Training & Education	X	X	X	X	X	X	X	X
Evidence-Based Health Activities	X	X	X	X	X	X	X	X
Health Promotion and Disease Prevention						X	X	
Homemaker	X	X			X	X		X
Material Aid	X	X	X	X	X	X	X	X
Outreach	X	X	X	X	X	X	X	X
Personal Care						X		X
Self-Directed Care								
Training & Education	X	X	X	X	X	X	X	X
Assisted Transportation	X	X	X	X	X	X	X	X
Transportation	X	X	X	X	X	X	X	X

Family Caregiver & Grandparent/Other Elderly Caregivers	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Access Assistance	X	X	X	X	X	X	X	X
Counseling	X	X	X	X	X	X	X	X
Home Delivered Meal	X	X	X	X	X	X	X	X
Information Services	X	X	X	X	X	X	X	X
Options Counseling	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

Grandparent/Other Elderly Caregivers	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Access Assistance	X	X	X	X	X	X	X	X
Counseling	X	X	X	X	X	X	X	X
Home Delivered Meal	X	X	X	X	X	X	X	X
Information Services	X	X	X	X	X	X	X	X
Options Counseling	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

Area Plan Service Waiting List

Aging Resources has no waiting lists for services we provide directly. Several of our contractors reports having waiting lists.

WesleyLife, which has a contract for homemaker and personal care services in Polk County, currently has a waiting list of 33 people who are 60+ and who need approximately 195 hours of homemaker services. WesleyLife receives funding from a number of sources in addition to Aging Services funds from Aging Resources. WesleyLife’s waiting list is due primarily to a shortage of funding although at times a shortage of direct care workers is also a problem. Consumers on the waiting list are prioritized by need. Consumers needing personal care have priority over individuals needing homemaking services. Consumers who have multiple health problems, and live alone are also given priority.

Quality Home Care Professionals in Marion County is currently reporting a waiting list of 7 consumers for 40 homemaking hours per month. This provider also reports both a shortage of funding and of homecare aides to fulfill this need. This waiting list is comprised of consumers who cannot afford to pay privately for homemaker services and do not qualify for another funding source. Consumers are prioritized by need and by length of time on the waiting list as is done with the WesleyLife consumers.

Rebuilding Together Greater Des Moines, which provides home repairs through a Chore service contract, currently has a waiting list of 8 people for 41 units. This waiting list is made up of consumers who have a need that is either too small or too large for the standard repair program. These consumers are waiting until a volunteer handyman is available for small jobs. Consumers whose homes need multiple repairs are put on a waiting list until a volunteer group is able to take on a larger project.

Dahl Adult Day Center has currently has 9 consumers waiting for approximately 36 additional hours of daycare. These are consumers currently coming to the day center but who have increased care needs that are causing additional stress for their caregivers so that additional respite time at the adult day center would be helpful.

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.

All Quality Management activities will remain as stated in the Area Plan on Aging SFY 2018 – SFY 2021 except the procedure for assuring an the “Aging & Disability Network Consumer Intake Form” is completed yearly by all clients. The new procedure is detailed below.

After the first quarter of the fiscal year and after all available “Aging & Disability Network Consumer Intake Forms” have been entered into the Harmony SAMS database, a report will be generated. This report will list by service provider/site the consumers who have received a registered service but do not have a current fiscal year Intake Form recorded in SAMS. This listing of consumers will be sent to the provider/site in order for a current Intake form to be completed. The service provider will be given a time frame to complete the Intake forms in order for each consumer to have an updated form entered into the SAMS database each year.

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: Aging Resources of Central Iowa

Updated On: March 8, 2018

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Steve Van Oort	111 Court Avenue, Suite 300	Des Moines 50309-2214	Polk	(515) 286-3119 steve.vanoort@polkcountyiowa.gov	12/31/19

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Kim Chapman	121 N 9 th Street	Adel 50003-1443	Dallas	(515) 993-6850 kim.chapman@dallascountyiowa.gov	12/31/18

Secretary

Name	Address	City & Zip	County	Phone & Email	Term Expires
Colleen Farley	232 SW Ringold Street	Boone 50036-3840	Boone	(515) 432-5874 Mikefarley1951@gmail.com	12/31/18

Treasurer, (if separate officer)

Name	Address	City & Zip	County	Phone & Email	Term Expires
Carl Stoffer	2454 Hwy G71	Bussey 50044-7504	Marion	(641) 660-6066 clstoffer@outlook.com	12/31/19

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires
Craig Agan	214 E Main Street	Knoxville 50138	Marion	(641) 828-2231 cagan@co.marion.ia.us	12/31/18
Denny Carpenter	PO Box 944	Newton 50208-0944	Jasper	(641) 792-7016 dcarpenter@co.jasper.ia.us	12/31/18
Phil Clifton	112 N John Wayne Drive	Winterset 50273-0152	Madison	(515) 462-3225 pclifton@madisoncoia.us	12/31/18
Ron Jome	1250 Jade Place	Ogden 50212	Boone	(515) 275-4588 Janron76@icloud.com	12/31/18
Robert Mahaffey	2220 E 32 nd Street	Des Moines 50317	City of Des Moines	(515) 266-6825 bobm@fngi.net	12/31/18

Crystal McIntyre	301 N Buston Street, Suite 202	Indianola 50125	Warren	(515) 961-1029 crystalm@warrencountyia.org	12/31/18
Ardis Myers	502 E Green	Winterset 50279	Madison	(641) 202-0964 Myers542@gmail.com	12/31/18
Nancy Nichols	6200 EP True Pkwy, #505	West Des Moines 50266-6203	Dallas	(515) 221-3212 narnichols@gmail.com	12/31/19
Lauris Olson	900 Sixth Street	Nevada 50201-2087	Story	(515) 382-7203 lolson@storycounty.com	12/31/18
Ron Smith	1111 Duff Avenue	Ames 50010	Story	(515) 239-2415 smith@mgmc.com	12/31/19
Julie Snodgrass	17078 Illinois Street	Indianola 50125	Warren	(515) 376-5289 Julсно2007@yahoo.com	12/31/18
Quincy Southers	2824 E 16 th Street, #D335	Des Moines 50316-1885	Polk	(515) 991-4105 Q4lawyers@aol.com	12/31/18
Max Worthington	5005 E 36 th Street South	Newton 50208	Jasper	(641) 792-7728 No email	12/31/20

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.

Advisory Council for: Aging Resources of Central Iowa
Updated on: March 8, 2018

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition
Jon McAvoy	1126 Grove Street	Adel 50003	Dallas	(515) 993-3977 jon@webmcavoy.com	6-30-19	1,2,5,6,7

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition
Joy Ihle	2309 Euclid Avenue	Des Moines 50310-5703	Polk	(515) 286-2062 Joy.ihle@polkcountyiowa.gov	6-30-20	2,3,4,5,7

Secretary

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition
Vicki White	301 N Buxton, Suite 202	Indianola 50125	Warren	(515) 961-1003 vickiw@warrencountya.org	6-30-19	2,4,5,7

Other Members:

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition
Amy Alden	215 N Warrior Lane, Suite B	Waukee 50263	Story	(515) 233-3539 a.alden@homeinstead.com	6-30-19	2,3,4,5,7
Ruth Bartels	6750 School Street, Unit 206	Windsor Heights 50324-1642	Polk	(515) 279-1729 Ruthbartels1@gmail.com	6-30-18	1,2,7
Denny Bock	1727 14 th Street	Boone 50036-1610	Boone	(515) 432-5274 Onkt7078@yahoo.com	6-30-20	1,2,7
Neal Hanley	405 NE Plum Avenue, Apt. 5	Earlham 50072-1076	Madison	(515) 758-3820 Nhsh58@gmail.com	6-30-20	1,2,5,7
Shala Harsh	205 S Walnut Avenue	Ames 50010	Story	(515) 233-2906 sharsh@hsservicesia.com	6-30-21	2,4,5,7
Sharee' Huffer	1006 N John Wayne Drive	Winterset 50273	Madison	(515) 462-1334 mcestag@gmail.com	6-30-19	4,5,7

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition
Paul Hunt	PO Box 2	Hartford 50118	Warren	(515) 402-5645 No email	6-30-20	1,2,5,7
Charla Kudej	616 S Kennedy Avenue	Madrid 50156-1736	Boone	(515) 795-2199 Charla.kudej@gmail.com	6-30-20	2,5,7
Barb McClintock	669 41 st Street	Des Moines 50312	At Large	(515) 255-2108 mcclintockbk@gmail.com	6-30-18	1,2,3,4, 5,7
JoAnn McKibben	3909 S Orilla Road	West Des Moines 50061	At Large	(515) 285-4555 b.mckibben@mchsi.com	6-30-18	1,2,6,7
Alice Musselman	10262 SE Vandalia Drive	Runnells 50237-2067	Polk	(515) 966-2556 No email	6-30-20	1,2,5,7
RayAnn Scione	4300 SE 2 nd Street	Des Moines 50315	Polk	(515) 288-3734 Rayann.scione@polkcounty iowa.gov	6-30-18	1,2,4,5, 7
Jackie Sharp	1313 N Grant Street	Knoxville 50138	Marion	(641) 218-9059 Jacqueleigh71@gmail.com	6-30-18	1,2,7
Bonnie Stalzer	303 E Montgomery Street	Knoxville 50138-2242	Marion	(641) 842-6070 bstalzer@co.marion.ia.us	6-30-20	2,4,5,7
Kelli Van Manen	2401 1 st Avenue E	Newton 50208	Jasper	(641) 792-7102 kvanmanen@co.jasper.ia.us	6-30-19	2,4,7
Jackie Woods Goodwin	909 S 14 th Avenue W	Newton 50208	Jasper	(641) 791-1126 Jrwoods444@mediacombb .net	6-30-21	1,2,7

LifeLong Links Advisory Council

LifeLong Links Advisory Council for: Aging Resources of Central Iowa

Updated On: March 9, 2018

Name	Organization	Address	City & Zip	County	Phone & Email
Jill Avery	IA Dept. of Human Rights	Lucas State Office Bldg. 321 E 12 th St.	Des Moines 50319	Polk	(515) 242-6334 Jill.avery@iowa.gov
Kim Barber	Iowa Dept. for the Blind	524 Fourth Street	Des Moines 50309	Polk	(515) 281-1299 Kim.barber@blind.state.ia.us
Melissa Culbertson	Easter Seals	401 NE 66 th Avenue	Des Moines 50313	Polk	(515) 309-2371 mculbertson@eastersealsia.org
Laura Gibson	Central Iowa Center for Independent Living	100 E Euclid Avenue, Suite 105	Des Moines 50313	Polk	(515) 243-1742 laura@CICIL.org
Becky Groff	Senior Health Insurance Information Program	601 Locust Street, 4 th Floor	Des Moines 50319	Polk	(515) 242-5300 Becky.groff@iid.iowa.gov
Gayla Harken	Iowa Association of Community Providers	7025 Hickman Road, Suite 5	Urbandale 50322	Polk	(515) 270-9495 gharken@iowaproviders.org
Lloyd Hughes	Consumer Advocate	341 Pioneer Road	Des Moines 50315	Polk	(515) 864-6755 N/A
Brandi Jensen	Brain Injury Alliance of Iowa	7025 Hickman Road, Suite 7	Urbandale 50322	Polk	(515) 274-9757 brandijo@biaia.org
Melissa McCoy	United Way of Central Iowa-211	1111 9 th Street, Suite 100	Des Moines 50314	Polk	(515) 246-6631 m.mccoy@unitedwaydm.org
Susie Osby	Polk County Health Services	2309 Euclid Avenue	Des Moines 50310	Polk	(515) 243-4560 s.osby@pchsia.org
Kelley Rice	Iowa Vocational Rehabilitation	510 E 12 th Street	Des Moines 50319	Polk	(515) 281-4144 Kelley.rice@iowa.gov
Jone' Staley	Iowa Dept. of Human Services	2309 Euclid Avenue	Des Moines 50310	Polk	(515) 725-2725 jstaley@dhs.state.ia.us
Bob Steben	Iowa Department of Veteran Affairs	Camp Dodge, Bldg. 3465	Johnston 50131-1824	Polk	(515) 727-3438 Bob.steben@iowa.gov
Kylie Thompson	APDA I&R Coordinator Unity Point Health	1200 Pleasant Street E-524	Des Moines 50309	Polk	(515) 241-6379 Kylie.thompson@unitypoint.org
Annie Wood-Long	Visiting Nurse Services of Iowa	1111 9 th Street, Suite 320	Des Moines 50314	Polk	(515) 558-9957 anniew@vnsia.org

ATTACHMENTS

Authorized Signatures

Authorized Signatures

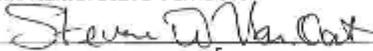
Area Agency on Aging Name	Primary Street Address	City & Zip	Type of Agency	Date of AAA Designation
Aging Resources of Central Iowa	5885 Grand Avenue, Suite 106	Des Moines 50312	Single Purpose Private Non-Profit	April, 1982

Authorized Signatures for Funding Applications and Contracts

Print Name: Joel L. Olah

 _____ 3/22/18
Signature of Executive Director Date Signed

Print Name: Steve Van Oort

 _____ 3/15/18
Signature of Chair, Governing Body Date Signed

Authorized Signatures for Fiscal Reports

Print Name: Joel L. Olah

 _____ 3/22/18
Signature of Executive Director Date Signed

Print Name: Steve Van Oort

 _____ 3/15/18
Signature of Chair, Governing Body Date Signed

Print Name: Lester Bascom

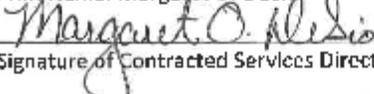
 _____ 3/15/18
Signature of Fiscal Director Date Signed

Authorized Signatures for Program Reports

Print Name: Joel L. Olah

 _____ 3/22/18
Signature of Executive Director Date Signed

Print Name: Margaret O. DeSio

 _____ 3/26/18
Signature of Contracted Services Director 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 **02/28/2018**.

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 **02/28/2018**.

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 **02/28/2018**.

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.

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.