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## IDA KEY INITIATIVES

### 1 | RETURN TO COMMUNITY

The Iowa Return to Community initiative provides long-term care support planning to assist non-Medicaid eligible seniors who want to return to their community following a nursing facility or hospital stay.

**Counties targeted:** Cass, Clay, Mills, Pottawattamie and Woodbury

#### Goals

- Help seniors to maintain their independence by keeping them in their homes with a comprehensive set of wrap around services and supports.
- Achieve person-centered planning by enabling seniors to have the information and assistance they need to stay in their homes if they so choose.
- Integrate services through care coordination and management.
- Increase access to primary and preventative care.
- Reduce unnecessary facility placement, unnecessary hospital admissions and readmission, emergency department use.

#### Outcomes

- Ensure consumer choice in a care setting by assisting in transitioning consumers to a community setting.
- Increase access to person-centered planning.
- Achieve cost savings for the consumer and the Medicaid program by delaying or avoiding enrollment in the Medicaid Program.

#### Funding Provides

- Options Counselors
- Referral screening for eligibility
- Assessment of needs and person-centered care plan development
- Transition services and service coordination
- 30, 60 and 90 day follow up
- Continuous networking with hospitals, nursing facilities, health care entities, service providers, pharmacists, and other organizations to establish and maintain partnerships
- Consumer information and data collection

#### Sustainability and Expansion Options

- Partnerships
- Medicare Advantage
- Private Pay
- Grants

**FY21 Funding Request:** \$400,000 appropriation increase—each project has an annual cost of \$250,000. We currently have projects in two of the six AAA regions. After piloting our first two RTC projects, we believe that \$100,000 worth of funding was able to draw in enough matching funds to cover the full cost of a new project. At \$400,000, we intend to have a pilot in each region of the state.

## 2 | ELDER ABUSE / OFFICE OF PUBLIC GUARDIAN EXPANSION

The potential exists for a policy recommendation based on the results of the Elder Abuse Work Group if it is determined that legislative authority is required, but the specifics have not been established at this point. The next step in the process is for the Department on Aging to collaborate with the applicable partners and stakeholders to prioritize the outcomes identified below, and to establish Implementation Work Groups. These Work Groups will recommend strategies to achieve the identified outcomes.

Below are the recommendations of the Work Group from the final report.

### **Develop a Single Point of Entry for Adult Abuse**

- Designation of a Single Point of Entry for Adult Abuse
- Creation of a Management Information System

### **Restructure Elder Abuse Prevention and Awareness Service Delivery**

- Establish Statewide Standards
- Increase Public Awareness
- Public Awareness and Referrals for Scams and Predatory Lending
- Explore Current Elder Abuse Funding and Options for More Efficient and Effective Distribution

### **Enhance the Office of Public Guardian (OPG)**

- Expand Capacity of Office of Public Guardian
- Increase OPG's Information and Resources Options
- Provide Effective Oversight and Monitoring of Guardians

**Office of Public Guardian Background:** Established in Iowa Code ([Chapter 231E](#)), the Office of Public Guardian may act as an individual's guardian, conservator or representative payee. The mission of the Office of Public Guardian is to preserve individual independence through a person-centered process by:

- Providing education
- Providing assistance to guardians, agents and powers of
- Assisting in guardianship and conservatorship proceedings, when necessary
- Providing guardianship and conservatorship services in the least restrictive manner

The Office of Public Guardian will only be appointed by the court as the guardian or conservator of last resort. To meet demand, expansion of the OPG is needed as the office has reached capacity.

**FY 21 Funding Request: \$350,000 appropriations increase**-the Office of the Public Guardian currently has a waiting list. In addition to the wait list, the Office of the Public Guardian has a net increase of about 60 cases a year. We believe that this number is artificially low because people are currently aware that there is a wait list. By the time the appropriation of \$350,000 would be available, the OPG could come close to meeting the wait list.

**\$100,000 Emergency Reserve with Carry-forward**- currently, the Office of the Public Guardian is making decisions on accepting clients based upon cost certainty. In an attempt to serve the most individuals possible, high need clients are sometimes passed over. These high need clients could be individuals that are being exploited by family members or those that are hard to place. With these types of cases, there is no cost certainty and no additional funding to serve them. An unbudgeted amount of \$100,000 for unplanned expenses would allow the OPG to take these difficult cases.

## 3|HOME MODIFICATIONS PROGRAM

We believe that IDA is the appropriate location for a Home Modifications / Safety at Home program to be housed. This program would align with our current and future priorities of being focused on individuals remaining safely in their homes, as modeled in our Return to Community initiative.

Last year the ACL extended federal grant opportunities and has shared that this year there is a \$10 million appropriation in the HUD budget for Home Modifications. Upcoming changes in the Medicare Advantage plan that will include home modifications, reinforces the need for a state organization to pursue and develop these federal funding streams and to take the lead in policy decision making at the State level.

Due to the current and projected need in Iowa and the recent federal interest in the issue, the State needs an organization willing to coordinate the establishment of a Home Modification / Safe at Home program. What this program / model looks like is yet to be determined but it should include components of:

### **Methods for Evaluating Need**

- Assessments, OT review and recommendations

### **Sustainable funding / funding resource directory**

- Grants, federal or local funds, development of volunteer networks

### **System of funds distribution**

- Grant, reimbursement, tax credit

### **Assistance with actual Home Improvements**

- Establishment of a contractor network
- Development of a volunteer network and events

### **Educate on home safety**

- Use of toolkits, directory of resources, etc.