



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

Signed Verification of Agency Intent and Compliance

Agency Name:

(AAA) accepts full authority and responsibility to develop and administer the SFY 2020 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 Health and 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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Signed Verification of Agency Intent and Compliance

The **Advisory Council** has reviewed and commented on the SFY 2020 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2020 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

NAME OF ADVISORY COUNCIL SIGNER

ADVISORY COUNCIL SIGNATURE

The **Governing Body** has reviewed and approved the SFY 2020 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2020 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

NAME OF GOVERNING BODY SIGNER

GOVERNING BODY SIGNATURE

The **Executive Director** has reviewed and approved the SFY 2020 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2020 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

NAME OF EXECUTIVE DIRECTOR

EXECUTIVE DIRECTOR SIGNATURE

Northeast Iowa Area Agency on Aging PSA 2

SFY 2020 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

Northeast Iowa Area Agency on Aging Update Summary	3
Section 1: Update on Strategies to Achieve 2018-2021 Goals	5
Goal 1: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older Iowans.	5
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.	11
Goal 3: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.....	18
Section 2: Performance and Service Projections.....	28
Performance Outcome & Fiscal Year Targets	28
SFY 2020 Projected Older Americans Act Consumers and Service Units	35
Self-Direction Service Delivery	38
Caregiver Respite Voucher	39
Service Coverage	40
Area Plan Service Waiting List.....	44
Section 3: Quality Management	45
Section 4: Public Input	46
Public Hearing Requirements.....	47
Governing Body	48
Advisory Council	50
LifeLong Links Advisory Council	53
ATTACHMENTS.....	55
Authorized Signatures.....	56
Grievance Procedures	57
Staffing and Volunteer Information	58
Nutrition Services, Service Providers, and Senior Center/ Focal Points	58
Emergency Plan Summary.....	59
Direct Service Requests.....	60

Northeast Iowa Area Agency on Aging Update Summary

Progress to date

NEI3A has committed SFY 2019 (State Fiscal Year 2019 - July 1 2018 –June 30 2019) to implementing its Area Plan and remains committed for SFY 2020 (State Fiscal Year 2020 - July 1 2019 –June 30 2020). NEI3A amended service gaps to better reflect its consumer focus, and several strategies were revised or added.

Accomplishments

NEI3A identified new funding sources and funding diversity as a priority in 2018. To drive this priority, a new position was created (and internally filled): Fund Development Coordinator. This person is responsible for identifying new sources of funding and drive other priorities such as grant writing, work with community foundations, united ways, and gaming commissions, consulting program managers to maximize contributions, and developing individual giving materials and processes.

NEI3A has been and will continue educate customers on the importance of personal financial participation for services provided. We look forward to IDA developing and authorizing a cost sharing process as allowed by the Older Americans Act.

With better data, NEI3A has been able to better produce reports for various stakeholders. This has also assisted program managers as they have better data and a tighter feedback loop so changes can be implemented sooner.

New Challenges

In October 2018, NEI3A was informed that the Delaware County Senior Center in Manchester was sold to the Good Neighbor Society, a local assisted living complex. Good Neighbor is not using NEI3A services. This caused a great challenge for staff to find new venues to organize home delivered meals, provide nutrition education, and offer health promotion services. Home delivered meals continue but other services (including congregate meals) are currently suspended pending the location of a new venue. This affected 46 congregate meal consumers and 8 nutrition education consumers.

Several sites near the county border are in operation and offer the same services that were offered in Manchester. These sites are Oelwein, Dyersville, Independence, Delhi, and Dundee.

The Marshalltown Senior Center was destroyed by a tornado on July 19, 2018. This loss impacted all NEI3A services in Marshall County as the Center was a focal point for the agency. Staff were able to resume home delivered meals within a week of the tornado to assist the most vulnerable consumers, but congregate meals, nutrition education, and health promotion

programs were suspended until a new site was opened March 12, 2019. This affected approximately 36 congregate meal consumers and 19 health promotion consumers.

After visiting all “still standing” affordable locations, NEI3A signed an agreement with the Marshalltown VFW for use of its facility due to its location on a bus line, size and flexibility (able to provide multiple services including health promotion, nutrition education, and as a staging area for home delivered meals), and affordable rent.

Plans for SFY 2020

NEI3A is committed to offer all services in Delaware and Marshall Counties in SFY 2020; staff will seek new venues for services. NEI3A will focus outreach efforts to inform the public of its services and new locations.

We received feedback that some areas still refer to NEI3A as its “legacy agency” (agency name before Northland, Scenic, and Hawkeye Valley agencies merged). To enable a more local presence to the agency, NEI3A will focus expanding outreach efforts in SFY 2020, including logos, social media, and overall presence. Another goal of this effort is to provide clearer messaging of the agency’s purpose and services.

NEI3A plans to make cost reduction and efficiency improvements a key initiative in SFY 2020. This includes reviewing and renegotiating contracts and leases, reviewing staffing levels and strategies, and using technology to reduce staff time and other costs. NEI3A will not reduce costs where services to consumers are impacted. Rather, the goal of this initiative is to increase the availability of services and reduce the number of people on waiting lists.

NEI3A plans to take its data system from “crawl” to “walk” in SFY 2020 by producing regular reports for staff, program managers, supervisors, board and advisory members, and the public to enhance knowledge and awareness of NEI3A, the aging network, the services offered, and the outcomes of those services.

Finally, NEI3A plans to take data to the next level in SFY 2020 by using consumer data to help prioritize funding and offer interventions to what data show as at-risk consumers. For example, consumer data shows that when an individual lives alone, they are at much higher risk of falls. NEI3A will use its data systems to identify these individuals and produce a report showing consumers whose living situation changed from the last NAPIS update. Staff will be able to offer these consumers services aimed at preventing falls.

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

NEI3A completed a needs assessment in August 2017 to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included: listening sessions with area advisory committee members and consumers, attending community stakeholder meetings to gather input from local organizations, analyzing Agency service data (including consumers and units), consultation from NEI3A direct service staff, and reviewing quarterly reports from the Iowa Department on Aging.

SERVICE GAP #1: Many financial exploitation victims have financial difficulties that very complex. Often, they lack funds, are heavily in debts, and have other legal and family issues must be addressed.

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 # of consumers experiencing financial exploitation served
- # of staff trained in mediation % of cases successfully resolved.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
NEI3A will include representative payee as a volunteer option when presenting to groups about volunteer opportunities at NEI3A.	revised	complete
NEI3A will work with specific new bank and credit union partners to recruit volunteers	revised	complete
NEI3A EAPA (elder abuse prevention and awareness) program will work with NEI3A communications team to refocus outreach and education efforts with a clearer focus on the target population and financial exploitation	revised	In progress
Develop and Implement Family Mediation services	New	In progress
Emphasize team intervention and identifying other NEI3A services and programs for financial exploitation victims.	New	In progress

Update on Strategy Activities to Date

While working to implement these strategies, NEI3A staff encountered many consumers whose needs were more complex than could be resolved merely with representative payee services. That is, representative payee was only a part of a larger strategy to assist financial exploitation victims. Often, these cases involved entire families. More intervention was needed. Because of this, we decided to change focus from our initial approach and instead work to assist victims and their families with a variety of services rather than focusing on representative payee alone.

Strategy Activities Planned for SFY 2020

NEI3A plans to develop its mediation services in 2019. At that time, trained staff will be available to consumers, including **EAPA (elder abuse prevention and awareness)** consumers, to work with family and provide mediation. We will evaluate the effectiveness of this strategy by reviewing the outcomes of each session and how families were assisted. NEI3A will monitor the number of staff trained in mediation services and the number of consumers served with mediation services as outcome measures. NEI3A has set a

NEI3A is planning a major outreach effort to be implemented in 2019. Part of this effort will be to coordinate social media posts, advertisements, sponsorships, and event attendance among all NEI3A programs to synergize public information and outreach efforts across programs. The anticipated outcome of this is receive more referrals to the EAPA program as public understanding and knowledge of the EAPA program is enhanced. When discussing elder abuse awareness and prevention specifically (for example, speaking to local law enforcement about the NEI3A EAPA program), staff will highlight financial exploitation as an underreported form of elder abuse.

NEI3A plans to focus on a team-based approach when assisting victims of financial exploitation. By working on cases together, NEI3A Aging Specialists will ensure that these consumers are receiving all NEI3A services that may be beneficial to them and their families. If this approach is effective, we plan to see more EAPA consumers also receiving other NEI3A services such as case management, family caregiver support, transportation assistance, and nutrition services (among others).

SERVICE GAP #2: Older Iowans with civil legal issues often need more than legal support. Legal issues are often the result of other underlying issues.

Indicators to gauge progress in addressing service gap

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

- Number of referrals to legal aid (perhaps by topic/legal issue)
- Number of legal aid consumers referred to or receiving other services

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
NEI3A will use social media (at least 2 social media outlets) to publicize requests for proposals for legal assistance as using social media (Facebook specifically) to publicize RFPs has proven successful to find more responses for other agency RFPs	revised	complete
NEI3A will extend the time for responses to the RFP to at least 60 days.	revised	complete
Emphasize team intervention and identifying other NEI3A services and programs for consumers requesting legal assistance	New	Not started
NEI3A will identify legal providers for external referral – specifically elder law	New	Not started
Develop tracking system to better utilize information received from legal providers	New	Not started

Update on Strategy Activities to Date

After amending the Request for Proposals process last year to expand choice of legal providers to consumers, we reassessed what matters most to consumers regarding legal assistance. Most consumers indicated that choice of legal providers was not as important as simply “getting help”.

After discussing with staff, we decided to refocus legal assistance on the consumer and start with how other NEI3A services may complement legal assistance as interventions to enable aging at home. NEI3A will continue to expand potential reach for more legal providers, but that effort will not be the focus of SFY 2020.

Strategy Activities Planned for SFY 2020

NEI3A will offer options counseling for all consumers requesting legal assistance. This will help NEI3A assess if there are other barriers and challenges that also exist that can be overcome/met through services other than legal assistance. A successful outcome of this approach will be the percentage of legal assistance consumers who also receive options counseling and/or other NEI3A services.

Conversely, NEI3A will focus on team-based interventions in FY2020. This means that as care teams identify legal challenges for clients as barriers to remaining independent, those clients will be referred to a legal assistance provider to assist.

NEI3A’s legal provider has always provided quarterly reports to NEI3A indicating the types of legal assistance requested and provided, but we have not analyzed these reports in detail recently. We plan to develop a process to better use this information to enhance other programs. For example, if we identify that most consumers receiving legal assistance are doing so for a Medicare/Medicaid appeal, we would reach out to the relevant State Ombudsmen programs for more training and information.

SERVICE GAP #3: Consumers and providers often do not recognize that NEI3A can help resolve elder abuse situations and provide education to prevent elder abuse.

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 (elder abuse prevention and awareness) referrals
- Number of EAPA consumers
- Number of EAPA units

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
NEI3A EAPA program will work with NEI3A communications team as part of larger outreach initiative	revised	In progress
NEI3A EAPA program will compile a list of all potential referral partners in the PSA. NEI3A EAPA Facebook page will link to all potential agencies’ Facebook pages, as available.	revised	completed
Using that list, NEI3A EAPA program will meet with at least one agency in each county in the	no	completed

Current Strategies	Revised or New Strategy?	Status
PSA to promote the EAPA program and how it can assist law enforcement.		
Identify geographic areas of need by analyzing public health and population data and NEI3A internal data	New	In progress
Evaluate effectiveness of co-located offices with other local/state/federal agencies to enhance awareness – focusing on EAPA programs	New	In progress

Update on Strategy Activities to Date

While NEI3A has implemented its strategies from the Area Plan and the FY19, consumer and unit numbers have been down across all EAPA services. Based on views, likes, and overall engagement, the NEI3A EAPA social media campaign struggled to gain traction and saw limited success. 2 ads were purchased through Facebook, but post engagement never reached past 2000 people. Moreover, no analysis was done to determine where best to invest outreach efforts. Due to this, we determined that more analysis and research is needed to determine how to best reach consumers, providers, and other potential referral sources of NEI3A’s elder abuse prevention and awareness program.

NEI3A continues to keep dialogue with CSS to help generate referrals. However, referrals from CSS have slowed. In dialogue with CSS, we identified that this is largely due to CSS realigning its operations and priorities. As such, NEI3A will continue to reach out and contact new and existing partners to conduct education to enhance awareness of the EAPA program.

Strategy Activities Planned for SFY 2020

NEI3A plans to enhance other agencies’ awareness of EAPA by meeting with county law enforcement agencies and social service agencies and providers with whom NEI3A has existing relationships. This will be done through speaking events, provider meetings, and advisory groups. Prior to implementing this in full, NEI3A will work in coordination with Bremer County.

NEI3A recently opened an office in Bremer County. It is co-located with Department of Human Services and County Services. NEI3A anticipates this co-location will enhance knowledge of the EAPA program and increase consumers and units in Bremer County. If this proves to be effective, NEI3A will assess other opportunities for co-location. At a minimum, NEI3A will use this as a roadmap for identifying key local agencies at the county level to engage and reach out.

Prior to enhancing public awareness of EAPA programs through its communications and outreach avenues, we will identify geographic areas of need. Measures to analyze include, total county population and location and number of past consumers and units in NE13A EAPA. We anticipate that low population counties with a relatively low number of past EAPA units and consumers show that consumers and providers may not be aware that NE13A is able to assist to resolve elder abuse situations as well as provide elder abuse prevention efforts.

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

NEI3A completed a needs assessment in August 2017 to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included: listening sessions with area advisory committee members and consumers, attending community stakeholder meetings to gather input from local organizations, analyzing Agency service data (including consumers and units), consultation from NEI3A direct service staff, and reviewing quarterly reports from the Iowa Department on Aging.

SERVICE GAP #1: Consumers who live in rural communities in our PSA face additional barriers to receiving services and are often unaware of services provided through NEI3A and other providers.

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 I&A consumers in rural counties (i.e. not Black Hawk, Dubuque, or Marshall)
 - Number of I&A units in rural counties (i.e. not Black Hawk, Dubuque, or Marshall)
- Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
NEI3A will distribute the newsletter online via email so consumers do not have to attend meal site or receive meals to receive the newsletter.	No	Complete
NEI3A will target rural counties as part of its larger outreach and communications strategy.	revised	In Progress
NEI3A will conduct an education and outreach campaign to local healthcare and social service providers in counties that do not contain a NEI3A focal point in them.	revised	Not started
NEI3A will implement a campaign to direct regional coordinators to leave literature and brochures at all post offices and City Halls. Regional Coordinators will attend advisory meetings and health fairs/conferences to promote the service.	revised	complete

Current Strategies	Revised or New Strategy?	Status
Identify rural specific needs and	New	Not Started

Update on Strategy Activities to Date

NEI3A updated its newsletter format in January 2018 with a focus to enhance availability to people who are not already receiving services. Traditionally, the newsletter was distributed at meal sites, focal points, and some local community buildings such as post offices, city halls, and libraries. It is now distributed in print and online. The newsletter is now distributed quarterly rather than monthly. The print version is now a more “magazine” style newsletter rather than “newspaper” style. All newsletters contain at least one article explaining Information, Assistance, and referral at the starting point to receive answers on aging.

NEI3A purchased 2 Facebook advertisements in 2018 to increase reach across the service area. We reviewed the effectiveness of the campaigns and saw no significant increase in calls after the ads ran.

Instead, internal staff meetings determined that regional coordinators are better equipped to make connections and build relationships within their part of the service area. As such, regional coordinators have taken the lead on attending more advisory meetings for other agencies, health fairs, and other events to promote information and assistance services and make relationships with agencies and the public. They will also be responsible for continuing to circulate brochures within their region as they deem most appropriate for that region and identify new providers and partners.

While NEI3A assisted 172 more rural consumers with information and assistance service in the first 6 months of FY2019 than FY2018, we believe that we can build on this momentum by targeting on rural specific needs, highlighting local providers in rural communities, and identifying which methods of outreach are most effective at reaching rural consumers.

Strategy Activities Planned for SFY 2020

NEI3A plans to build on the success of the newsletter by conducting a subscriber campaign to increase circulation focusing on rural consumers. In one strategy, NEI3A will highlight local rural providers in the newsletter in order to better connect with rural readers. We anticipate that highlighting local providers will generate more interest by readers in the areas served by the provider as well as strengthen renew lapsed relationships with rural providers.

NEI3A will work with local public health in rural counties to better identify what needs public health officials see as most important to older lowans in their respective county. In addition, NEI3A will reach out to other rural providers whom we have not worked with since the change to Iowa’s Medicaid system. These are home and community providers that now provide

services through the Medicaid network, and they will be able to speak to the needs in the rural areas they serve. To serve this effort, NEI3A will hold provider meetings in rural counties to reconnect with home and community-based providers in the NEI3A service area. We anticipate that efforts to reconnect with rural providers will lead to greater awareness of NEI3A services among residents of rural counties, and increased consumers and units of information and assistance services in rural counties in NEI3A’s service area.

Before investing in advertising, NEI3A will investigate which media strategies work best in rural areas. We plan to invest “smart” by first reaching out to rural providers and our peers at other Area Agencies on Aging and ask which outreach strategies are most successful for them in rural areas.

We have set a target to assist 2,000 rural consumers with Information and Assistance services in FY2020, at 10% increase from SFY 2018.

SERVICE GAP #2: Consumers, particularly younger consumers in our PSA, want and need different nutrition services than we have traditionally provided to help them make informed decisions that affect their health and well-being.

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 nutrition counseling consumers
- Number of nutrition counseling units
- Number of consumers (other nutrition services)

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Identify potential consumers by using the nutrition risk assessment tool and offer nutrition counseling services.	No	In progress
Conduct learning sessions with nutrition service specialists, options counselors, IR&A specialists, and case managers at their next respective staff meetings.	No	In progress
Highlight nutrition counseling services at area advisory meetings and board meetings.	revised	completed
Highlight nutrition counseling as a service in the NEI3A newsletter.	revised	completed
Develop and implement training curricula that makes the delivery of service units in the data	revised	completed

Current Strategies	Revised or New Strategy?	Status
collection system a point of emphasis in staff training throughout the year.		
Utilize health promotion programs as a referral source for new consumers and to identify needs across programs	New	In progress
Research and implement innovative nutrition programs that show broader appeal	New	In progress

Update on Strategy Activities to Date

NEI3A was successful in providing nutrition counseling to some consumers in FY2019 by identifying nutrition counseling providers and making the service available. But it still was not very popular, serving only 3 people.

Because of this, NEI3A staff strategized and discussed where the gap is with this service and other nutrition education services. We determined that most consumers who are eligible for nutrition counseling can receive the service directly through their insurance plan.

Staff identified that the consumers who most enjoy nutrition education tend to be younger than meal site participants. They also tend to be more likely to participate in NEI3A’s health promotion programs (exercise classes, tai chi and other fall risk reduction classes, and chronic disease self-management classes). NEI3A decided to shift strategies and focus on developing innovative nutrition education and information services that would appeal to (potential) consumers who want and need different nutrition services than what is traditionally offered (meals, nutrition counseling).

Strategy Activities Planned for SFY 2020

NEI3A plans to continue to develop a process by which high risk individuals are identified using the intake assessment consumers complete prior to receiving any nutrition services (and updated annually). We plan to do this by developing a monthly report identifying any consumers whose condition has changed and one on one nutrition counseling may be beneficial.

NEI3A also plans to focus on providing nutrition education (group education) for consumers who have otherwise shown little interest in NEI3A’s other nutrition programs. NEI3A plans to offer more “Making Meals Easy” Sow Cooker classes. And we will continue to conduct “Fresh Conversations” nutrition education curriculum at meal sites.

NEI3A plans to utilize the success of attracting younger consumers (70 and under) to its health promotion classes as a pipeline to different nutrition education services such as Fresh Conversations and “Making Meals Easy” to promote awareness of these services to consumers who may otherwise be unaware of them.

SERVICE GAP #3: Older individuals and caregivers often do not have all the information they need to make informed decisions that may affect their independence.

Indicators to gauge progress in addressing service gap

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

- Number of options counseling consumers
- Number of options counseling units

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
NEI3A will co-locate staff at other multi-agency offices to enhance awareness of NEI3A’s services to consumers of other agencies, specifically options counseling.	revised	In progress
NEI3A will highlight options counseling as part of its enhanced outreach efforts in SFY 2020.	revised	In progress
NEI3A will further align with County Social Services and offer options counseling at CSS buildings located in PSA 2.	revised	completed
NEI3A will schedule learning sessions for CSS employees to learn about options counseling and how to refer clients.	revised	completed
As appropriate, NEI3A will refer consumers to CSS for funding of home and community-based services in case where the consumer is a client of both agencies.	revised	completed
NEI3A will inform consumers of all funding options can at least offer to meet all needs from a Lifelong Links referral.	no	In progress
NEI3A will develop funding options to assist more consumers across all incomes that need services.	no	In progress

Update on Strategy Activities to Date

NEI3A served 131 fewer consumers with options counseling in the first six months of SFY 2019 compared to SFY2018. While some of this is due to changes in data entry methods, it still indicated to staff that a renewed focus on promoting and providing options counseling services was necessary.

NEI3A continues to transition from an agency that primarily served Medicaid clients with all services and supports to an agency that assists with coordination and information with limited resources for funding home and community-based resources.

We believe that our inability to fund all requests for home and community-based services also led to fewer internal referrals to options counseling. That is, after community partners found out that NEI3A was placing consumers on waiting lists for services such as homemaker and chore, they were less likely to refer consumers.

NEI3A worked to place options counseling staff on site with several partners. According to staff, most people preferred to set up a separate time to discuss further rather than conduct options counseling on site. NEI3A did not receive as many referrals as intended.

We believe that a better effort would be to co-locate offices where natural partnerships exists. For example, NEI3A opened an office in Waverly in the Bremer County annex. Rather than have an options counselor at the office to wait for walk in referrals, NEI3A staffs it with a Program Director who can better align with providers and partners.

NEI3A is also renewing its efforts at conducting options counseling “in the home”. In efforts to increase efficiency, NEI3A was offering options counseling via phone. And while Options Counseling outcomes are good (99% of options counseling consumers indicated that the service provided them with information to help make an informed decision), staff indicated that they are unable to get a “complete picture” of the situation.

To better serve consumers and potentially identify other NEI3A services that could benefit them, we decided to make options counseling a service provided at the consumer’s home (unless they visit an NEI3A office). For example, an options counselor may not be able to determine if the consumer is experiencing self-neglect over the phone, but it would be visible with a home visit, thus prompting a referral to Elder Abuse Prevention and Awareness.

While NEI3A continues a dialogue and partnership with County Social Services, referring clients for funding has slowed considerably. This is because, much like NEI3A, CSS has not been able to fund requested home and community-based services. However, NEI3A and CSS will continue to make referrals and coordinate efforts where appropriate.

NEI3A has developed a sliding fee scale for options counseling and home and community-based services and shared it with the Iowa Department on Aging for review and guidance.

Strategy Activities Planned for SFY 2020

NEI3A plans to make options counseling a key piece to its enhanced focus on outreach in SFY 2020. We intend to showcase NEI3A as more than a funder of home and community-based services and as a resource for knowledge, information, and planning. Options counseling fits perfectly with this initiative.

NEI3A will continue to provide options counseling for consumers who are able to pay for services privately. NEI3A will ask for contributions for options counseling.

NEI3A will evaluate the effectiveness of co-locating in the Bremer County Annex as a way to increase awareness (and therefor consumers) in Bremer County. If successful, we will explore other potential co-locating opportunities.

NEI3A will continue dialogue with County Social Services to identify any emerging trends among the population served by NEI3A. This could lead, for example, to changes in which optional services NEI3A chooses to fund if a need is identified by CSS that was not noticed by NEI3A.

NEI3A plans to offer a variety of funding options to consumers when discussing home and community-based services; NEI3A will develop prioritization criteria for use of funds for home and community based services such as chore, homemaker, and personal care.

NEI3A plans to continue to work with State and Federal entities to develop a sliding fee scale in compliance with administrative rules.

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

Prioritized Service Gaps

NEI3A completed a needs assessment in August 2017 to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included listening sessions with area advisory committee members and consumers, attending community stakeholder meetings to gather input from local organizations, analyzing Agency service data (including consumers and units), consultation from NEI3A direct service staff, and reviewing quarterly reports from the Iowa Department on Aging.

SERVICE GAP #1: NEI3A is currently unable to provide meals to all consumers who need them.

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 on wait list
- Average length of time (in months) on the wait list
- Number of meals provided

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
NEI3A will develop and implement fundraising strategies to increase available funds for meals.	No	In progress
NEI3A will implement strategies to increase consumer contributions for all services	No	In progress
NEI3A will develop scripting and train staff on techniques on how to best ask for contributions during the intake process.	revised	completed
NEI3A will offer consumers the option to pay for the meals privately.	No	In progress
NEI3A will identify consumers at risk for food insecurity and target with nutrition interventions	New	In progress
NEI3A will examine all program operations and make efficiency gains and cost reductions as appropriate.	New	In progress
NEI3A will develop alternative services with other providers	New	Not Started

Update on Strategy Activities to Date

NEI3A implemented various fundraising campaigns on social media platforms to highlight its programs and encourage giving. Campaigns conducted on Mother's Day, Father's Day, and the Winter Holidays yielded approximately \$2000. We believe it to be a good start for an agency that has never asked before. The NEI3A communications team continues to evaluate different strategies to increase online giving.

NEI3A expanded its contribution statements to include home and community based services as well as meal costs. This resulted in increased contributions of about \$4000 for services other than meals. But meals contributions have not increased significantly due to these efforts.

NEI3A developed and implemented scripts to assist with staff training and better equip staff to approach consumers when discussing contributions. However, meal contributions have not changed significantly. We believe that most consumers are contributing the best that they can based on conversations with nutrition staff. We will continue to train staff to emphasize the importance of individual financial participation in the program for consumers, but it will not be a focus moving forward.

NEI3A offers consumers the option to pay privately for all nutrition and home and community-based services, including options counseling and case management. This strategy arose solely from consumers asking to pay for the service as no other home delivered meal providers were available to them.

While this strategy does not assist the most economically disadvantaged, in many areas, NEI3A is the only provider of home delivered meals available to them. NEI3A's goal is to have no wait list and simply explain the importance of contributions so that those who can afford, pay the full suggested contribution rather than having private pay consumers. In February 2019, NEI3A provided 663 meals to 49 consumers paying for home delivered meals.

NEI3A also made efficiency gains through a preliminary operations review. One notable change was reducing meal choice. This was not implemented without contemplation. Two-thirds of consumers indicated choice was not important to them. Still, we didn't consider its viability until the Buchanan County Senior Center sent a letter asking to reduce meal options as it was more difficult for volunteers and most people don't take the second option. We then looked at meal data and found that 70% of consumers never take the second option and less than 10% took it more than half the time.

After implementation and notifying consumers, we solicited feedback from consumers by informal conversation with consumers and staff at meal sites and by asking volunteers on meal routes to ask and report back any feedback. Feedback was overwhelmingly neutral to positive. As we suspected, most consumers were not choosing the second meal option.

Other changes include streamlining delivery routes, and working with different location partners to reduce premise costs. For example, a single change of venue for home delivered meals in Delaware County allowed NEI3A to take 20 people off the wait list.

In February 2019, NEI3A had reduced costs to open 50 spots on the waiting list for consumers. However, meal numbers are still significantly lower than in SFY2018. While we believe that the final three months of SFY 2019 will show higher meal numbers, year over year numbers will be lower.

Strategy Activities Planned for SFY 2020

NEI3A plans to continue its fundraising efforts. The newly created fundraising coordinator position will identify online and other strategies to maximize giving. We hope to expand on the holiday giving campaign and have set \$5000 as a fundraising goal.

NEI3A plans to update its contribution statements in 2019 so that it coincides with the use of the sliding fee scale. This will give consumers a better idea of how much they should contribute. NEI3A will also implement the sliding fee tool in brochures and other materials at meal sites to better inform consumers of the importance of their contributions.

NEI3A will continue to work with staff on techniques to approach difficult topics such as finances with consumers so they can be best informed of their contribution options. To assist the most vulnerable populations, NEI3A will develop methods to identify at risk consumers. NEI3A plans to utilize the nutrition risk assessment as a first step to identifying those at risk. Once identified, NEI3A will contact them and offer options counseling to identify other needs (and identify if other NEI3A services may help).

NEI3A will also work with partners to identify additional nutrition services. NEI3A has partnered with the Northeast Iowa Food Bank to provide monthly food boxes to home delivered meal consumers. NEI3A will explore the possibility of providing food boxes to consumers on waiting lists and not just those currently receiving home delivered meals.

Finally, NEI3A will continue its cost reduction efforts by implementing new tools with its data system. NEI3A's data system has capabilities to streamline meal operations, such as automatically printing meal route sheets from service rosters. We started using these route sheets in Black Hawk County in 2019 and plan to expand its use in SFY 2020.

SERVICE GAP #2: NEI3A's caregiver support program is not administered consistently across the entire PSA.

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 caregiver consumers

- Number of caregiver units (All “CG” units)

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
NEI3A will Emphasize the caregiver program through its enhance outreach and communication strategy.	Revised	In progress
NEI3A will develop partnerships with groups and agencies serving caregivers in need of NEI3A services.	No	In progress
NEI3A caregiver staff will schedule training sessions for all staff to ensure that NEI3A are fully knowledgeable of and able to refer to the program.	No	In progress
NEI3A caregiver program will continue its outreach efforts by exhibiting booths at health fairs and benefits fairs.	No	in progress
NEI3A will conduct no fewer than three (3) caregiver conferences per fiscal year to publicize the program.	No	In progress

Update on Strategy Activities to Date

As with all programs, NEI3A is in the process of redeveloping its outreach and communication plan. While caregiver social media posts continue through SFY 2019, this will evolve as part of NEI3A’s enhanced focus on outreach.

NEI3A continues its dialogue with Alzheimer’s Association. The Alzheimer’s Association is an important partnership target because most NEI3A caregiver consumers are caring for a person with some form of dementia. The Alzheimer’s Association hosts its walk even each fall, and NEI3A staff have participated to show support. NEI3A has worked with Allamakee hospital to host a caregiver support group.

NEI3A has been part of a task force in Waterloo to become a dementia friendly community. The task force will develop curricula and offer education opportunities to community members and provide recommendations to community leaders. This process continues and will continue in to SFY 2020.

NEI3A exhibited at numerous conferences and fairs throughout the summer of 2018. Staff indicated positive turnout and continuous interaction with potential caregivers about what services NEI3A provides. NEI3A will continue these activities and more closely monitor the number of referrals generated.

NEI3A conducted 3 caregiver conference in the summer and fall of 2018. Average attendance was 50 people. Conference surveys completed by attendees indicated high satisfaction with

the content of the conference. Other NEI3A staff were in attendance as well to assist caregivers or other potential consumers with information and assistance and potential referral to other NEI3A programs.

Overall, caregiver numbers appear to be on track based on submitted Form 3A – 1. The lone exception is Caregiver options counseling. Which is underperforming. We believe this to be in part due to changes in data entry methods that may skew numbers. Also, we find that increased numbers in other services shows that those interventions are working and caregiver options counseling is not the best intervention for caregivers who, for example, are receiving what they need through a support group.

Strategy Activities Planned for SFY 2020

NEI3A plans to build on the success of the caregiver conferences and public event attendance and publicize them with more resources in SFY 2020. We believe this is an important public service and good opportunity to make relationships with providers and consumers. The far Northeast Region shows the best attendance. So, for SFY 2020, NEI3A will focus on expanding participation in the Waterloo, Marshalltown, and Dubuque regions.

NEI3A has identified the Alzheimer's association as a key partner to promote the caregiver program and an important referral source as many caregivers. NEI3A plans to attend Alzheimer's association events as well as invite the Alzheimer's association to NEI3A events. NEI3A also plans to make referrals to the Alzheimer's association for additional information and support groups to affected consumers and caregivers. To assess the effectiveness of this partnership, NEI3A will develop a method to track how many referrals come from Alzheimer's association events.

NEI3A plans to expand on its Allamakee Hospital partnership and identify other partners for potential support group venues. For example, NEI3A plans to reach out to nursing homes in Chickasaw and Bremer County about the possibility of hosting a support group for caregivers, offering respite and transportation to assist with attending.

The Caregiver program will figure prominently into NEI3A's outreach initiative in SFY 2020, showcasing information and support services available to family caregivers to both providers/referral sources as well as the general public.

SERVICE GAP #3: Older individuals who do not qualify for a Medicaid waiver are at risk of losing the ability to remain in their own residence and community of choice.

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 people on wait list
- Average length of time (in months) on the wait list
- Number of people paying privately for services
- Number of people paying from sliding fee scale
- Number of chore, homemaker, personal care, and/or material aid consumers
- Number of chore, homemaker, personal care, and/or material aid units

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Develop multiple funding options for consumers including sliding fee scale	revised	completed
Offer consumers the option to pay for the services privately	No	In progress
Implement a referral process with County Social Services so that options counselors seek funding from CSS for these services if the consumer is/can be a consumer of both agencies	revised	completed
Conduct a unit utilization review on all consumers currently receiving services. If they are using fewer units than was allocated for 3 months in a row, then their allocation will be reduced to that amount. This will lower overall encumbrance and decrease the wait time on the waiting list for consumers. A unit utilization review was done in SFY 2017 to much success.	No	complete
NEI3A will seek additional funding sources for home and community-based services	New	In Progress
NEI3A will examine all program operations and make efficiency gains and cost reductions as appropriate.	New	In Progress

Update on Strategy Activities to Date

NEI3A is on pace to increase consumers and units in homemaker, chore, and material aid, and to meet its goals for personal care (based form 3A-1 in the SFY 2019 area plan update).

The waiting list, however, has not decreased and wait times exceed 6 months. This is because encumbered funds limit NEI3A’s ability to serve all eligible individuals needing assistance and services. Though in February 2019, 20 spots were opened on the wait list. NEI3A staff are currently contacting consumers that had been waiting for services to see if they are in a position where they can still receive services.

NEI3A offers consumers the option to pay for services privately, and these consumers and units are not counted toward what is included on the Area Plan. In SFY 2019, NEI3A assisted 10 consumers with home and community-based services on a private pay basis.

NEI3A maintains a strong relationship with County Social Services. However, referring consumers to CSS for services has not been effective as most have not been accepted due to funding issues. NEI3A continues to identify partners for referral and provide informational service such as information and assistance and options counseling even when money is not available for home and community-based services.

NEI3A conducted a full service unit utilization review in 2018 and informed providers and consumers if units were reduced on their NODs. This made freed up approximately \$12,000 in encumbered funds.

NEI3A continues to work with the Iowa Department on Aging to develop a sliding fee scale for home and community-based services. NEI3A currently provides as a basis for contribution but not for actual cost sharing.

NEI3A created a new position of Fund Development Coordinator in SFY 2018 with the duty to increase funding sources. NEI3A has written numerous grants. Before SFY 2018, NEI3A only received funds from 1 United Way agency (Waterloo) in its area. NEI3A now works with 3 United Way funds (Waterloo, Marshalltown, and Decorah). NEI3A also made personal appeals to funding to the Board of Supervisors in all 18 counties served by NEI3A. Finally, NEI3A began development on developing estate planning materials and discussed developing a foundation to attract private donors.

Strategy Activities Planned for SFY 2020

NEI3A will continue to expand its private pay options for those willing and able to pay. NEI3A will work to market this opportunity in its service area. In addition, NEI3A will develop prioritization criteria so that those most in need and most vulnerable will receive the services they need to remain independent. NEI3A will work with other funders such as community foundations, United Ways, Gaming Commissions, and employers to assist with these much needed services.

In addition to continuing its work with the sliding fee scale, NEI3A will also develop waiting list prioritization criteria so that the most vulnerable individuals may be served with little to no wait. NEI3A plans to continue work with IDA so that the sliding fee scale may be implemented in SFY 2019.

The NEI3A Fund development Coordinator will continue to seek new funding sources, apply for funds at the Dubuque United Way, submit requests from gaming associations in the NEI3A area, and roll out an estate planning package that can be offered to individuals interested in giving to NEI3A.

NEI3A will conduct another unit utilization review in SFY 2019.

NEI3A will examine agency operations to identify efficiencies that may be gained, specifically with NEI3A's data system including entering units in bulk (rosters) and streamlining the service approval process (Which now requires at least 3 people to handle a physical piece of paper for sign off. The data system could eliminate all paper and complete signoff electronically).

SERVICE GAP #4: Persons belonging to racial and ethnic minority groups are underrepresented at our meal sites.

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 living in Marshall County who indicate being a member of a racial or ethnic minority group.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
NEI3A will identify and contact Marshall County agencies and City Government to inform them of NEI3A services in Marshall county	No	In progress
NEI3A staff will invite Hispanic/Latino consumers to menu meetings to ensure that the most appropriate ethnic meals are served.	No	In progress
NEI3A will conduct an outreach and public information campaign to inform members of the public of NEI3A services	New	Not Started

Update on Strategy Activities to Date

On July 19, 2018, a tornado destroyed the Marshalltown Senior Center along with multiple other downtown buildings. While the senior center was occupied with consumers at the time, NEI3A staff safely ushered them to the basement, and nobody was injured. This disrupted NEI3A services for approximately 50 consumers.

However, the senior center building was a total loss along with most equipment and material inside. NEI3A was able to resume home delivered meals within a week, but to date, no congregate meals have been served in Marshall County since July 19.

NEI3A staff began searching for a new location immediately. Since many municipal buildings were destroyed, NEI3A was unable to find a location owned by the city (as with the previous building). A location was identified in fall 2018 and congregate meals are scheduled to resume March 2019.

Since Marshall County efforts focused on assisting consumers affected by the tornado and identifying a new location, outreach efforts to the Hispanic community stalled.

Strategy Activities Planned for SFY 2020

With a new location planned for March 2019, NEI3A plans a large outreach effort in Marshalltown and Marshall County to promote the new location.

We believe this is an excellent opportunity to re-introduce all NEI3A services to Marshall County. Tai Chi classes, Nutrition Education classes, Caregiver Support Groups, and EAPA training and outreach events are all being planned as part of this initiative.

The new meal site is on a Bus Route. NEI3A will continue to partner with Marshalltown Municipal Transit to provide bus tickets for older individuals who wish to participate at the meal site but are unable to drive there. If this is successful, we expect to observe higher transportation numbers as well as congregate meal numbers.

NEI3A also plans to contact the Hispanic Community by identifying community agencies and programs currently working with that community. NEI3A plans to recruit an individual eligible for NEI3A services to serve on the NEI3A advisory board.

NEI3A plans to identify key community leaders in the Marshalltown Hispanic community and ask them to be part of NEI3A’s advisory council and menu planning group to identify culturally appropriate meals for the Hispanic community in Marshalltown. A positive outcome we hope to achieve is to have at least one Hispanic meal on the menu in SFY 2020.

NEI3A will investigate geographic areas of importance to highlight NEI3A programs and services.

NEI3A must also bridge the language barrier. This underscores the importance of identifying key community leaders to assist. A positive outcome of this would be to identify a community member willing to serve as translator to assist with tasks like filling out intake forms, getting meal orders, and other communication.

SERVICE GAP #5: Consumers are demonstrating an increased demand for evidence-based programs like Tai Chi.

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 receiving evidence-based health promotion services

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Identify geographic gaps for evidence-based health programs	new	Not started

Current Strategies	Revised or New Strategy?	Status
conduct a new needs assessment to determine level of interest in all evidence based and health promotion programs	new	Not started
Conduct training for Tai Chi instructors to increase reach of Tai Chi	new	In Progress

Update on Strategy Activities to Date

NEI3A had been implementing strategies to increase the number of chore providers in its area. While this is still a need of NEI3A’s, it was decided to refocus efforts on a service that is experiencing significant growth.

The number of consumers receiving evidence-based health promotion programs nearly doubled year over year from the first half of SFY 2019 from SFY 2018 (99 to 56 consumers). This increased demand has started to push the limits of NEI3A’s capacity to provide the service. New strategies are needed in order to meet consumer demand for Tai Chi.

Strategy Activities Planned for SFY 2020

NEI3A will evaluate the program in whole and identify where they may be underserved counties and communities. Once identified, NEI3A will begin to scout locations where Tai Chi classes may be conducted.

In addition to location and venues, NEI3A plans to conduct instructor training for Tai Chi. As part of receiving the training, instructors will agree to teach Tai Chi for NEI3A for at least 3 classes over a two-year period. If they complete this, they will receive their money back for the training they received.

Finally, NEI3A will conduct a needs assessment to determine what additional interest for evidence-based health promotion exists in the service area and begin planning to offer additional classes as budget, staff time, and consumer interest allows.

Successful implementation of these strategies will result in more consumers and units for evidence based health promotion activities.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/1/19:	SFY 2020 Target
Percentage of EAPA Consultation consumers whose needs are met through provider referrals.	75%	100%	75% and 0 missing data	0%	75% and 0 missing data

Progress to date:

NEI3A showed successful outcomes in SFY2018. NEI3A has struggled to find traction for its EAPA program in the first half of SFY 2019. For the remainder of the year, NEI3A is confident of reaching its target of 75% and 0 missing data. NEI3A's goal for SFY 2020 is to have all records with no missing data in order to fully measure this outcome.

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/1/19:	SFY 2020 Target
Percentage of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed.	75%	100%	75%	0%	75%

Progress to date:

NEI3A showed successful outcomes in SFY2018. NEI3A has struggled to find traction for its EAPA program in the first half of SFY 2019. For the remainder of the year, NEI3A is confident of reaching its target of 75% and 0 missing data. NEI3A’s goal for SFY 2020 is to have all records with no missing data in order to fully measure this outcome.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/1/19:	SFY 2020 Target
Percentage of LifeLong Links callers indicating they received the information they were seeking.	90%	98%	90%	97.8%	90% and less than 10% missing data

Progress to date:

Results are promising and above target. NEI3A will continue to train staff to ensure that data is complete.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/1/19:	SFY 2020 Target
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	90%	98.1%	90%	99.3%	90%

Progress to date:

NEI3A is surpassing target measure with options counseling outcomes. NEI3A will continue to train staff and monitor.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/1/19:	SFY 2020 Target
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	50%	40.78%	25%	17.84	50%

Progress to date:

NEI3A provides nutrition education regularly across its area and anticipates being closer to target by the end of SFY 2019.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/1/19:	SFY 2020 Target
Change in consumers receiving nutrition counseling from previous FY (percentage and number).	100%	100%	0%, 2	0%, 3	0%

Progress to date:

NEI3A successfully shifted its nutrition counseling program by using services other than case management as a pipeline to nutrition counseling.

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.

	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of [date]:	SFY 2020 Target
Performance Outcome Measure					
Percentage of Case Management cases closed because case management service was no longer needed.	65%	NA	65%	NA	65%

Progress to date:

No case management clients were discharged in SFY2018 or to date in SFY 2019. NEI3A is currently evaluating data collection and entry to ensure that data is correct and will correct, if necessary, SFY 2019 data.

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.

	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of [date]:	SFY 2020 Target
Performance Outcome Measure					
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	48 months		48 months		48 months

Progress to date:

No case management clients were discharged in SFY2018 or to date in SFY 2019. NEI3A is currently evaluating data collection and entry to ensure that data is correct and will correct, if necessary, SFY 2019 data.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/1/19:	SFY 2020 Target
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	80%	75%	80%	74%	80%

Progress to date:

We believe that at sites where meals are served daily, socially isolated consumers are eating at least 4 meals a month. At some sites, congregate meals may only be offered twice a week. This makes hitting the target of 4 meals month less likely as there are fewer opportunities to receive the service.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/1/19:	SFY 2020 Target
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	90%	80.38%	90%	78.32%	90%

Progress to date:

We believe that at sites where meals are served daily, socially isolated consumers are eating at least 8 meals a month. At some sites, home delivered meals may only be offered twice a week. This makes hitting the target of 8 meals month less likely as there are fewer opportunities to receive the service.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/1/19:	SFY 2020 Target
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	75%	97%	80%	95.3%	80%

Progress to date:

The caregiver program continues to show promising outcomes for its consumers. No adjustment will be made to the 2020 target.

SFY 2020 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	SLP Low Income	SLP Moderate Income
01A: Administration	General Aging								
	Caregiver								
1: Personal Care	General Aging	285	6	4	2	1	1		
2: Homemaker	General Aging	5195	69	26	55	24	27		
3: Chore	General Aging	1000	17	5	14	6	7		
4: Home Delivered Meals	General Aging	171,238	950	235	650	220	250		
5: Adult Daycare	General Aging	750	1						
6: Case Management	General Aging	1,600	220	75	145	60	69		
7: Congregate Meals	General Aging	90,305	1900	1028	1856	297	300		
8: Nutrition Counseling	General Aging	10	2	2					
9: Assisted Transportation	General Aging	4,700	152	70	120	41	49		
10: Transportation	General Aging	3,850	70	27	65	21	28		
11: Legal Assistance	General Aging	315	315	100	200	25	100		
12: Nutrition Education	General Aging	6,000	575	200	275	98	107		
13: Information & Assistance	General Aging	5,975	2,970	1,000	1,900	250	275		
14: Outreach	General Aging	3,115	294	59	280	100	120		
A01: Material Aid: Home Mod/Repair	General Aging	14	14	6	7	1	1		

SERVICE		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty	SLP Low Income	SLP Moderate Income
B02: Health Promotion non Evidence-Based	General Aging	9,445	520	200	300	80	90		
B04: Emergency Response System	General Aging	1,198	100	20	42	6	9		
B07: Evidence Based Health Activities	General Aging	280	170	50	120	7	20		
C07: EAPA Consultation	General Aging	300	60	25	19	0	10		
C08: EAPA Assessment & Intervention	General Aging	250	55		55		3		
C09: EAPA Training & Education	General Aging								
C10: Self-Directed Care	General Aging								
C12: EAPA Non-Consumer Consultation	General Aging								
D01: Training & Education	General Aging	90	665	100	200				
E05: Options Counseling	General Aging	900	300	75	180	55	70		
F02: Material Aide	General Aging								
CG1: CG Access Assistance	Caregiver								
CG2: CG Self-Directed Care	Caregiver								
CG3: CG Counseling	Caregiver	300	198	40	150	2	10		
CG4: CG Information Services	Caregiver	60	60	5	20	1	8		
CG5: CG Respite	Caregiver	5,500	59	26	29	5	10		

SERVICE		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty	SLP Low Income	SLP Moderate Income
CG6: CG Supplemental Services	Caregiver	143	15	4	15	2	2		
CG7: CG Home Delivered Meals	Caregiver								
CG8: CG Options Counseling	Caregiver	300	90	20	60	5	5		
CG9: CG Case Management	Caregiver	500	70	25	40	6	8		
CG10: CG Information and Assistance	Caregiver	780	200	45	60	12	18		
CG11: CG Support Groups	Caregiver	72	60	45	15				
CG12: CG Training	Caregiver	250	75	30	15	1	2		
CG24: CG Respite Care Out-of-Home (Day)	Caregiver	600	1		1		1		
GO1: GO Access Assistance	Caregiver								
GO2: GO Self-Directed Care	Caregiver								
GO3: GO Counseling	Caregiver								
GO4: GO Information Services	Caregiver								
GO5: GO Respite	Caregiver								
GO6: GO Supplemental Services	Caregiver								
GO7: GO Home Delivered Meals	Caregiver								
GO8: GO Options Counseling	Caregiver								

Self-Direction Service Delivery

Agency does **not** use a self-direction service delivery approach to providing services to older adults and/or caregivers.

OR

Agency utilizes a self-direction service delivery approach to providing services to older adults and/or caregivers.

These services are delivered using a self-direction service delivery approach:

Services:

The following table shows the number of persons expected to be served using a self-direction service delivery approach and the amount of funds by funding source projected to be expended under this service delivery approach.

Item	Projection
Persons Served - Older Adult	#
Projected Title IIIB Expenditure - Older Adults	Amount
Projected Other - State Expenditure - Older Adults	Amount
Projected Other - Non-State Expenditure - Older Adults	Amount
Projected Program Income Expended - Older Adults	Amount
Persons Served - Caregivers of Older Adult	#
Projected Title IIIE Expenditure - Caregivers Older Adult	Amount
Projected Other - State Expenditure -Caregivers Older Adult	Amount
Projected Other - Non-State Expenditure - Caregivers Older Adult	Amount
Projected Program Income Expended -Caregivers Older Adult	Amount
Persons Served - Older Relative Caregivers	#
Projected Title IIIE Expenditure - Older Relative Caregivers	Amount
Projected Other - State Expenditure --Older Relative Caregivers	Amount
Projected Other - Non-State Expenditure - Older Relative Caregivers	Amount
Projected Program Income Expended - Older Relative Caregivers	Amount

Caregiver Respite Voucher

Agency does **not** use a voucher method for caregivers to obtain respite services.

OR

Agency utilizes a voucher method for caregivers to obtain respite services.

The following table shows the number of persons expected to be served using a voucher method for caregiver respite and which funding sources are expected to be utilized for the vouchers.

Item	Projection
Persons Served - Caregivers of Older Adults	#
Does AAA intend to use the funding sources listed below to provide respite services for Caregivers of Older Adults through vouchers?	
OAA Title III E federal funds	Y or N
Other - State Expenditure	Y or N
Other - Non-State Expenditure	Y or N
Program Income Expended	Y or N
Persons Served - Older Relative Caregivers	#
Does AAA intend to use the funding sources listed below to provide respite services for Older Relative Caregivers through vouchers?	
OAA Title III E federal funds	Y or N
Other - State Expenditure	Y or N
Other - Non-State Expenditure	Y or N
Program Income Expended	Y or N

Service Coverage

Information & Service Assistance Services

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

Mandatory Services	Alla makee	Black Hawk	Brem er	Buch anan	Butle r	Chick asaw	Clay ton	De la ware	Dubu que	Fayet te	Grun dy	Hardi n	Ho wa rd	Jacks on	Mar shall	Powe shiek	Tama	Winn eshie k
Case Management	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Consultation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Information & Assistance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Assistance: Information & Assistance (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Assistance: Case Management (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Counseling (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Optional Services	Alla makee	Black Hawk	Brem er	Buch anan	Butle r	Chick asaw	Clay ton	De la ware	Dubu que	Fayet te	Grun dy	Hardi n	How ard	Jacks on	Mars hall	Powe shiek	Tama	Winn eshie k
Assistance: Information & Assistance (Older Relative Caregiver)																		
Assistance: Case Management (Older Relative Caregiver)																		
Counseling (Older Relative Caregiver)																		
Options Counseling (Older Relative Caregiver)																		

Nutrition & Health Promotion Services

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

Mandatory Services	Alla mak ee	Bl ac k H a w k	Bre mer	Buc han an	But ler	Chic kasa w	Clay ton	Del aware	Dub uque	Fay ette	Gr undy	Har din	Ho ward	Jac kson	Mar shal	Pow eshi ek	Ta ma	Winn eshi ek
Congregate Meals	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
Evidence-Based Health Activities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Promotion & Disease Prevention	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meals	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Optional Services	Alla mak ee	Bl ac k H a w k	Bre mer	Buc han an	But ler	Chic kasa w	Clay ton	Del aware	Dub uque	Fay ette	Gr undy	Har din	Ho ward	Jac kson	Mar shal	Pow eshi ek	Ta ma	Winn eshi ek
Home Delivered Meal (Family Caregiver)																		
Home Delivered Meal (Older Relative Caregiver)																		

Services to Promote Independence

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

Optional Services	Alla mak ee	Blac k Ha wk	Bre mer	Buc han an	Butl er	Chic kas aw	Clay ton	Del aware	Du bu que	Fay ette	Gr undy	Har din	Ho ward	Jac kson	Ma rsh all	Po we shi ek	Ta ma	Winn eshi ek
Adult Day Care / Health		X		X					X									
Assisted Transportation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Behavioral Health Supports																		
Chore	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Emergency Response System																		
Homemaker	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Optional Services	Alla mak ee	Blac k Ha wk	Bre mer	Buc han an	Butl er	Chic kas aw	Clay ton	Del aw are	Du bu qu e	Fay ette	Gr un dy	Har din	Ho wa rd	Jac kso n	Ma rsh all	Po we shi ek	Ta ma	Wi nn esh iek
Material Aid	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Outreach	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Personal Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Training & Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Transportation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Information Services (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Respite Care: <ul style="list-style-type: none"> • In-home(day) • Out-of-home (day) • Out-of-home (overnight) • Other (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Support Group (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Training (Family Caregiver)																		
Information Services (Older Relative Caregiver)																		
Options Counseling (Older Relative Caregiver)																		

Optional Services	Alla mak ee	Blac k Ha wk	Bre mer	Buc han an	Butl er	Chic kas aw	Clay ton	Del aw are	Du bu qu e	Fay ette	Gr un dy	Har din	Ho wa rd	Jac kso n	Ma rsh all	Po we shi ek	Ta ma	Wi nn esh iek
Respite Care (Older Relative Caregiver)																		
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repai rs • Legal/Financial Consultation • Homemaker/Chore/ Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Older Relative Caregiver)																		
Support Group (Older Relative Caregiver)																		
Training (Older Relative Caregiver)																		

Service Coverage Changes

NEI3A's lease with the Delaware County Senior Center was terminated 10/31/2018. As such, NEI3A is not currently offering congregate meals, health promotion, evidence based activities, or nutrition education in Delaware County. This is anticipated to be temporary until new venues are located.

Area Plan Service Waiting List

Agency does **not** have a waiting list for any services.

OR

Agency has a waiting list for services as indicated in the following table.

Service with Waiting List	Typical Number of Individuals on Waiting List	Ave Waiting List Time	Waiting List Prioritization Criteria
Home delivered meal	10	1month	In development for SFY 2020

NEI3A will provide its waiting list policy upon request in electronic or print format.

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.

[Insert updated information on quality management activities that the agency will implement during the plan period.]

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: Northeast Iowa Area Agency on Aging

Updated On:

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Joyce Denczek	4388 Camelot Dr, Apt 1	Dubuque 52002	Dubuque	563.580.6106 denczekjoyce@gmail.com	2021

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Jean Maddux	3605 Inverness Road	Waterloo 50701	Black Hawk	319.235.7654 gmaddux@mchsi.com	2026

Secretary/Secretary-Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires
Vicki Rowland	64 Pine Street	Clermont 52135	Fayette	319.521.1738 superrowland@yahoo.com	2020

Treasurer, (if separate officer)

Name	Address	City & Zip	County	Phone & Email	Term Expires
Elaine Eshbaugh	217 Latham Hall, UNI	Cedar Falls 50614-0322	Black Hawk	319.830.5536 elaine.eshbaugh@uni.edu	2022

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires
Jacob Bates	1930 Richard Road	Cedar Falls 50613	Black Hawk	319.231.6010 manager@parkplaceretirement.com	2027
Rev. Joe Greemore	2109 W. 3 rd St	Waterloo 50701	Black Hawk	319.234.1537 jgreemore@iliff.edu	2027
Shirley Helmrichs	1933 255 th St	Manchester 52057	Delaware	563.927.2515 supervisors@co.delaware.ia.us	2021
LuAnn Goeke	201 West Platt St	Maquoketa 52060	Jackson	563.652.1755 jcbos@co.jackson.ia.us	2020
Dean Thompson	217 Riverview Dr	Decorah 52101	Winneshiek	563.419.6047 Dean.thompson@co.winneshiek.ia.us	2021
Dan Byrnes	1044 State	Waukon 52172	Allamakee	563.568.1075 danebyrnes@gmail.com	2023

	Highway 76				
Patrick Murray	531 3 rd Ave East	Cresco 52136	Howard	319.240.9433 pmurray@co.howard.ia.us	2027
Kathy Babcock	PO Box 355	New Hampton 50659	Chickasaw	641.394.4053 kbabcock@iowatelecom.net	2022
Greg Orwoll	2635 West 32 nd St	Dubuque 52001	Dubuque	563.564.9156 greg@duridedbq.com	2027
Clark Wilharm	117 11 th St	Waverly 50677	Bremer	319.352.2234 clark@larrabeecenter.org	2020
Dan Anderson	1640 370 th St	Tama 52339	Tama	641.750.2430 sudanfarms@hughes.net	2023
Diana Dawley	1037 510 th Ave	Montezuma 50171	Poweshiek	641.325.1034 dddawley@gmail.com	2026
Marna Mitchell- Butler	PO Box 508	Baxter 50028	Marshall	641.752.4618 Marna.mitchellbutler@insurecentraliowa.com	2026
Connie Perry	30364 O Ave	New Providence 50206	Hardin	319.929.0173 Connie.perry@unitypoint.org	2027
Jessica Ledtje	508 Main St	Reinbeck 50669	Grundy	319.277.3355 jessical@mylsb.com	2027

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)

#3 – Connie Perry who previously satisfied this criterion now serves on the NEI3A policy board
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Advisory Council for: Northeast Iowa Area Agency on Aging
Updated on: 11/20/2018

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Bob Brown	5311 Hyacinth Dr #50	Cedar Falls 50613	Black Hawk	319.266.5062 Bobnjudyb62@aol.com	2022	1,2,5

Vice Chair

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

Secretary/Secretary Treasurer

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

Treasurer (if separate officer)

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

Other Members:

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Jerry Gade	506 E Maple Ave	Conrad 50621	Grundy	641.366.2941 bigade@earthlink.net	2022	1,2
Sheila Bohr	RSVP 2101 Kimball Ave Ste 121	Waterloo 50701	Black Hawk	319.272.2552 Rsvpwaterloo1@hotmail.com	2022	1,2,4,5

Linda Von Holten	Central IA RSVP 2608 2 nd St E	Marshalltown 50158	Marshall	641.752.0279 mcvvc@cirsvp.org	2022	2,5
Sharon Harms	17203 F Ave	Wellsburg 50680	Grundy	641.869.5168 harmssharon@yahoo.com	2022	1,2,7
Mike Gilchrist	PO Box 255	Toledo 52342	Tama	239.770.6203 mike@awe Iowa.com	2022	1,2,7
Rosie Bruns	821 Hammond Ave	Waterloo, 50702	Black Hawk	319.290.3757 rosiebruns@gmail.com	2022	1
Ron Welper	1120 W 8 th St	Waterloo 50702	Black Hawk	319.234.6013	2022	1,6
Patrick Ross	229 E Park ave	Waterloo 50703	Black Hawk	319.233.5213 eholm@incog.org	2022	4
Marcia Bauer	2309 Muncy Ave	Waterloo 50701	Black Hawk	319.233.8615 Marcia.bauer@blind.state.ia.us	2022	3
Ralph Kremer	2265 Quasqueton Diagonal Blvd	Independence 50644	Buchanan	319.332.1315	2024	1
Valerie Nehl	531 Commercial St	Waterloo 50701	Black Hawk	319.232.6657 Valerie.nehl@grassley.senate.gov	2022	6
Lamoyne Gaard	931 Summer St	Grinnell 50112	Poweshiek	641.236.3598 lamoyne@iowatelecom.net	2022	1
Gerry Rea	3197 McCarthy Rd	Bernard 52032	Dubuque	563.879.3412	2022	1,5,7
Wanda Cornelius	31578 150 th St	Bellevue 52031	Jackson	563.672.3262	2022	1,5,7
Mary Hamann	3796 123 rd Ave	Maquoketa 52060	Jackson	563.357.6635	2022	1,5,7
Richard Rossmann	432 W South St	Preston 52069	Jackson	563.689.5561	2022	1,5,7
Lori Egan	305 Montgomery	Decorah 52101	Winneshiek	563.568.1290 Egan.lori66@gmail.com	2027	5,7
Fran Zichal	PO Box 308	Elkader 52043	Clayton	563.245.2342	2022	1,7
Linda Rildihaugh	1408 E Knoll Ct	Oelwein 50662	Fayette	319.283.3006	2022	1,7
Mary Jo Wilhelm	414 North Elm	Cresco 52136	Howard	563.547.4156 Mjwilhelm414@msn.com	2027	2,6
Sandy Chilson	366 Willard St	Lime Springs 52155	Howard	563.203.1226 Sandy_chilson@yahoo.com	2027	1,7
Les Askelson	908 Pine Ridge Ct	Decorah 52101	Winneshiek	563.382.5845 les@kvikradio.com	2022	5,7

LifeLong Links Advisory Council

LifeLong Links Advisory Council for: Northeast Iowa Area Agency on Aging

Updated On: 3/1/19

Name	Organization	Address	City & Zip	County	Phone & Email
Pat Murray	Howard County Supervisors	531 3 rd Ave East	Cresco 52136	Howard	319.240.9433 pmurray@co.howard.ia.us
Kristi Shannon	Northeast Iowa Area Agency on Aging	2101 Kimball Ave Ste 320	Waterloo 50702	Black Hawk	319.874.6858 kshannon@nei3a.org
Cara Ferch	Northeast Iowa Area Agency on Aging – Veterans Directed Program	20 E. State St	Marshalltown 50158	Marshall	641.753.4648 cferch@nei3a.org
Todd Rickert	County Social Services	704 H Ave	Grundy Center 50638	Grundy	319.824.6779 trickert@countysocialservices.org
Elizabeth Ledvina	Tama County Veterans Affairs	101 South Main	Toledo 52342	Tama	641.484.3160 eledvina@tamacounty.org
Jan Heidemann	Mental Health Disability Service of East Central Region and Bremer County General Assistance	203 1 st Ave NE	Waverly 50677	Bremer	319.352.2993 jheidemann@co.bremer.ia.us
Leah Price	Consumer	300 NW Church St	Leon 50144	Decatur	660.265.6416 Leah.sue.price@gmail.com
Briana Hilmer	At Home with Western Home	5102 S Main St	Cedar Falls 50613	Black Hawk	319.277.7779 Briana.hilmer@westernhome.org
Eric Donat	Consumer	610 East 4 th St #67	Waterloo 50703	Black Hawk	319.404.3544 Eric-donat@hotmail.com
Lynn Peters	Wartburg College Department	100 Wartburg Blvd	Waverly 50677	Bremer	319.352.8472

	of Social Work				
Marna Mitchell-Butler	Senior Living Specialist with Independent Insurance Services	1 E Church St	Marshalltown 50158	Marshall	641.752.4618 Marna.mitchellbutler@insurecentraliowa.com
Teresa Fisher	Department of Human Services	1407 Independence Ave	Waterloo, 50703	Black Hawk	319.291.2441 tfisher@dhs.state.ia.us
Barb Grant	Operation Threshold	1535 LaFayette	Waterloo, 50703	Black Hawk	319.291.2065 bgrant@operationthreshold.org
Dawn Powers	Newel Post Northstar Community Services	1108 Tiffany Place	Waterloo, 50701	Black Hawk	319.234.1391 dpowers@northstarcs.org
Melissa Dunlevy	People Community Health Clinic	905 Franklin St	Waterloo, IA 50703	Black Hawk	319.272.4485 mdunlevy@peoples-clinic.com
Laura Van Horn	Prairie View	18569 Lane Rd	Fayette 52142	Fayette	563.422.5606 administrator@prairieviewiowa.org
Melissa Hovenga	Iowa Northland Regional Housing Authority	211 29 th St NW STE B	Waverly 50677	Bremer	319.483.5079 mhovenga@iowanorthlandregional.org

ATTACHMENTS

Authorized Signatures

Area Agency on Aging Name	Primary Street Address			City & Zip	Type of Agency	Date of AAA Designation
Northeast Iowa Area Agency on Aging	2101 Kimball Ave Ste 320	Waterloo 50702	501c3	7/1/2013		

Authorized Signatures

Area Agency on Aging Name	Primary Street Address	City & Zip	Type of Agency	Date of AAA Designation
Northeast Iowa	3840 W. 9 th Street	Waterloo 50701		

Authorized Signatures for Funding Applications and Contracts

Print Name: Donna K. Harvey


Signature of Executive Director

3/20/19
Date Signed

Print Name: Joyce Denczek


Signature of Chair, Governing Body

3-20-19
Date Signed

Authorized Signatures for Fiscal Reports

Print Name: Donna K. Harvey


Signature of Executive Director

3/20/19
Date Signed

Print Name: Joyce Denczek


Signature of Chair, Governing Body

3-20-19
Date Signed

Print Name: Alyce Schaller


Signature of [Fiscal Staff Title]

Date Signed

Authorized Signatures for Program Reports

Print Name: Donna K. Harvey


Signature of Executive Director

3/20/19
Date Signed

Print Name: [First & Last Name] Greg Zars


Signature of [Title]

3/20/19
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.]

Staffing and Volunteer Information

The following table lists the anticipated number of full and part-time positions at the agency, the number of SCSEP beneficiaries employed at the agency, and the number of volunteers supporting the agency at the start of the SFY 2020 (7/1/2019).

Position	Total Number
Staff (paid) full-time:	48
Staff (paid) part-time:	10
SCSEP Beneficiaries:	0
AAA Volunteers:	1171

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

Nutrition Services

Agency staff reviewed the following Nutrition Services information entered into the case management system (Wellsky) and verified that the information is current as of **3/1/19**.

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 the case management system (Wellsky) and verified that the information is current as of **3/1/19**.

Senior Centers and Focal Points

Agency staff reviewed the Senior Center and Focal Point information entered into the case management system (Wellsky) and verified that the information is current as of **3/1/19**.

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

OR

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

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

Emergency Plan Summary

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

OR

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

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

Direct Service Requests

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

OR

The agency seeks to provide additional service(s) directly in the planning and service area starting in SFY 2020. 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 2020.