IOWA STATE PLAN ON AGING

Federal Fiscal Years 2018-2021

Iowa Department on AGING

Jessie Parker Building
510 E 12th Street, Ste. 2
Des Moines, IA 50319
515.725.3333 | 800.532.3213
www.iowaaging.gov

Kim Reynolds
Governor, State of Iowa

Linda Miller
Director, Iowa Department on Aging

This page intentionally left blank.

VERIFICATION OF **INTENT**

The Iowa Department on Aging hereby submits this State Plan on Aging effective October 1, 2017, for FFY 2018-2021 as required under Title III of the Older Americans Act of 1965, as amended. The Plan was developed in accordance with all rules and regulations specified under the Older Americans Act and the Code of Iowa 231.31.

The Plan includes all required assurances and plans to be carried out by the Iowa Department on Aging, which is the state unit on aging and has been given authority to develop and administer the State Plan on Aging in accordance with all requirements and purposes of the Act. The Iowa Commission on Aging has reviewed the State Plan and resultant changes have been incorporated into the State Plan.

Linda Miller — 6-28-17

Linda Miller, Director
Iowa Department on Aging

Date

Richard Stone — 6-28-17

Richard Stone, Chair
Iowa Commission on Aging

Date

The State Plan on Aging for FFY 2018-2021 is hereby submitted to the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Administration on Aging.

I hereby approve the State Plan and submit the Plan to the Administration on Aging for approval.

Kim Reynolds — 6.26.17

Kim Reynolds, Governor
State of Iowa

Date

This page intentionally left blank.

TABLE OF **CONTENTS**

EXECUTIVE SUMMARY 1

CONTEXT 3

- Iowa's Aging Network 3
- Aging Network's Potential and Target Population 3
- Nutrition & Supportive Services (Title III) and Elder Rights Services (Title VII) 4
- State Long-Term Care Ombudsman Services (Title VII) 8
- Aging Network System Changes 9
- Coordination with Nutrition & Supportive Services for Native Americans (Title VI) 10
- Coordination with Health Care and Social Services Systems 11
- Methodology: Identifying Needs and Developing Goals & Objectives 11

2018-2021 GOALS AND OBJECTIVES 13

- Goal 1: *Iowa Aging Network will support older Iowans, Iowans with disabilities, and caregivers as they make informed decisions and exercise self-determination and control about their independence, well-being, and health* 13
- Goal 2: *Iowa Aging Network will enable older Iowans to remain in their own residence and community of choice through the availability of and access to high quality home and community services and supports, including supports for families and caregivers* 16
- Goal 3: *Iowa Aging Network will protect and enhance the rights and prevent the abuse, neglect, and exploitation of older Iowans and Iowans with disabilities* 22

EFFECTIVE & RESPONSIVE MANAGEMENT 28

END NOTES 29

ATTACHMENTS 31

- A: Assurances & Required Activities 32
- B: Information Requirements 33
- C: Intrastate Funding Formula Requirements 34
- D: Iowa's Aging Network 35
- E: Older Iowans – 2016 Profile 36
- F: OAA Title III Service Trends & Outcomes 37
- G: ACL Discretionary Grant Reports 38
- H: Office of the State Long-Term Care Ombudsman Annual Report (SFY 2016) 39
- I: 2015 Interagency Proficient Workforce Task Force Final Report 40
- J: Senate File 505 Health Consumer Ombudsman Alliance Final Report 41
- K: Summary of Public Comment 42

This page intentionally left blank.

EXECUTIVE **SUMMARY**

Iowans who connect with the aging and disability network of service providers, public programs, and community organizations express a range of service needs and bring with them their own desires, strengths, and insights.

Many simply require information and guidance on services or programs in their community so they can take action on their own to meet their need or assist others. Some need one or two in-home or community-based services to help them maintain their caregiver role or to address an impairment that prevents them from completing routine or physical activities independently. Other Iowans are vulnerable to abuse, neglect, or exploitation, or are at risk for a loss of independence or stable living situation due to a variety of reasons and require a combination of private and public support, resources, services, and connections in order to maintain their quality of life in their residence and community of choice.

Regardless of their service need, Iowans who seek supports and services to remain at home, participate in their community, or learn about healthy lifestyle choices expect those supports and services to address their specific and self-identified needs, be of the highest quality, and be available wherever and whenever they are needed. Iowa's aging network aims to meet those expectations.

In order to perform as our citizens, stakeholders, and fellow professionals expect, the Iowa Department on Aging (IDA) and its partners continue the process of strengthening the state's service delivery system while adapting to new funding reductions and the changing landscape of delivering home and community-based services to older Iowans and caregivers. The IDA is committed to Lean principles of increasing efficiencies, improving communication, and operating under a culture of continuous improvement. It is also taking steps to test innovative solutions to address new trends and ongoing issues, evaluate and refine service delivery, document systemic problems, and keep stakeholders informed. The IDA is optimizing its limited staffing resources by focusing on prioritized service objectives. Against this backdrop, the IDA submits this State Plan on Aging that will guide the department's priorities during State Fiscal Years 2018-2021.

This plan outlines the strategies that the IDA will pursue to achieve its goals, objectives, and expected outcomes. The goals set forth in this plan are based upon the Administration on Community Living's Strategic Plan 2013-2018. The objectives and strategies to achieve those goals and the expected outcomes were informed by advice and guidance from older Iowans and stakeholders, a needs assessment, the Administration for Community Living's Focus Areas, and the IDA's strategic goals, vision, and mission.

The goals that will move Iowa's state plan forward are:

- Goal 1: *Iowa Aging Network will support older Iowans, Iowans with disabilities, and caregivers as they make informed decisions and exercise self-determination and control about their independence, well-being, and health.*
- Goal 2: *Iowa Aging Network will enable older Iowans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.*
- Goal 3: *Iowa Aging Network will protect and enhance the rights and prevent the abuse, neglect, and exploitation of older Iowans and Iowans with disabilities.*

The IDA's planned activities address the realities of state and federal budget limitations, a changing provider landscape and direct care workforce, and competing demands of caregivers. These include:

1. Adhering to a departmental outreach plan that is tailored to the IDA's diverse target populations and focused on emerging trends and topics, including, but not limited to:
   - Informed decision-making and consumer-driven care planning and service implementation.
   - Technology in Aging, Aging in Place and Redesigning Aging as part of the IDA's Dialogue on Aging quarterly series that brings together professionals in the field of aging.
   - Opportunities for improving or maintaining health and well-being through programs and services available throughout Iowa.
   - Signs and impact of abuse, neglect, and exploitation of older Iowans and approaches to resolving instances of abuse, neglect, and exploitation of older Iowans.
   - The rights and responsibilities of long-term care residents, assisted living program tenants, and Medicaid managed care members.
2. Providing technical assistance and training to Iowa's six Area Agencies on Aging on broadening their consumer base and implementing an entrepreneurial, non-profit business management structure with diverse services and revenue streams.
3. Implementing policies and processes to readily identify potentially at-risk consumers who connect with Older Americans Act and related services, and developing referral mechanisms that direct those individuals to additional appropriate service interventions.
4. Implementing reporting requirements for Area Agency on Aging services in order to identify service gaps, causes, and geographic distribution.
5. Implementing a data-driven performance management system to evaluate impact of service delivery, identify best practices or areas for improvement, and share outcomes and trends with citizens and stakeholders.

This State Plan details the strategies the IDA will pursue to take advantage of the changing environment and mitigate barriers so that Iowans who need long-term supports and services to live independently in their residence or community of choice have awareness of and access to the highest quality services available.

CONTEXT

The Iowa Department on Aging (IDA) is required to submit an approved State Plan on Aging to the U.S. Administration for Community Living (ACL) by both federal and state laws in order for the state to receive federal funds under the Older Americans Act of 1965 (OAA), as amended. The OAA mandates that the state plan be based on Area Agency on Aging plans while adhering to sections 305, 306, 307, and 705. (Refer to "Attachment A: Assurances & Required Activities" and "Attachment B: Information Requirements" for details about how the IDA complies with set requirements.) The Code of Iowa directs the IDA to "develop, and submit to the Iowa Commission on Aging for approval, a multiyear state plan on aging" and requires that "the state plan on aging shall meet all applicable federal requirements."

IOWA'S AGING NETWORK

In Iowa, the Commission on Aging, the Iowa Department on Aging, and the Area Agencies on Aging form the backbone of the state's aging network.

Iowa Commission on Aging

The Iowa Commission on Aging is the Iowa Department on Aging's policy-making body. Its duties consist of approving the state and area plans on aging; adopting policies to implement the mandates of the Older Americans Act (OAA); adopting a formula for the distribution of federal OAA funds; designating an Area Agency on Aging for each planning and service area; adopting administrative rules; and other responsibilities.

Iowa Department on Aging

The Iowa Department on Aging (IDA) is a Cabinet-level state agency whose director is appointed by the Governor and confirmed by the Senate. As the designated State Unit on Aging, the IDA is responsible for the application and receipt of federal OAA funds, as well as state appropriations. The IDA administers and provides oversight of federal- and state-funded services delivered by the Area Agencies on Aging. In addition, the Office of the State Long-Term Care Ombudsman that advocates on behalf of Iowa's long-term care residents, assisted living tenants and a portion of the state's Medicaid managed care members, is housed within the IDA.

Area Agencies on Aging

The IDA works in partnership with the state's six Area Agencies on Aging (AAAs). The AAAs serve older Iowans and Iowans with disabilities by coordinating delivery of more than 30 nutrition, supportive, elder rights, and caregiver services, and by monitoring and commenting upon policies, programs, hearings, and community actions that will affect those individuals and their caregivers. (Attachment C contains details on the Intrastate Funding Formula used to distribute OAA Title III funds to the AAAs for service delivery.)

For more details about the organizational structure and responsibilities of Iowa's aging network, refer to "Attachment D: Iowa's Aging Network."

AGING NETWORK'S POTENTIAL AND TARGET POPULATION

Potential Population

Older Americans Act (OAA) services are available to Iowans aged 60 and older, caregivers, residents of long-term care facilities, and families of these individuals. The estimated number of Iowans aged 60 or older is 670,646, or 21.6 percent of Iowa's total population.[i] Approximately one-third of Iowa's households have one or more persons aged 60 or over,[ii] and an estimated 317,000 Iowans provide informal care to parents, spouses, or other adults.[iii]

The Older Iowans Act and related legislation also includes services to Iowans with disabilities seeking information and assistance on independent living supports and ombudsman services for a portion of Iowa's Medicaid managed care members. More than 365,000 Iowans living in the community have a disability, and, of those, 113,809 (31 percent) have an independent living disability.[iv]

Population Trends

Iowans who are aged 65 or older are one of the fastest growing population groups in the state. In 2014, approximately 16 percent of Iowans were 65 years of age or older. By 2030, the percentage of Iowans aged 65+ will grow to approximately 20 percent. According to Iowa's State Data Center, 20 percent of residents in 83 of Iowa's 99 counties will be 65 years of age or older in 2040, compared to 30 counties in 2000.[v]

Rural areas continue to lose population, having dropped by an estimated 3.3 percent since 2005. Nearly 50 percent of Iowa's population lives in nine metropolitan counties. While rural outmigration of younger individuals has slowed, Iowa's rural counties continue to have an older population than urban ones. Workers in the 25-44 age group are steadily moving out of rural areas. This imbalance presents challenges not only to service providers addressing the needs of older Iowans, but also to caregivers who are not likely to live in close proximity to their older relatives.[vi] (Refer to "Attachment E: Older Iowans – 2016 Profile" for additional information.)

NUTRITION & SUPPORTIVE SERVICES (TITLE III) AND ELDER RIGHTS SERVICES (TITLE VII)

The Nutrition and Supportive Services available under Title III of the OAA, and the Elder Rights Services available under Title VII, include meals, chore services, homemaker services, personal care, transportation, legal assistance, caregiver services, and more. Most services are available to anyone aged 60 or older; some, like caregiver services, are available to younger individuals. No income or resource restrictions apply. However, the OAA mandates that State Units on Aging and AAAs "give full and special consideration to older citizens with special needs in planning [comprehensive support] programs, and, pending the availability of such programs for all older citizens, give priority to the elderly with the greatest economic and social need."[vii] As a result, agencies evaluate capacity and service reach to all older Iowans, with an emphasis on those who live in a rural area, are members of a racial minority group, report low income, or have limited English proficiency. A review of all individuals receiving at least one nutrition, supportive, or elder rights service shows that Iowa's Area Agencies on Aging are reaching the target population in proportion to their representation in the state, with one exception as noted below. (Refer to "Attachment F: OAA Title III Service Trends & Outcomes" for SFY 2016 service information).

Rural Older Iowans

Unlike most rural areas nationwide, Iowans living in rural areas are wealthier than those in urban areas.[viii] Recent census data demonstrates that, for the past 10 years, the income of rural Iowans has been consistently higher. The income gap between rural and urban Iowans has ranged from 16-18 percent ($9,000-$10,000) in 2008-2011 to 9-10 percent ($5,000-$5,700) in 2014.[ix] Income from commercial farming is a contributing factor to this gap. This income information is salient to the aging network because rural counties in Iowa have a higher percentage of older Iowans than urban counties. Further, agricultural census data shows that a significant percentage of older Iowans own or operate farmland. Over half of farmland is owned by someone over the age of 65, with 68.5 being the average age of the principal landowner.[x] In 2012, the average age of the principal farm operator was 57.1.[xi]

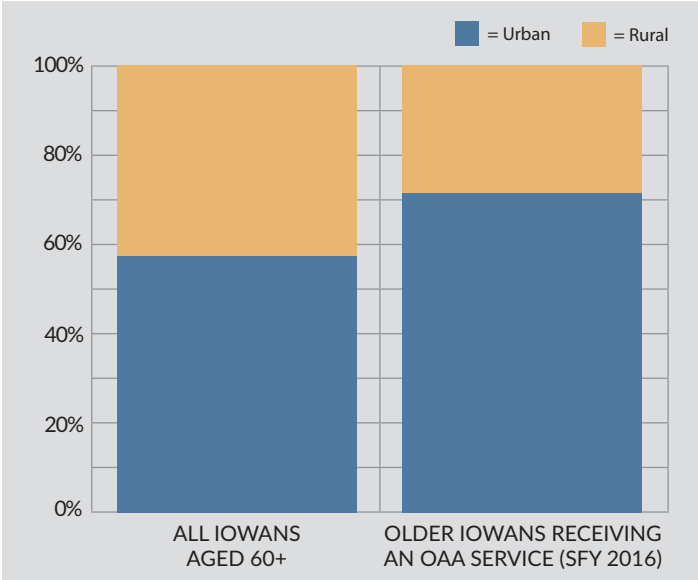


FIG. 1: Percentage of older Iowans living in rural areas and percentage of older Iowans living in rural areas who were served

Because OAA Title III services traditionally target those with the greatest economic need, it is not unexpected that the percentage of rural, older Iowans served is lower than their

representation in the state. Yet, this population may be one that could benefit from OAA services due to the outmigration of younger persons, a lack of providers, increased distances between health services, and an increasing number of caregivers or other natural supports living at a distance.

With its extensive agri-business based economy, Iowa's rural economy is sensitive to agricultural market changes. In recent years (2016 and 2017, to date), commodity prices have fallen below production costs. This situation results in both a loss of private income and state revenues.

Older Iowans who are Minorities

Iowa is a racially homogeneous state, with 91.8 percent reported as white only. The racial makeup of Iowa's population over age 60 is less diverse than the general population, with 97.2 percent reported as white only.[xii] A review of racial and ethnic characteristics of consumers who received at least one OAA Title III or VII service shows that the AAAs are reaching this target population generally. Of older Iowans who received an OAA service and reported their race, 5 percent (2,351) reported a minority race.

Older Iowans who are minorities are most likely to enter the AAA service delivery system through Information and Assistance, Case Management, or the Congregate Meal program. Because older Iowans who are minorities have traditionally connected with the AAAs through referrals made by the Medicaid system, the AAAs will need to implement different outreach approaches that are culturally appropriate for this population.

Older Iowans with Low Income

The estimated poverty rate for Iowans aged 60 and older is 7.4 percent compared to 12.5 percent for all Iowans.[xiii] A majority of Iowans aged 60 and older receive Social Security income (78.8 percent).[xv] Older Iowans do not supplement their income with available public benefits to the same extent as other demographic populations.[xvi] While percentages vary by public benefits programs, some older Iowans who may be eligible for public benefits do not receive them.

Older Iowans with the greatest economic need are well represented in AAA service delivery. Service data shows that, of those who received at least one service and for whom poverty status was determined, nearly 40 percent were at or below the federal poverty level (FPL).[xvii] Nearly 80 percent of those served were determined to be at 185 percent of FPL.[xviii] Income and resource limits for public benefits are not uniform; however, many set income limits at 150% FPL.

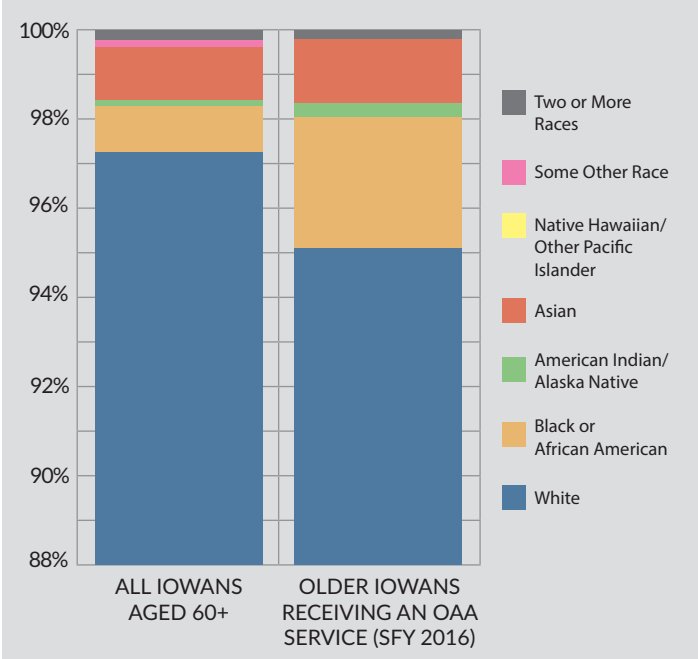


FIG. 2: Percentage of older Iowans by race and percentage of older Iowans by race who were served

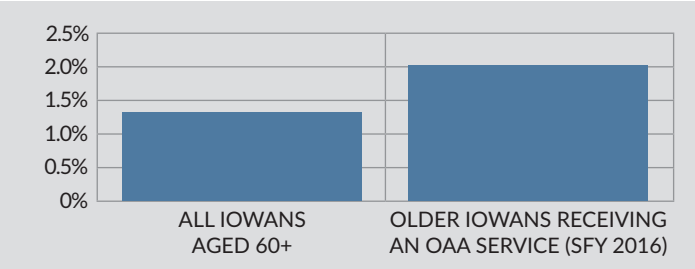


FIG. 3: Percentage of older Iowans (Hispanic/Latino) and percentage of older Iowans (Hispanic/Latino) who were served

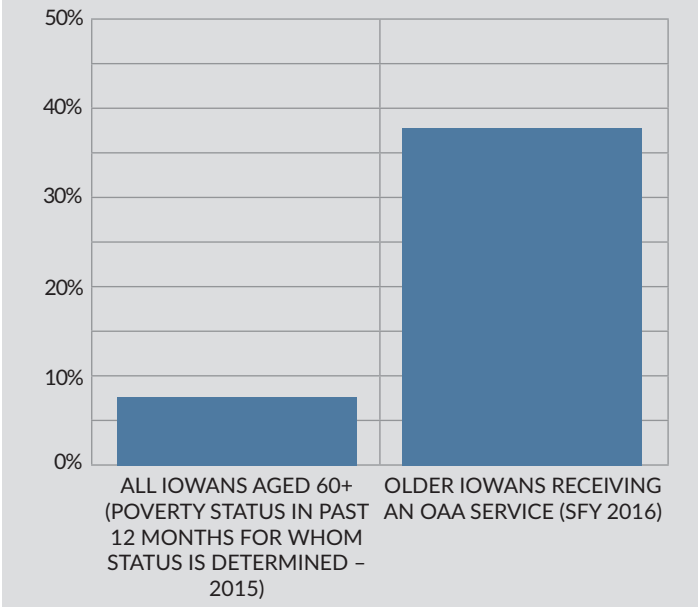


FIG. 4: Percentage of older Iowans living at or below 100% FPL and percentage of older Iowans living at or below 100% FPL who were served

A review of the income information demonstrates that many older Iowans who are accessing AAA services are not likely to be eligible for other public benefits. While evaluating income information is an important measure of potential need, it is worth noting that resources such as pensions, annuities, and property beyond primary residence can disqualify an individual with low income from benefits programs.

Older Iowans with Limited English Proficiency

A small percentage of Iowans over the age of 60 have limited English proficiency. Three percent of older Iowans (approximately 20,100) reported speaking another language and, of those, nearly half reported that they did not speak English well or at all.[xix] In Iowa, small pockets of varied immigrant populations with English as a second language are found throughout the state. As a result, the AAAs are mindful of changes to their communities and understand they need to be sensitive to cultural differences in service delivery, outreach activities, and public education approaches. They cannot develop robust strategies designed specifically for those different populations; instead they tailor services to older Iowans who have limited English proficiency in consultation with other resources. The IDA's previous reporting system did not track data regarding the English proficiency of registered consumers. However, starting in SFY 2017, the IDA adopted a new reporting system and revised intake forms to track this characteristic.

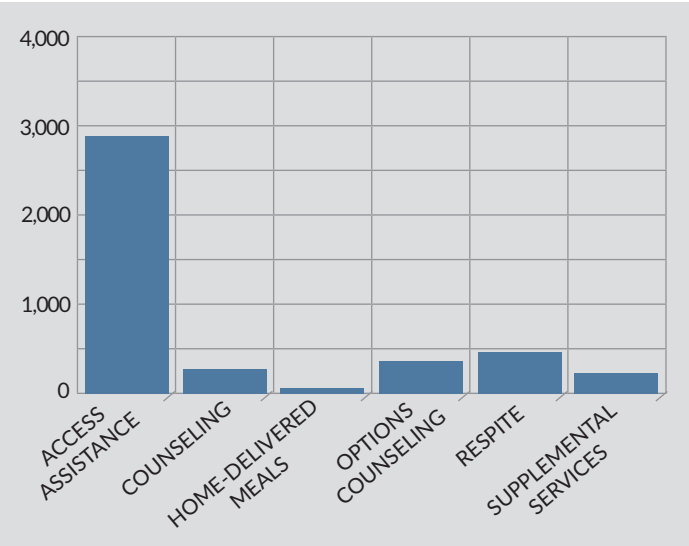


FIG. 5: Number of caregivers in SFY 2016 served by OAA Title III-E Caregiver Services

Caregivers

Caregiver services available under Title III-E of the OAA are for family caregivers who care for older individuals or individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction. A Lewin Group study of the OAA Title III-E National Family Caregiver Support Program found that most caregivers are white, middle-aged daughters or wives of the care recipient. Most of those individuals who identify as caregivers are younger; with only 7 percent of caregivers reporting an age of 75 or older. The low number of older caregivers may be due to the fact that older individuals who provide care to a partner or spouse often do not view themselves as a caregiver. In addition, older partners often support one another, so it can be difficult to identify caregiver and care recipient.[xx]

The AARP Public Policy Institute's *Caregiving in the U.S. 2015 Report* indicated that 34 percent of the nearly 40 million caregivers are working. Typically, they provide an average of 24.4 hours of care each week and report high levels of emotional and financial stress. Millennials are a growing sub-population of caregivers.[xxi] Like the national study, a 2015 AARP survey conducted in Iowa noted that respondents were mostly female, between the ages of 55 and 64, and worked full or part time.[xxii]

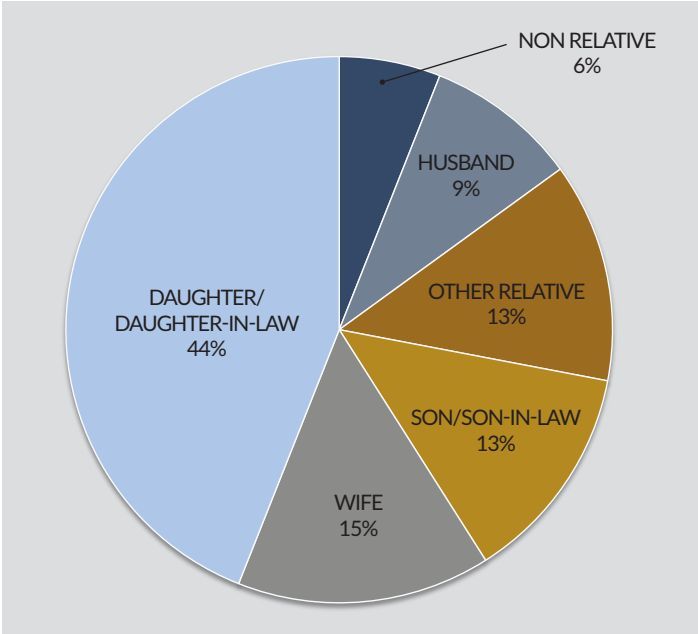


FIG. 6: Caregivers served in SFY 2016 by OAA Title III-E Caregiver Services by relationship to care recipient

The type of care a caregiver provides varies greatly depending on the proximity between caregiver and care recipient, the care recipient's conditions and needs and the availability of health care and service providers. The AARP Iowa survey found that more than 80 percent of caregiver respondents indicated they provided assistance in the form of shopping, household chores, and transportation. More than 60 percent of respondents managed medications and/or medical tasks. Finally, nearly 60 percent said they used their own money to

help provide care and nearly 70 percent said they altered their work schedules to provide care.[xxiii]

An Administration on Aging research brief reported that, of those who received OAA-funded caregiver services, a majority (72 percent) identified respite care as the most useful. For those who did not receive respite care, many said assistance in connecting to resources was most helpful (42 percent), followed by the receipt of supplemental goods and services (32 percent), and training, counseling, or support groups (25 percent).[xxiv]

The Iowans who received caregiver services through the AAAs are consistent with profiles of caregivers nationally. The majority were a daughter/daughter-in-law and half were younger than 60. The most frequently provided service to caregivers was access assistance to caregiver information and supports.

Title III-E Caregiver services are also available for grandparents who serve as the primary caregiver for a grandchild aged 18 or younger, as well as for older adults who serve as the primary caregiver for a child aged 19-59 with a disability. Grandfamilies (kinship families) are families in which children reside with and are being raised by grandparents or other extended family members. In Iowa, nearly 16,000 grandparents are responsible for their grandchildren.[xxv] Iowa's AAAs served 111 older relative caregivers through access assistance, counseling, and respite care services.

Iowa's Lifespan Respite Care Program is a time-limited source of support for Iowa caregivers. In FFY 2014, the IDA received a three-year Administration on Community Living (ACL) discretionary grant to work in partnership with the Iowa Lifespan Respite Coalition to enhance and expand lifespan respite care statewide. This program currently provides families with a stipend for emergency or crisis situations when respite care is needed. Frequently, caregivers fall in the "sandwich generation," caring for aging parents as well as their children, grandchildren and/or adult children with disabilities. This program serves caregivers providing care to individuals across the age and disability spectrum. Caregivers with emergency medical needs, emotional stress or other crisis situations can access these program funds to help maintain their caregiving role. Families are also connected to LifeLong Links or other service providers for continued respite and other long-term supports. Since March 2014, this program has provided services to 361 families. (Refer to "Attachment G: ACL Discretionary Grant Reports" for the most recent progress report.)

Title III (Nutrition and Supportive Services) and Title VII (Elder Rights) – Unserved or Underserved Older Iowans

The characteristics of older Iowans served varies by the service(s) they receive. Generally, older Iowans who received services that are based in the community or assist in community activities, such as congregate meals or nutrition education, are less likely to report difficulties related to routine activities, like managing money or shopping, or impairments related to physical activities, like walking or bathing. They are usually younger, live in a rural area, and tend to report a higher income. Conversely, older Iowans who received services in their home, such as home-delivered meals, case management, or chore services, are older and often report multiple impairments related to routine activities or physical activities. They are also more likely to live alone, live in an urban area, report lower income, or be members of a minority population.

This profile shows that, in general, services are being delivered based on an individual's reported need. However, a comparison of self-reported impairments and services received shows that improvements can be made in addressing those difficulties. In addition, service reach to the target population varies by service, with some groups underrepresented in specific services. In particular, older Iowans with incomes greater than 185 percent of the federal poverty level are not well-represented in services. Caregivers are also a population that should be targeted for increased service reach; however, funding amounts will likely not allow service expansion to adequately address the needs of the large potential caregiver population in Iowa. Older Iowans who are homeless or those who are exiting the correctional system are two at-risk population groups who often require significant service interventions. Anecdotally, the AAAs have been reporting an increase in the number of homeless seniors or seniors living in temporary housing situations accessing services. Prison population studies show that the percentage of Iowa inmates over the age of 50 tripled from 1993 to 2013. Projections show that this older inmate population is expected to increase by 60 percent in the next decade.[xxvi] As these individuals are released from correctional facilities, they are likely to require a host of support services.

A report issued by the U.S. Government Accountability Office (GAO) in 2011 challenged the aging network to develop methods to better understand the extent of unmet need for services for older individuals.[xxvii] While the IDA has made strides in identifying characteristics of those who receive services and potentially unserved/underserved older Iowans, more will be accomplished. A new information system adopted by the IDA greatly enhances its ability to analyze service impact and gaps and evaluate whether the aging network is meeting consumers' self-identified needs. The new system will allow the IDA and the AAAs to better understand the service gaps encountered by those who connect with local providers and develop new approaches to address them.

STATE LONG-TERM CARE OMBUDSMAN SERVICES (TITLE VII)

The Office of the State Long-Term Care Ombudsman (OSLTCO) serves as an advocate and resource for residents and tenants who receive services and supports while residing in Iowa's long-term care facilities and assisted living programs, as well as for Medicaid managed care members enrolled in one of Medicaid's seven home and community-based service (HCBS) waiver programs.[xxviii] In order to address the needs of this diverse population, the office divides duties among the Long-Term Care Ombudsman Program, the Volunteer Ombudsman Program, the Managed Care Ombudsman Program and Involuntary Discharge Assistance. (Refer to "Attachment H: Office of the State Long-Term Care Ombudsman Annual Report (SFY 2016)" for details about the OSLTCO's organizational structure, mandates, and services.)

Long-Term Care Facility Residents and Tenants

Iowa currently has 848 long-term care facilities, which includes nursing and residential care facilities, elder group homes, and assisted living programs. In total, these facilities have 54,209 beds.[xxix] Of the Iowans estimated to be living in a nursing facility, 60 percent live in an urban area and 90 percent are age 65 or over.[xxx] Residents of nursing and residential care facilities are a mix of those who are receiving short-term skilled rehabilitation care with the aim of returning home and those who need long-term care with an indefinite stay.

Currently, eight local long-term care ombudsmen provide services to this population; a ratio of 1 ombudsman to 6,776 potential consumers. Last year, local long-term care ombudsmen and staff served 17,332 residents and tenants, handled 1,171 complaints, and managed 708 cases. They provided education, training and technical assistance to 11,489 individuals, including volunteers, facility staff, media and the community. The Involuntary Discharge Specialist worked with over 300 residents and tenants who received involuntary discharge/eviction notifications. The Volunteer Ombudsman Program augments the work of these professionals. In 2016, the Volunteer Ombudsmen provided 3,825 hours of service to 2,348 Iowans living in 84 of the state's long-term care facilities.

Medicaid Managed Care

With the passage of Medicaid modernization legislation (SF 505), the state legislature designated the OSLTCO to house the Long-Term Services and Support Ombudsman, with administrative oversight from the Department of Human Services. In Iowa, the Long-Term Services and Support Ombudsman Program is known as the Managed Care Ombudsman Program. It serves Medicaid managed care members who receive care in a health care facility; reside in an assisted living program or elder group home; or are enrolled in one of the Medicaid HCBS waiver programs (AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Health and Disability, Intellectual Disability, or Physical Disability).

As of September 30, 2016, over 568,000 Iowans were enrolled in Iowa's Medicaid managed care program. For the majority of Medicaid recipients, coverage is limited to health benefits. Six percent (36,825) of these individuals also received long-term supports and services in a long-term living facility (14,015) or through a home and community-based (HCBS) waiver (22,810).[xxxi]

Iowa Medicaid Enterprise does not currently have a breakdown by age (child, adult aged 18-64, or adult aged 65 or over) for those receiving HCBS waiver services.

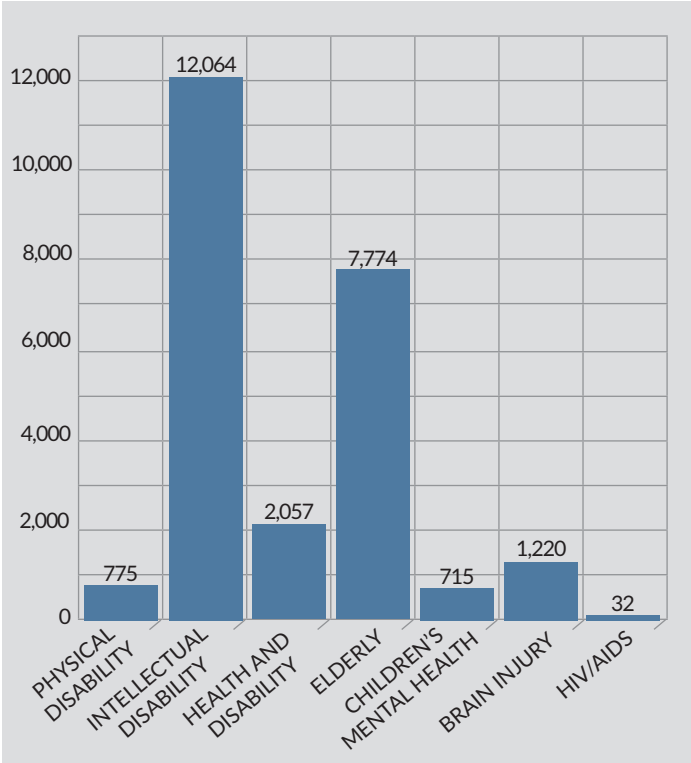


FIG. 7: Number of Iowa Medicaid managed care members on HCBS waivers as of Sept. 30, 2016

Title VII – Unserved or Underserved LTC Consumers

Currently, local long-term care ombudsmen are working at capacity. As a result, staff prioritize work by focusing on complaint investigations, case resolutions, and outreach activities on trending topics. Long-term care residents and tenants who may be experiencing issues but are not willing to self-advocate or who do not have family or other supports to advocate for them may not be reached with ombudsman services. Traditionally, these individuals are identified through drop-in, non-complaint related visits to facilities throughout an ombudsman's region. While the Volunteer Ombudsman Program helps to fill this gap, several regions in the state lack volunteer support.

Monthly staff reviews on consultation activities revealed that the OSLTCO is receiving more information requests related to long-term care facility placement for individuals who have criminal histories, including sex offenders and ex-felons, those expressing difficult behaviors resulting from mental illness, and those experiencing dementia or related disorders. Iowa has three intermediate care facilities certified to care for individuals with mental illness and behaviors, and all three are currently at capacity. Increasingly, these individuals are required to move to out-of-state facilities, which puts distance between them and their families or other natural supports.

AGING NETWORK SYSTEM CHANGES

A number of system changes in Iowa impacted the service delivery of both the OSLTCO and the state's six AAAs.

Medicaid Modernization

The IDA operates under a separate funding structure and statutory authority from the Iowa Department of Human Services – Iowa Medicaid Enterprise (IME), the agency responsible for administering the state's Medicaid program. However, IME's Medicaid Modernization impacted the IDA and the AAAs. The formal transition to Medicaid Managed Care in Iowa began in February 2015 and was completed in April 2016. Iowa currently has three Managed Care Organizations (MCOs) contracted to coordinate services to Iowa's Medicaid members. This transition impacted nearly all Iowans enrolled in the Medicaid program.[xxxii]

Impact on the OSLTCO

As noted above, the OSLTCO became the entity mandated to provide ombudsman services to Iowa's Medicaid Long-Term Care members. The Managed Care Ombudsman Program helps members understand services, coverage, and access provisions, as well as member rights under Medicaid managed care; provides advice and assistance relating to the preparation and filing of complaints, grievances, and appeals and the state appeals process; and tracks and reports on outcomes of individual requests for assistance, obtaining necessary services and supports, and other aspects of services provided. This transition expanded the potential population to be served by the OSLTCO to include an estimated 36,825 Medicaid Long-Term Care members. This mandate is solely supported through state funds, with $320,000 allocated in SFY 2017 for the program.

Impact on the AAAs

Older Iowans who need case management and other in-home support services (like chore services, transportation, personal care or meals) generally have several options for paying for these services: Medicaid waiver funding, Older Americans Act funding, other state or locally funded programs or out-of-pocket. For lower-income individuals who are determined eligible, Medicaid waivers are an important funding source for these services. As of September 30, 2016, 7,774 Iowans aged 65 or older were receiving Medicaid Elderly Waiver services. Traditionally, OAA funds served as a temporary payment source for older Iowans who needed case management and other support services but were waiting to find out whether they were eligible for Medicaid funds, as well as those who may have had their Medicaid funding temporarily interrupted. OAA funds have also been used to supplement Medicaid waiver funds for in-home support services for some older Iowans. The implementation of Medicaid managed care impacted the AAA service delivery in several ways: 1) AAAs are no longer primary case management service providers for those receiving Medicaid Elderly Waiver services; 2) policies and procedures are being implemented to reduce the number of older Iowans receiving service funding from both Medicaid and OAA sources; and 3) AAAs have an opportunity to become more entrepreneurial by targeting new population groups that can benefit from OAA case management and home-based support services but are not eligible for or enrolled in the Medicaid managed care program.

Involuntary Discharge and Long-Term Care Facility Closures

The OSLTCO began providing dedicated involuntary discharge assistance in 2014 as it began receiving an increased number of requests for assistance on discharge and transfer notices. These situations can take many hours to resolve and require expertise in landlord-tenant laws for those residing in an assisted living program. Last year, discharge notices were issued to 322 residents and tenants. The top four reasons for the discharges were 1) financial reasons, 2) level of care, 3) behavior, and 4) emergency. State law requires that all health care facilities send a copy of involuntary discharge/transfer notices to the OSLTCO.

In the same time period, the OSLTCO began tracking closures of long-term care facilities. In FFY 2015, 10 facilities closed (one Mental Health Institution-Long-Term Care Wing, five Residential Care Facilities, one Assisted Living Program, and three Nursing Facilities) impacting a total of 217 residents/tenants. In 2016, an additional 10 facilities closed (two Nursing Facilities and eight Residential Care Facilities), impacting 102 residents.

State Funding

For SFY 2017, the IDA received an additional $248,871 state appropriation to support the Elder Abuse Prevention and Awareness Program, Office of Substitute Decision Maker, and the Managed Care Ombudsman Program. In addition, $1 million was appropriated for the maintenance of the Aging and Disability Resource Center (ADRC). Unfortunately, a recent slowdown in the agricultural sector resulted in less than expected revenues to the state coffers. This revenue revision had an immediate impact on the SFY 2017 state budget. In February 2017, a de-appropriation resulted in immediate reduction to elderly services funding by 3.8 percent ($477,453) and to the OSLTCO by 3.8 percent ($52,581). The effects of this de-appropriation were a reduction in allotments to the AAAs and funds available for nutrition, supportive services, elder rights services, caregiver services, unmet needs, and ADRC funding. In addition, the IDA has a hiring freeze on five open positions, including one in the OSLTCO. The IDA expects additional reduced funding levels for SFY 2018 and SFY 2019.

Need for AAAs to Diversify Consumer Base and Product Lines

With the reduction in state funding for aging services, the change in the Medicaid system, and an increasing number of older Iowans who could benefit from services, Iowa's AAAs need to diversify their consumer base and develop product lines that will generate additional revenue. The AAAs will continue to prioritize OAA and related state-funded services to those older Iowans who are in greatest economic or social need. However, the IDA will focus technical assistance and policy reviews and revisions on topics and direction that encourage the AAAs to develop new markets for their services and implement an entrepreneurial non-profit business model with diverse revenue streams. All older Iowans and caregivers will benefit from this approach, as a consumer base consisting of a mix of private- and public-pay consumers will allow for the expansion of services that meets those individuals' needs.

COORDINATION WITH NUTRITION & SUPPORT SERVICES FOR NATIVE AMERICANS (TITLE VI)

The Meskwaki Nation/Sac/Fox Tribe of the Mississippi in Iowa provides supportive, nutrition, disease prevention/health promotion, and caregiver services to its members under Title VI of the Older Americans Act. The counties included in the tribe's planning and service area (PSA) are also included in the Northeast Iowa Area Agency on Aging (NEI3A) PSA. NEI3Aactively markets the AAA Title III and VII services and LifeLong Links in these counties to raise awareness of and provide an opportunity to access these services.

The IDA is supportive of collaborative opportunities between these two entities. Personnel from the Administration for Community Living, the IDA, NEI3A and the Meskwaki Nation/Sac/Fox Tribe of the Mississippi in Iowa have coordinated efforts regarding the availability of all OAA services. In addition, Christina Blackcloud, the Director of Title VI Services, has been added to the IDA's mailing lists for meetings, conferences, and other current information. The IDA will work with the AAAs to ensure that Iowans who are eligible for Title VI services are also able to access Title III and VII services. The IDA is readily accessible to the tribe to provide technical assistance as requested.

COORDINATION WITH HEALTH CARE AND SOCIAL SERVICES SYSTEMS

To ensure that older Iowans and caregivers receive reliable information and staff remain knowledgeable on statewide services, IDA staff and the AAAs connect with peers in related health care and social services programs through a number of formal and informal meetings and partnerships. In addition to collaborative efforts referenced throughout this plan, IDA staff participate in a number of councils and boards including the Olmstead Taskforce, the Iowa Direct Care Worker Advisory Council, the Iowa Vocational Rehabilitation Services-State Rehabilitation Council, the Iowa Department for the Blind's Independent Living Advisory Council, the Iowa Developmental Disabilities Council, the Iowa Transportation Coordination Council, the Iowa Council on Homelessness, and Regional Workforce Investment Boards.

Falls Prevention Activities

In 2014, IDA received a two-year Administration on Community Living grant to improve the health and independence of Iowans at risk for falls by expanding programs proven to reduce falls risks or incidences and building an effective, sustainable falls prevention network. Partner agencies in this project included the Iowa Falls Prevention Coalition, the Iowa Department of Public Health (IDPH), the Iowa Association of Area Agencies on Aging, the Iowa Public Health Association and the YMCA of Greater Des Moines. At the end of the two-year period, all project outcomes were met and exceeded, except for the Tai Chi program. A total of 1,867 individuals participated in a falls prevention program. The final report for this two-year project details activities and outcomes. Falls prevention activities continue, as IDPH became the recipient of this grant funded project in 2016. IDA continues to be an active partner. (Refer to "Attachment G: ACL Discretionary Grant Reports" for the final report.)

Addressing Needs of Individuals Experiencing Alzheimer's Disease or Related Dementia

In 2014, IDA received a three-year Administration on Community Living Alzheimer's Disease Supportive Services Program (ADSSP) grant to create a dementia-capable network of community supports and services that provide information, education and support to prevent the unnecessary hospitalization or premature institutionalization of Iowans with Alzheimer's disease and related dementias. Through this grant, the Alzheimer's Association of Greater Iowa has worked with AAA staff on recognizing the 10 signs of dementia, utilizing best practices in communicating effectively with families and persons living with dementia, and implementing a reciprocal direct referral process to ensure that families have the resources they need to help individuals living with dementia to remain at home as long as is safely possible. In addition, volunteers completed a usability survey of the LifeLong Links (ADRC) system. Volunteer recommendations to strengthen the system were adopted to ensure LifeLong Links is responsive to this population. Lastly, the project implemented the HERO (Health and Resilience Outreach) evidence-informed program that utilizes volunteers to provide training, education, support, and respite scholarships to enhance caregiver resilience. (Refer to "Attachment G: ACL Discretionary Grant Reports" for the most recent progress report.)

Pursuant to Senate File 505, Section 73, the IDA convened an interagency task force to review past recommendations for a dementia education standard curriculum model and recommend key components to achieve dementia proficiency across the current care continuum in Iowa. Twenty offices, organizations, and agencies participated in the task force. The task force offered 11 recommendations, an implementation timeline, and fiscal implications for recommendations. As noted in the report, two organizations opposed the recommendations. (Refer to "Attachment I: 2015 Interagency Proficient Workforce Task Force Final Report" for the full report.)

Health Consumer Ombudsman (HCO) Alliance Workgroup

Pursuant to Senate File 505, Section 73, the OSLTCO convened a multi-agency workgroup to gather information and provide recommendations for the establishment of a Health Consumer Ombudsman (HCO) Alliance. The workgroup developed a proposal for establishing a coordinated, statewide consumer assistance program to provide unbiased information and assistance to those attempting to navigate the complex system; obtain and understand coverage; and access health services and resolve problems. The workgroup developed five recommendations to carry out the mission of the proposed HCO Alliance and a cost allocation plan for each recommendation. (Refer to "Attachment J: Senate File 505 Health Consumer Ombudsman Alliance Final Report for details.)

METHODOLOGY: IDENTIFYING NEEDS AND DEVELOPING GOALS & OBJECTIVES

The IDA's planning team, program staff, and management team completed an internal review and external scan to identify needs, inform prioritized service gaps, and develop objectives, strategies, and measures that define how the IDA will fulfill its commitment to older Iowans and Iowans with disabilities. The IDA's core commitments to Advocacy, Health Care and Support Services,

and Resource Management are well-represented in this plan and demonstrate the Department's commitment to transparency, accountability, and excellence.

Advice, comments, and perspectives from older Iowans, Iowans with disabilities, and partners in the aging network informed the development of the 2018-2021 State Plan content. The IDA utilized formal requests for public input, routine participation in collaborative initiatives, advisory boards, partner committees, and IDA-sponsored conferences to obtain this information. In particular, the IDA:

- Reviewed and commented on the Area Plans on Aging submitted by the state's six AAAs. The Area Plans provide valuable insight on trends and service needs at the local level. Collaboration among the IDA and the AAAs provide an opportunity to alert all on emerging trends, share best practices, and impart consistency in service delivery for older Iowans, Iowans with disabilities, families, and caregivers.
- Held listening sessions throughout the state as part of the White House Conference on Aging (June 2016).
- Hosted the Governor's Conference on Aging and Disabilities (May 2016), which brought together consumers, providers, and professionals serving these populations.
- Published a draft of the State Plan on the IDA website to receive public comment and held a public hearing on the plan (May 2017).

Staff worked with the State of Iowa's Data Center and reviewed published U.S. Census Bureau tables to obtain current demographic statistics related to older Iowans and Iowans with disabilities. The IDA's data team analyzed consumer and service delivery trend data to identify changes and potentially unserved or underserved Iowans. Staff also utilized the IDA's 2015-2017 Strategic Plan and annual Performance Results Reports to inform plan content.

Other important sources of information included results from discretionary grant activities and other special initiatives and published reports on issues and trends impacting older individuals, individuals with disabilities, and caregivers.

2018-2021 GOALS & OBJECTIVES

The goals set forth in this State Plan are based upon the Administration on Community Living's Strategic Plan 2013-2018. The objectives and strategies to achieve those goals and the expected outcomes were informed by a needs assessment, Administration for Community Living's Focus Areas, and the IDA's strategic goals, vision, mission, and core commitments.

GOAL 1:

The Iowa Aging Network will support older Iowans, Iowans with disabilities, and caregivers as they make informed decisions and exercise self-determination and control about their independence, well-being, and health.

ENSURING STATEWIDE ACCESS TO RESOURCES AND OPTIONS FOR INFORMED DECISION MAKING AND SELF-DETERMINATION

Informed decision-making and self-determination is predicated upon ready access to reliable, objective, and knowledgeable sources of information and counseling. As the designated Aging and Disability Resource Center for the state, the IDA and the AAAs provide this access through LifeLong Links. LifeLong Links is available to any Iowan in need of home and community-based long-term services and supports. Iowans can connect with LifeLong Links services at physical locations across Iowa, call a toll-free call center, or access the LifeLong Links website with an extensive searchable database. LifeLong Links is a single entry point for individuals to receive information, provider referrals, and assistance about topics and services necessary to make informed decisions about long-term supports and services. LifeLong Links supports efforts in the state to ensure that older Iowans are aware of and have access to non-institutional long-term supports and services.

LifeLong Links is also the gateway for individuals who need in-depth services such as caregiver support, access to nutrition programs, elder abuse prevention information, and evidence-based health activities. The AAAs provide options counseling to those individuals who indicate they would like additional information and guidance. Through options counseling, Iowans develop an individualized plan that identifies their independent living or caregiving goals and the services, funding sources, and steps they can take on their own to achieve those goals.

Trends & Identified Service Gaps

- Iowans connecting with LifeLong Links often require a variety of services and supports to address their expressed need, including services that are outside the scope or current capacity of OAA services.
- In SFY 2016, 9,870 consumers received information and assistance services. The most frequent call topics to LifeLong Links continue to be inquiries about insurance counseling (Medicaid/Medicare), home-delivered meals, homemaker services, and transportation.
- In SFY 2016, the AAAs reached 2 percent of the potential population of Iowans who are minorities and living at the federal poverty level through options counseling. The service reach to Iowa's rural consumers was 0.13% of this potential 60+ population.

Objectives and Strategies to Address Service Gaps

Objective 1.1: Ensure a person-centered planning approach among AAA staff who provide information and referral services and/or options counseling.

- Develop a service delivery training model based on a person-centered approach and deliver training and support materials to LifeLong Links personnel statewide.
- Develop cultural competencies training in order to ensure a person-centered approach.
- Monitor options counseling performance outcomes and consumer experience survey responses.

Objective 1.2: Improve or maintain self-determination outcomes for LifeLong Links consumers.

- Review program quality and outcome data quarterly to determine the AAAs' progress toward achieving LifeLong Links performance targets and compliance with area plans.
- Develop performance standards for LifeLong Links services.
- Provide training on benefits/resource planning, working with individuals with disabilities, serving individuals living with Alzheimer's disease or related disorders, partnering with the Department of Corrections on serving older inmates exiting the correctional system, or other topics as determined by quarterly performance reviews.
- Evaluate impact of training through reviews of call topics and referrals related to identified target populations, including individuals living with Alzheimer's disease or related disorders.
- Facilitate quarterly collaborative workgroup that consists of AAA LifeLong Links representatives.

Objective 1.3: Encourage the AAAs to expand range of counseling services utilizing an entrepreneurial non-profit business model.

- Provide technical assistance on implementing an entrepreneurial non-profit business model with revenue-generating product lines in compliance with state and federal laws.
- Implement reporting requirements for identifying and tracking service gaps, including their causes and geographic distribution.
- Provide technical assistance and training on utilizing service data to demonstrate need and impact to potential funders and to identify potential service product lines.
- Provide technical assistance and training to develop marketing collateral to better reach target audiences.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage of Lifelong Links Callers Indicating They Received the Information They Sought	Iowans will receive information in a manner that allows them to make educated decisions about long-term supports and how to obtain them.
Percentage of Options Counseling Consumers Indicating They Received information to Make Informed Decisions about Goals/Service Needs	Iowans will receive accurate information and guidance in a manner that allows them to make informed choices about long-term supports and how to obtain them.

PROMOTING HEALTHY LIFESTYLE CHOICES TO IMPROVE OR MAINTAIN HEALTH AND WELL-BEING

Older Iowans have the opportunity to learn about good nutrition, the positive impact of maintaining physical fitness, or other health information through nutrition education and nutrition counseling services. Nutrition education is delivered monthly to groups at congregate meal sites by a meal site manager or guest speakers. Nutrition education covers a wide variety of topics, such as food safety, dietary guidelines, and health topics in the news, and is designed to give the audience information they need as they consider food choices and participating in physical or social activities that can improve or maintain their physical and mental health. Nutrition counseling offers individualized information for those older Iowans who want guidance on their situation or who are at nutritional risk because of their current or past health status, eating/drinking habits, and/or medications use. A registered dietitian nutritionist uses one-on-one counseling to present options and strategies that can be used to maximize health and independence through diet and lifestyle. To support behavior change for healthy lifestyle choice, nutrition education and counseling must be delivered in an understandable and culturally sensitive manner that allows an individual to make his/her own choices.

Trends & Identified Service Gaps

- In SFY 2016, over 13,500 older Iowans received nutrition education. Of those, 31 percent were assessed to be at high nutrition risk.
- While the average number of nutrition education sessions received per consumer was seven, 28 percent received only one session. Also, the topics covered and materials provided do not necessarily correspond to the self-reported needs of meal participants or prevalence of nutrition-related health problems, nor are they tailored to those who are at high nutrition risk.

- Last year, 124 individuals received nutrition counseling (fewer than SFY 2015), yet more than 10,000 meal consumers were at high nutrition risk. The number of older Iowans who receive nutrition counseling has traditionally been low. The AAAs have the capacity to increase the number of older Iowans who receive this service.

Objectives and Strategies to Address Service Gaps

Objective 1.4: Expand and improve the delivery of nutrition education through collaboration.

- Collaborate with Iowa State University Extension and AAA nutrition directors in developing an annual nutrition education plan that includes a schedule of topics, procedures, and materials based on needs and interests of meal participants.
- Continue partnership with the Iowa Department of Public Health (IDPH) to provide the Fresh Conversations nutrition education program each month at meal sites across the state.
- Conduct routine surveys of meal participants to identify nutrition education topics of interest and gauge effectiveness of materials in helping to understand content.

Objective 1.5: Improve the reach of nutrition education and counseling to older Iowans at high nutrition risk.

- Consult with the AAAs on implementing an automated process to identify consumers whose intake or assessment responses show high nutrition risk indicators and refer them to additional service interventions, such as nutrition counseling or options counseling.
- Provide technical assistance to the AAA nutrition directors on developing effective outreach materials to improve awareness and benefits of nutrition counseling services targeting consumers at high nutrition risk or those who have been underserved, including minorities and those in poverty.
- Develop brochures that address topics corresponding to nutrition risk for distribution at meal sites.

Objective 1.6: Improve or maintain nutrition education and counseling outcomes for nutrition consumers.

- Review program quality and outcome data quarterly to determine each AAA's progress toward achieving its performance targets and compliance with its area plan.
- Develop performance standards for nutrition education and counseling services.
- Facilitate quarterly collaborative workgroup that consists of AAA nutrition directors.
- Provide technical assistance to the AAA nutrition directors on identifying nutrition education needs of meal participants, implementing best practices for providing nutrition education, and identifying materials and resources.
- Provide training to AAA nutrition directors and others on cultural competency in relation to nutrition education and nutrition counseling service delivery.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage of Congregate Meal Consumers Identified as High Nutrition Risk Receiving Nutrition Education	Older Iowans at risk for poor nutrition and health status will receive information so they have better health-enhancing options.
Change in Number and Percentage of Consumers Receiving Nutrition Counseling	Older Iowans at risk for poor nutrition and health status will receive counseling so they have the opportunity to improve their health literacy and optimize their nutrient intake.

GOAL 2:

The Iowa Aging Network will enable older Iowans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

ENSURING OLDER IOWANS HAVE ACCESS TO NUTRITIOUS MEALS AND OPPORTUNITIES FOR SOCIAL ENGAGEMENT

The congregate meal program gives older Iowans the opportunity to eat a nutritious meal, interact with neighbors, friends, and meal provider staff, and learn about ways they can improve or maintain their health and well-being. More than 340 meal sites are available statewide that offer, on average, one meal a day five days a week in a community setting. In SFY 2016, over 22,000 older Iowans received a meal at one of these meal sites. Most of these individuals were in their mid-70s and, on average, received 40 meals each over the year. Twenty-four percent of congregate meal consumers were at high nutrition risk, with 60 percent of those at high risk showing improvement on their risk score.

The home-delivered meal program offers access to a nutritious meal and daily personal contact for those who have difficulty getting out of their home or cannot get to a congregate meal site. The home-delivered meal also reduces food insecurity, social isolation, and has a positive impact on nutrition well-being. For some consumers, the availability of home-delivered meals reduce caregiver burden.

Ensuring that older Iowans have access to nutritious meals is not the only factor that helps them remain in their residence or community of choice. Having the opportunity to interact with people in their community or with a meal delivery driver is an important part of ensuring the health and well-being of meal program consumers. Thirty-five percent of those who participated in the congregate meal program indicated that they eat alone most of the time and/or have difficulty in preparing their own meals or shopping for themselves. Sixty percent of those who received a home-delivered meal met this profile. Social isolation can lead to increased risk for mental and physical illness, loss of independence, and greater risk of dying from loneliness.

Other Initiatives and Activities

Several additional publicly and privately funded initiatives focus on serving older Iowans who are food insecure. The AAAs annually distribute U.S. Department of Agriculture (USDA)-funded Senior Farmers Market Nutrition Program vouchers to seniors whose reported income is below 185 percent of poverty. (In SFY 2016, 19,759 seniors received vouchers.) The AAAs also receive funding from the Department of Public Health for its SNAP-Ed program called Fresh Conversations. In this program, the AAAs assist in the effort to increase fruit and vegetable consumption by offering nutrition education on the health benefits of eating fruits and vegetables, distributing produce boxes in high-need areas, promoting a "double-up bucks" incentive that allows recipients to double the amount of fruit and vegetables purchased with their EBT card, and developing strategies to identify unserved food insecure seniors and connect them with the meal program or other food sources. In addition, several of the AAAs have established partnerships with local food banks and local providers to target services to older Iowans.

Trends & Identified Service Gaps

- Congregate meal participation has declined by 46 percent since FFY 2010, with 22,205 meal consumers served in FFY 2016.
- Participation in the home-delivered meal program has declined by 11 percent since FFY 2010, with 11,470 individuals served in FFY 2016.
- The percentage of meal consumers who are at high nutrition risk has increased steadily, with 22 percent of congregate meal consumers at high nutrition risk in FFY 2016 compared to 17 percent in 2011, and 55 percent of home-delivered meal consumers at high nutrition risk in FFY 2016 compared to 43 percent in 2014.
- Food insecurity contributes to functional decline, social isolation, depression, and loss of independent living.[xxxiii]
- Based on consumer intake and assessment responses, a high percentage of meal consumers may be experiencing social isolation.

Objectives and Strategies to Address Service Gaps

Objective 2.1: Increase frequency of meal participation for consumers who may be socially isolated.

- Consult with AAA nutrition directors on implementing follow-up methods for meal consumers whose intake or assessment responses show indicators of social isolation and identify strategies to keep those consumers engaged.

- Provide technical assistance to the AAA nutrition directors on implementing strategies to create a welcoming atmosphere and offer a variety of activities of interest at meal sites.

Objective 2.2: Increase participation in congregate and home-delivered meal programs.

- Provide technical assistance to the AAA nutrition directors on identifying new population groups and traditionally underserved consumers and implement pilot projects to attract new individuals to meal sites.
    1. *Develop a standardized meal participant satisfaction survey and community survey.*
    2. *Develop strategies based on survey to pilot test for impact on meal participation.*
    3. *Offer training on options for using state funds and resource-generating strategies to increase meal variety and service delivery capacity.*
- Promote congregate meal program as a health promotion service to health care providers, hospital discharge planners, third party payers, and caregivers.
    1. *Develop an issue brief on the benefits of the nutrition program and distribute through media and the IDA website.*
    2. *Work with AAA nutrition directors to develop an outreach strategy and referral process focused on healthcare and social services systems/transitional care service providers.*
    3. *Collaborate with IDPH's Growing Bolder community coalitions to identify older individuals who may benefit from the congregate meal or home-delivered meal program.*
    4. *Provide technical assistance on implementing a sliding scale, fee-for-service organizational structure and identifying potential product lines.*

Objective 2.3: Improve or maintain nutrition outcomes for meal program consumers.

- Consult with AAA nutrition directors on implementing an automated process to identify consumers whose intake or assessment responses indicate they may benefit from additional service interventions, such as options counseling, nutrition counseling, or evidence-based health activities.
- Review program quality and outcome data quarterly to determine each AAA's progress toward achieving its agency performance targets and compliance with its area plan.
- Develop performance standards for the meal programs.
- Identify and develop training on marketing nutrition program.
- Facilitate quarterly collaborative workgroup that consists of AAA nutrition directors.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage of Congregate Meal Consumers Served Who May Be Socially Isolated Eating Four Meals at Meal Site per Month	Congregate meal consumers who are potentially socially isolated will increase the frequency of their social activities in their community and consumption of nutritious meals.
Percentage of Home-Delivered Meal Consumers Served Who May Be Socially Isolated Receiving At Least Eight Meals per Month	Home-delivered meal consumers who are potentially socially isolated will receive regular contact and interaction with a meal delivery person.

PROVIDING PARTICIPANT-DIRECTED CASE MANAGEMENT TO AT-RISK, NON-MEDICAID COVERED OLDER IOWANS

OAA-funded case management services improve the lives of older Iowans by offering choices and the ability to age safely in place. This service achieves these results by coordinating the multiple services an older Iowan needs to address his/her inability to perform routine and physical activities that make living at home independently difficult or unsafe. Often, an AAA Information & Referral Specialist, Options Counselor, or other service provider refers an individual they believe could benefit from case management services because the individual has multiple impairments, lacks a caregiver or has little caregiver support, or is at risk for institutionalization. A case manager will complete a comprehensive assessment with the older individual who identifies which needs should be addressed to help him/her remain at home. Together, the case manager and the older individual develop a service plan designed to address those needs. The consumer selects service providers and the case manager works with the person to identify who may be able to pay for those services. Funding sources can be a mix of private funds and public benefits. The case manager coordinates the delivery of services and conducts routine follow-up to ensure that the older person's independent living and safety needs are being met.

Trends & Identified Service Gaps

- After the transition to Medicaid managed care, the AAAs experienced a 14 percent decrease in AAA case management consumers from the previous fiscal year. The AAAs will experience a fundamental shift in their traditional consumer base for case management services, as they are contracted with one MCO to provide case management to Elderly Waiver consumers. Contracted status for the service in the future is uncertain.
- The AAAs have an opportunity to reach a new consumer base with OAA-funded and fee-for-service case management services.
- Most Iowans who received case management services last year were over 70 years old and female. Case management consumers have been more racially and ethnically diverse than those in other OAA service groups.
- Nearly 60 percent of consumers reported two or more impairments related to personal care activities, like bathing, walking or dressing, and nearly 90 percent report having difficulty performing two or more routine independent living activities, like doing chores, managing medications, or preparing meals.
- More than half of case management consumers served were at high nutrition risk, with one-third indicating they eat few fruits and vegetables and one-quarter reporting they do not always have enough money to buy the food they need.
- Case managers are increasingly adopting a person-centered planning approach.

Objectives and Strategies to Address Service Gaps

Objective 2.4: Expand case management service reach to new consumer base.

- Collaborate with AAAs to define new consumer base and target populations for outreach, including fee-for-service consumers and other older Iowans who are at risk for institutionalization or Medicaid spend-down.
- Provide technical assistance to the AAA case management coordinators on developing effective outreach materials to improve awareness and benefits of case management services, targeting older Iowans who are at risk for institutionalization or Medicaid spend-down.

Objective 2.5: Improve or maintain case management outcomes for consumers.

- Review case management service quality and outcome data quarterly to determine each AAA's progress toward achieving performance targets and compliance with its area plan.
- Develop performance standards for the case management service.
- Identify areas for technical assistance and training through quarterly performance reviews.
- Evaluate referrals of case management consumers to additional high impact service interventions, including evidence-based health activities, nutrition counseling, and meal programs.
- Facilitate quarterly collaborative workgroup that consists of AAA case management coordinators.

Objective 2.6: Encourage the AAAs to expand capacity utilizing an entrepreneurial non-profit business model.

- Provide technical assistance on implementing an entrepreneurial non-profit business model with revenue-generating case management services based on a sliding scale fee-for-service.
- Implement reporting requirements for identifying and tracking service gaps, including their causes and geographic distribution.
- Provide technical assistance and training on utilizing service data to demonstrate need and impact to potential funders and to identify potential markets.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage of Case Management Cases Closed Because Case Management Service was No Longer Needed	Case Management clients will receive the supports and services they need to remain at the residence of their choice for as long as services are needed or desired.
Average Number of Months a Case Management Consumer Experiencing Independent Living Impairments is Able to Remain Safely at Home Prior to Transitioning to a Facility	Case Management clients receiving the supports and services they need or desire will be able to remain at the residence of their choice for a longer period of time before institutionalization is required.

TARGETING OAA HOME AND COMMUNITY-BASED SERVICES FOR AT-RISK OLDER IOWANS

Many older Iowans have a critical, point-in-time need for a service or two without which their ability to remain safely at home or independent in their community would be at risk. Sometimes, these needs are for a limited period of time or occur at a fixed time each year. They may have a financial need but are not eligible for or do not require long-term public support. They likely have an impairment that prevents them from completing routine independent living and/or personal care activities without assistance. For these individuals, a host of services is available, including chore services, homemaker services, personal care assistance, transportation or assisted transportation, and adult day services.

Trends & Identified Service Gaps

- Many private organizations that offer home and community-based services were impacted by the transition to Medicaid managed care. The availability and variety of these service providers are shifting as they adjust to the changes in their funding structure. This uncertainty in the service provider landscape impacts the ability of the AAAs to plan for, contract with, and refer consumers to organizations that can meet their support and service needs.
- The IDA does not have a process to determine whether or to what extent OAA funds are utilized to replace or supplement home and community-based services for those individuals who are waiting for Medicaid waiver eligibility determination or service initiation for those who are eligible.
- More Iowans living in urban areas received OAA home-based services, such as chore and homemaker, than rural Iowans. It is not known whether this trend is the result of a lack of need or lack of providers in Iowa's rural areas.
- Research by the Iowa Direct Care Advisory Council indicates that Iowa will need approximately 20,000 additional trained and experienced direct care workers to provide personal care and in-home services by 2020.

Objectives and Strategies to Address Service Gaps

Objective 2.7: Increase understanding of the extent to which public or private programs and resources have the capacity to meet the independent living and/or personal care needs of older Iowans.

- Utilize data analysis and visualization techniques on data extracts from the IDA's new case management and reporting system, public databases, and mapping tools to identify patterns and trends that are not readily apparent.
- Implement reporting requirements for identifying and tracking service gaps, including their causes and geographic distribution.
- Provide technical assistance and policy guidance to encourage AAAs to expand their base of potential service providers beyond traditionally utilized providers and pilot innovative solutions to address the independent living needs of older Iowans.
- Collaborate with private and public partners to develop and implement solutions to recruit and retain direct care workers.
- Provide technical assistance and training on utilizing service data to demonstrate need and impact to potential funders and to identify potential fee-for-service product lines and markets.

PROVIDING OPPORTUNITIES FOR HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES

Health promotion and disease prevention activities coordinated through the AAAs are designed to prevent or address health conditions that could reduce the length or quality of life for older Iowans. These activities include health screenings and assessments, organized physical fitness activities, and evidence-based health activity programs.

Screenings and Clinics

Many AAAs offer home safety checks, fall risk assessments, and immunization and foot clinics to prevent disease and injury.

Evidence-Based Health Activities

Limited funding is available for the provision of evidence-based health activity programs, which are programs that have been demonstrated through scientific studies to improve the health of older individuals. One agency offers Powerful Tools for Caregivers, and another offers the Better Choices/Better Health program. Most AAAs offer evidence-based programs that focus on falls prevention: A Matter of Balance, Stepping On, and Tai Chi for Arthritis. In Iowa, falls are the leading cause of injury deaths for those over the age of 65. Program evaluation showed that consumers changed behaviors to reduce falling risk.

Oral Health Initiatives

The IDA is collaborating with the Department of Public Health on a new initiative to address oral health care concerns of older Iowans. The I-Smile™ Silver two-year pilot project is working to achieve optimal dental care for older Iowans. This two-year project is supported by the Lifelong Smiles Coalition, which is private-public partnership focused providing access to oral health care for older Iowans. The IDA has started collecting information from options counseling and case management consumers related to dental visits and dental needs, which is information that has not been collected previously and has great potential to assist in efforts to determine the scope of dental health issues in the state.

The second initiative is the Mouth Care Matters training for direct care workers. This project trains participants on ways to identify potential oral health problems, assist older adults with basic oral care and find information about products and equipment available. This project is expanding to provide this training to family caregivers.

Trends & Identified Service Gaps

- In each of the past three years, more than 400 older Iowans participated in an evidence-based health activity program. In SFY 2016, 431 consumers participated.
- Evidence-based health activity programs can be costly to provide, and voluntary contributions by program participants have been low.
- The AAAs report a 20 percent increase in health promotion/disease prevention activities since 2014.
- Among consumers who completed a nutrition risk assessment, 4,774 (9 percent) indicated they have tooth or mouth problems that make it difficult for them to eat.

Objectives and Strategies to Address Service Gaps

Objective 2.8: Increase awareness of and access to health promotion-disease prevention activities.

- Consult with the AAAs on implementing an automated process to identify and refer consumers whose intake or assessment responses indicate they may benefit from health promotion-disease prevention services.
- Provide technical assistance to the AAAs in promoting falls prevention programs and generating referrals from medical providers with assistance from the IDPH fall prevention grant.
- Collaborate with Falls Prevention Coalition partners to increase awareness of and participation in falls prevention programs by participating in meetings and symposia and communicating information and opportunities to the AAAs.
- Collaborate with IDPH-Oral Health Bureau and the LifeLong Smiles Coalition by:
  - Connecting seniors with oral health resources and dental care in I-Smile Silver counties and encourage project expansion to areas with congregate meal sites that have a high percentage of consumers who indicate they have tooth or dental problems that make it difficult to eat.
  - Promoting Mouth Care Matters activities through the IDA's electronic newsletter (*The Link*) and the Title III-E caregiver program.

Objective 2.9: Increase capacity of the AAAs to provide evidence-based health activities to older Iowans.

- Provide technical assistance on implementing a sliding scale, fee-for-service product line for evidence-based health activity programs, such as falls prevention programs, HomeMeds, and chronic disease self-management.
- Implement reporting requirements for identifying and tracking service gaps, including their causes and geographic distribution.
- Provide technical assistance and training on utilizing service data to demonstrate need and impact to potential funders and to identify potential markets.

ENSURING INFORMAL CAREGIVERS RECEIVE SUPPORT SERVICES NEEDED TO MAINTAIN THEIR CAREGIVER ROLE

In Iowa, an estimated 370,000 caregivers provide the daily, informal care that allows older Iowans and adults with disabilities to remain in their own residence and local community. Family caregivers provide transportation, do household chores, and often modify their

work schedules to provide care, and they need support in maintaining this vital role. Iowa's family caregivers and older adults caring for grandchildren or adult relatives with a disability can obtain information, referrals, and access to support services for themselves and their care recipient through LifeLong Links, utilizing the LifeLong Links website or through individualized assistance from a Family Caregiver Specialist. To ensure Iowa's caregivers have the information and support they need to maintain their caregiver role, the AAAs connect them with local support groups and evidence-based health activities for caregivers. The AAAs also provide reimbursement for respite care, or a short break from the care recipient, so that caregivers can have time to take care of themselves. A typical family caregiver consumer served by Iowa's AAAs is female, age 62, with a daughter/daughter-in-law or wife relationship to her care recipient. They most commonly seek information on resources and service providers in their local area, disease-specific information, and emotional support through counseling or support groups.

Trends & Identified Service Gaps

- The AAAs served 3,738 family caregivers in SFY 2016, which represents 1 percent of the estimated caregiver population in Iowa. Of those, 462 received respite services, 402 received options counseling, and 261 received counseling services.
- The AAAs served 111 grandparent-older relative caregivers in SFY 2016, which represents 0.69 percent of this population in Iowa. Of those served, 12 received respite services and 21 received counseling services.
- Of caregivers served, 6 percent were minorities and 20 percent lived in a rural area. Most caregivers served lived in the Des Moines metro area.

Objectives and Strategies to Address Service Gaps

Objective 2.10: Improve outcomes for caregiver consumers.

- Review program quality and outcome data quarterly to determine each AAA's progress toward achieving its Family Caregiver program performance targets and compliance with its area plan.
- Develop performance standards for caregiver services.
- Identify areas for technical assistance and training opportunities through the quarterly data reviews.
- Facilitate quarterly collaborative workgroup that consists of AAA family caregiver representatives.
- Continue to participate in the Direct Care Worker Advisory Council.

Objective 2.11: Increase capacity of the AAAs to provide comprehensive services to caregivers, particularly for caregivers at risk of experiencing significant stress or other factors that negatively impact their caregiver role.

- Provide technical assistance to the AAAs on utilizing effective outreach materials and tactics to increase awareness and benefits of caregiver support targeting at-risk caregivers, those caring for individuals living with dementia, and those who have been underserved, including rural Iowans.
- Continue collaborations with the Iowa Lifespan Respite Coalition, Iowa State University and other providers to increase awareness and generate referrals.
- Encourage the AAAs to identify methods of serving grandparent or older relative caregivers and developing strategies to reach this population.
- Consult with the AAAs on implementing an automated process to identify caregivers whose intake or assessment responses indicate they may be at risk for experiencing significant stress, reduced employment, and/or developing health issues, and refer them to additional service interventions, such as options counseling, respite, evidence-based health programs, or other OAA services.
- Provide technical assistance on implementing a sliding scale, fee-for-service structure and identifying potential revenue-generating product lines for caregiver services, such as Powerful Tools for Caregivers, case management services for care recipients, and benefits and financial planning.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage of Caregiver Consumers Indicating Counseling and/or Respite Service Allowed Them to Maintain Their Caregiver Role	Caregivers will receive the supports and services they need to continue to provide informal care to their care recipient.

Note: The effectiveness of the LifeLong Links in serving caregivers is included in the LifeLong Links performance measure evaluations listed under Goal 1.

GOAL 3:

The Iowa Aging Network will protect and preserve the rights and prevent the abuse, neglect, and exploitation of older Iowans and Iowans with disabilities.

PROMOTING AWARENESS AND PREVENTION OF ELDER ABUSE

The Elder Abuse Prevention and Awareness (EAPA) Program focuses on the prevention, intervention, detection, and reporting of elder abuse, neglect, and financial exploitation by presenting older Iowans with options to enhance their lifestyle choices. EAPA services are delivered through partnerships with local stakeholders and accessible through LifeLong Links. These partners include the AAAs, the Department of Human Services (DHS), law enforcement agencies, county attorneys, medical providers, service providers, and other community collaborators. Referrals to the program come from the aforementioned partners, family, neighbors, or the general public. The typical consumer served by this program is a female who is in her mid-70s and lives alone. Currently, the program is serving significantly more Iowans living in urban areas, and 6 percent of those served are from a minority population. The most frequently reported abuse type is self-neglect, followed by financial exploitation. EAPA utilizes a participant-directed approach, which entails educating Iowans about available options to resolve the situation per their direction and desires. This approach ensures that those involved in abusive situations or potentially abusive situations can make informed resolution choices. If the person wishes to pursue an intervention plan and goal, the plan is developed based on his/her direction.

Other Initiatives and Activities

The Senior Medicare Patrol (SMP) program in Iowa is administered by the Northeast Iowa Area Agency on Aging (NEI3A). The program seeks to create responsible health care consumers. The program provides training and education to Medicare beneficiaries on reviewing medical bills and Medicare information to ensure they do not pay for services and equipment they did not receive or do not need. Medicare beneficiaries are encouraged to contact their provider to follow up on service information they do not understand. These efforts result in informed individuals who are aware of where their health care dollars are spent and who recognize and report instances of health care fraud. Trainings also include information on common scams that target older individuals. In program year 2016 (September 2015 – August 2016), NEI3A coordinated through subcontractors the delivery of 334 outreach and training events and reached 10,722 Iowans through the services of 70 trained volunteers and other staff.

Trends & Identified Service Gaps

- Prosecutors, law enforcement officials, and victim services providers have limited and inconsistent access to information on identifying and addressing abuse in later life and navigating the elder abuse system.
- In SFY 2016, over 70 percent of individuals receiving EAPA consultations were referred to an Elder Rights Specialist for assessment and intervention services.
- In SFY 2016, 329 older Iowans received EAPA assessment and intervention services.
- Elder Rights Specialists report an increase in reports of financial exploitation/scams targeting individuals age 60 or older.
- An older Iowan or caregiver may enter the AAA service network through a single service. Currently, the AAAs do not have an automated process to readily identify across services those consumers who may benefit from additional OAA services, as determined by responses given at intake or assessment.

Objectives and Strategies to Address Service Gaps

Objective 3.1: Increase the number of training opportunities available to prosecutors, law enforcement officials, and victim services providers related to identifying and addressing elder abuse and navigating the elder abuse system.

- Develop consistent training for prosecutors, law enforcement officials, and victim services providers related to identifying and addressing elder abuse and navigating the elder abuse system.
    1. *Identify the training needs by region through collaborations with the Attorney General's Office, Office of the State Long-Term Care Ombudsman, Iowa Coalition on Domestic Violence, AAAs, and other stakeholders.*
    2. *Assist in the organization and sponsorship of an Elder Abuse Training for county attorneys/prosecutors.*
    3. *Assist in the organization of the Abuse in Later Life Cross Training for Victim Services Providers.*
    4. *Contribute to the organization of the Elder Abuse Training for Law Enforcement Providers.*

- Create and foster Community Collaboration Response Teams (CCRTs) that provide support to navigating the adult abuse system and provide consultation in, and the review of, policies and procedures addressing elder abuse and abuse in later life.
- Replicate the victim services and the law enforcement trainings, rotating training sessions among locations within each AAA region.

Objective 3.2: Improve EAPA consumer outcomes.

- Review program quality and outcome data quarterly to determine the AAAs' progress toward achieving the IDA's EAPA performance targets and compliance with area plans.
- Develop performance measure standards for EAPA services.
- Identify areas for technical assistance and training through regular performance reviews.
- Facilitate a quarterly collaborative workgroup that consists of AAA Elder Rights program representatives.

Objective 3.3: Increase outreach to consumers at risk of, or experiencing abuse, neglect, or financial exploitation.

- Determine indicators to identify consumers who may be at risk for abuse, neglect, or financial exploitation, such as social isolation, based on a consumer's intake or assessment responses.
- Consult with the AAAs on implementing an automated process to identify consumers whose intake or assessment responses indicate they may be at risk and refer them to additional service interventions, such as EAPA services, options counseling, or case management.

Objective 3.4: Encourage the AAAs to develop new services to meet the needs of older Iowans at risk for exploitation.

- Provide technical assistance on implementing a sliding scale, fee-for-service structure and identifying potential revenue-generating product lines for preventive services, such as Powerful Tools for Caregivers, mediation, geriatric case management, and representative payee services.
- Implement reporting requirements for identifying and tracking service gaps, including their causes and geographic distribution.
- Provide technical assistance and training on utilizing service data to demonstrate need and impact to potential funders and to identify potential markets.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage Of EAPA Consultation Consumers Whose Needs Are Met through Provider Referrals for Self-Advocacy	Iowans seeking information and referrals will have appropriate information to self-advocate in resolving a situation involving abuse, neglect, or exploitation situation.
Percentage Of EAPA Assessment & Intervention Consumer Cases Closed with EAPA Services No Longer Needed	Older Iowans experiencing abuse, neglect, or exploitation will have their situation resolved with assistance from an AAA Elder Rights Specialist.

ENSURING HIGH-QUALITY LEGAL ASSISTANCE FOR OLDER IOWANS

The Iowa Title III B Legal Assistance Program serves persons aged 60 or older by providing legal advice and representation, information and education, and referrals in civil legal matters throughout the state. Legal assistance providers also offer education about the law and how it applies; work to prevent legal problems and make appropriate referrals; disseminate information to allow individuals to self-advocate; and assist with direct legal representation, counsel and advice, when necessary. Assistance may be provided through legal information, legal community education, and/or direct legal representation. Legal assistance providers also empower Iowans through planning and self-help tools.

Legal assistance providers identified 869 consumers statewide with unmet needs in SFY 2016, estimating their need requiring approximately 2,413 units (hours) of service. Providers indicated that emerging trends include an increasing number of cases related to Medicaid, often due to Elderly Waiver terminations or other problems that have arisen since Iowa's transition to Medicaid managed

care; as well as an increasing number of cases related to hoarding, self-neglect, and other elder abuse-related problems, such as financial exploitation or emotional abuse by relatives and friends.

Inadequate funding continues to be a factor in the number of cases legal providers can address and the amount of time they can commit to each. This is reflected in the number of consumers with unmet needs reported by the AAAs, but also in the number of consumers served over the last two years. Since SFY 2014, five of the six AAAs have seen a decrease in consumers served. Equally concerning is the impact of uncertain funding from the Legal Services Corporation, which provides approximately 30 percent of Iowa Legal Aid's funding. Over the last six months, the Department has fielded numerous calls from the community questioning whether vital resources, such as the Older Iowans Hotline (a project of Iowa Legal Aid) will continue in the face of recent and potential budget cuts. In the coming year, the Legal Assistance Program will be focusing on increasing awareness of current unmet needs and emerging threats to adequate legal services throughout Iowa, including the impact of budget cuts to the Legal Services Corporation and Iowa Legal Aid, particularly in rural pockets of the state where the private bar already cannot provide enough pro bono service to supplement the unmet needs identified by AAAs and Iowa Legal Aid.

Trends & Identified Service Gaps

- Of cases processed in SFY 2016, 25 percent related to housing issues, with 11 percent of those relating to landlord/tenant issues. Six percent were homeowners.
- Of cases processed in SFY 2016, 23 percent related to health issues, with the vast majority (20 percent) being Medicaid managed care-related issues.
- Of the remaining cases processed in SFY 2016, 8 percent related to issues with wills and estates; 8 percent related to powers of attorney; 6 percent related to collections; 4 percent related to guardianship issues; and the remaining 26 percent of cases were evenly distributed across a range of issues.

Objectives and Strategies to Address Service Gaps

Objective 3.5: Expand the capacity of the legal network to address the needs of potential clients.

- Revise inefficient case management and reporting processes that negatively impact a legal service provider's ability to deliver services and prevent new attorneys from serving this population.

Objective 3.6: Update and expand the availability of resources to empower consumers and the legal network to keep pace with evolving social and legal needs.

- Update materials to ensure they reflect current law and devise new methods to disseminate information.
- Collaborate with legal service providers to identify continuing legal education topics on core and emerging areas of law.
- Conduct training and outreach activities for a range of public and private sector entities to increase awareness of unmet needs and emerging threats to adequate legal services.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Change in Number and Percentage of Consumers Receiving Legal Assistance	Older Iowans will receive the assistance and information they need to resolve their civil legal questions or issues.

ENSURING PARTICIPANT-DIRECTED SERVICES FOR IOWANS WHO REQUIRE A SUBSTITUTE DECISION MAKER

The Office of Substitute Decision Maker (OSDM) serves Iowans aged 18 and over who have an impairment that affects their decision-making capacity and who do not have another person or entity willing or able to serve as a substitute decision maker. The OSDM also provides education and training to professionals and the general public on topics related to its services and issues impacting its target

population. OSDM staff collaborates with the Iowa Office of the Attorney General in approving applications for services. In SFY 2016, the office received over 300 referrals, processed 17 applications for services, and conducted 20 outreach events. The OSDM currently serves as guardian and/or conservator for 15 individuals ranging in age from their mid-20s to their mid-80s. Most consumers are diagnosed with a cognitive impairment and range from high-functioning individuals who live in group homes to those who reside in a nursing facility. These individuals typically require a substitute decision maker to consent to necessary medical treatment or living arrangements. The OSDM's service delivery approach is based upon the principle of participant-direction and adheres to the National Guardianship Association's Ethical Principles and Standards.

Trends & Identified Service Gaps

- The OSDM frequently receives service requests from individuals who are willing and capable to serve as a substitute decision maker, but are not financially able to purchase the legal services necessary to complete the process.
- The OSDM is limited as to the number of individuals for whom it can serve as substitute decision maker. Iowa Administrative Code restricts the office's caseload to no more than 20. In addition, service capacity is limited by fiscal and human resources available.

Objectives and Strategies to Address Service Gaps

Objective 3.7: Expand the capacity of the OSDM to address the needs of potential substitute decision makers.

- Institute a mini-grant project targeting potential substitute decision makers with limited financial resources to purchase the necessary legal services. Upon application for funds and verification of financial need, the OSDM will provide a one-time grant to a selected attorney, who will provide the services necessary to the applicant.

Objective 3.8: Increase awareness among potential substitute decision makers on participant-direction.

- Conduct routine training and outreach activities for a range of public and private sector entities, with an emphasis on the primary importance of the participant-directed approach in the field of substitute decision-making.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Response Rate to Referrals to the OSDM	Organizations and members of the general public are aware of the OSDM and its services and receive timely response to inquiries.
Rate of OSDM Service Application Acceptance/ Denial	OSDM is serving consumers at its capacity.

EDUCATING AND ADVOCATING FOR LONG-TERM CARE RESIDENTS AND MEDICAID MANAGED CARE MEMBERS

The primary role of the Long-Term Care Ombudsman Program is advocacy – or serving as the voice for residents and tenants residing in long-term care settings and Medicaid managed care members who receive long-term supports and services. Advocacy, consultation, and education are important tools to preventing the violation of rights; ensuring that residents, tenants, and families know what steps to take when questions or issues arise; and resolving complaints.

Long-Term Care Consultation & Complaint Resolution

Consultations with residents, tenants, families, and staff often focus on residents' rights; the abuse, neglect, or financial exploitation of a resident or tenant; the role of long-term care ombudsmen and their ability to intervene; nursing facility and assisted living services and care issues; and involvement of family and friends. Consultation does not involve investigating or working to resolve a complaint.

The OSLTCO is mandated to identify, investigate and resolve complaints made by or on behalf of residents or tenants of long-term care facilities that adversely affect their health, safety, welfare, or rights. Complaint issues are tracked and reported to identify common concerns and to develop materials, strategies, and policy recommendations to address them.

The most frequently reported long-term care complaint issues were those related to the following:

1. **Quality Care and Treatment.** Individuals residing in long-term care settings deserve quality of care and treatment. For this to occur, however, sufficient and trained staff must be available to deliver appropriate levels of care, to respond to requests for assistance in a timely fashion, and to competently attend to the needs of the residents or tenants.
2. **Autonomy, Choice, Exercise of Rights, Privacy.** Residents and tenants residing in long-term care facilities are allowed to direct their own care and have choice, privacy, and the ability to exercise their rights. These rights are provided by law and guaranteed to each and every person who resides in a long-term care facility or assisted living program.
3. **Admission, Transfer, Discharge, Eviction.** An individual's realization that he or she will need to move from the environment known as home is an emotional journey that some residents and their families experience. Many do not know they have due process rights that require a facility or program to give notice prior to a discharge or transfer, as well as the right to appeal the facility's decision.

Medicaid Managed Care Consultation & Complaint Resolution

The Managed Care Ombudsman Program serves as an independent advocate for Medicaid managed care members who receive long-term services and supports (LTSS) in health care facilities such as nursing facilities, assisted living programs, elder group homes, and intermediate care facilities for the intellectually disabled (ICF/ID), or through one of Medicaid's seven home and community-based services (HCBS) waiver programs. Since the implementation of Medicaid managed care on April 1, 2016, the Managed Care Ombudsman Program has been addressing member concerns and issues and tracking and monitoring systemic issues affecting members at large. The most frequently reported Medicaid managed care LTSS member issues were Access to Services/Benefits, Care Planning, and Eligibility.

Trends & Identified Service Gaps

- OSLTCO staff consulted with 14,087 residents/tenants and family members and 3,245 long-term care facility staff about long-term care issues. The number of individuals reached through consultations has increased slightly each year since the implementation of the Volunteer Ombudsman Program and the Involuntary Discharge Assistance Program.
- The OSLTCO handles approximately 1,000 complaints and 700 cases annually. In 2016, OSLTCO staff managed 1,171 complaints and 708 cases related to long-term care issues.
- Increasingly, nursing facility residents are experiencing complex health issues and care needs that require a higher level of care. As a result, complaints or cases involving these individuals consume more OSLTCO staff time to investigate and resolve.
- In November 2016, the requirement to notify the OSLTCO of transfer and discharge notices expanded from only involuntary transfer/discharge notices to all transfer/discharge notices.
- Between April 2016 and September 2016, the Managed Care Ombudsman Program handled 1,185 consumer contacts and addressed 15 grievances, 31 appeals, and two fair hearings.

Objectives and Strategies to Address Service Gaps

Objective 3.9: Increase awareness among residents, tenants, families, and providers about residents'/tenants' right to direct their care and have choice, privacy, and the ability to exercise their rights.

Focus outreach and training on these topics:

- New regulations that allow for self-determination and greater focus on residents' individual needs/preferences and gives them increased control and choice.
- Involving residents in developing their plans of care and identifying their needs, strengths, goals, life history, and preferences.
- A resident's right to designate a "resident representative" and the role of that individual.
- Ensuring that residents receive any specialized or specialized rehabilitative services as a result of the Pre-Admission Screening and Resident Review (PASRR) recommendations.
- Residents'/tenants' rights, dementia management, and sexual expression.

During non-complaint related visits:

- Monitor facilities' implementation of new regulations that require care and treatment be provided in accordance with resident choice, developing a person-centered care plan and a comprehensive assessment.

- Monitor facility staffing practices to ensure that residents' personal needs and preferences are being met.
- Review staffing practices to ensure that sufficient staff, with appropriate competencies, is in place to meet the needs of the resident population.

Objective 3.10: Increase awareness among residents, tenants, families, and providers about residents'/tenants' rights related to admission, discharge and transfer.

Focus outreach and training on these topics:

- Residents' rights regarding a transfer to another room.
- New regulations on improper discharges to hospitals and on appeal rights for involuntary discharges and transfers.
- Protecting residents and tenants from involuntary discharges and involuntary transfers due to a fiduciary's lack of action in applying for Medicaid assistance, or a fiduciary's non-payment of nursing facility/assisted living program care expenses.

Monitor and participate in residential care facility closures to assist residents and ensure their safe and secure transition from the residential care facility to the community:

- Monitor implementation of new regulations that require facilities to protect resident belongings from loss and theft, as well as review admission agreements to ensure this right is not waived.
- Review trends regarding facilities' denial of admission based upon a resident's participation in Medicaid managed care.

Objective 3.11: Increase outreach efforts to Medicaid managed care members receiving long-term services and supports.

- Distribute Managed Care Ombudsman Program member packets to MCO case managers for members served by the Managed Care Ombudsman Program.
- Conduct educational presentations (e.g., webinars, conference presentations, and organizational meetings) to community stakeholders.

Objective 3.12: Increase capacity of the Managed Care Ombudsman Program to assist members across the state.

- Identify new and expand upon existing partnerships with community organizations that assist Medicaid managed care members, specifically legal providers.
- Develop programmatic materials that meet the evolving needs of members, including fact sheets or web/social media posts addressing frequently asked questions or available resources.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Change in Number of Consultations (annual trends)	Quality of life and care in long-term care facilities is improved as residents, tenants, families, and staff are educated on long-term care issues.
Percentage of Long-Term Care Cases Resolved	Quality of life and care in long-term care facilities is improved as residents receive assistance in resolving care-related issues and their civil and human rights are protected.
Percentage of Managed Care Complaints Resolved	Medicaid managed care members who receive long-term supports and services understand their rights and that their issues are resolved.

EFFECTIVE **MANAGEMENT**

The IDA's system management process focuses on quality data collection and analysis with problem identification and areas of constraint or concern. IDA leadership, AAA Executive Directors, and IDA and AAA program staff utilize quarterly reports as the basis for dialogue and exploration. This information identifies areas in need of discussion, best practices, barriers, and needs for technical assistance and training. The IDA will continue to build upon quality improvement activities initiated during the previous plan period and will implement or continue specific quality improvement activities to ensure effective and responsive management of the aging network's resources.

Ensuring Consistent, High-Quality Data Collection

In the past, the IDA's ability to collect and analyze uniform data was hampered by utilizing three separate reporting systems to track service delivery. During SFY 2017, the IDA and the AAAs adopted a single, robust case management system for recording service delivery data related to LifeLong Links, general aging, and caregiver consumers. The new system greatly enhances the IDA's ability to track consumer impact, service delivery targets, and evaluate whether AAA services are meeting a consumer's self-identified needs. IDA staff also review missing or erroneous data to identify and correct data entry problems. Particular attention is given to required reporting elements and sharing best practices on consumer data collection methods.

Evaluating Performance with Measurable, Data-Driven Outcomes

The IDA continues to implement an effective performance evaluation process that is focused on positive outcomes for older Iowans, Iowans with disabilities, and their families and caregivers. To that end, the IDA will be completing the following activities over the plan period:

1. ***Institute quarterly performance reports and reviews.*** The IDA has begun identifying quarterly performance report elements and determining a dissemination plan for these reports. The IDA plans to provide performance reports to established IDA-AAA workgroups, IDA and AAA management teams, and AAA governing boards and advisory councils. Additional stakeholder distribution will be determined.
2. ***Develop performance standards for OAA services.*** The IDA, in collaboration with the AAAs, identified a core set of performance measures for key OAA services. During the next plan period, the IDA will work to establish realistic, yet consumer-focused performance standards for these measures.
3. ***Evaluate Service Funding and Expenditure Requirements.*** The IDA will research the effectiveness and impact of establishing funding levels for select services and implementing unit cost methodologies for those services.

Continuous Improvement Activities

The IDA has three staff trained by the Iowa Department of Management's Office of Lean Enterprises to identify opportunities to increase efficiencies, improve communication, and instill a culture of continuous improvement. IDA has completed two Lean process improvement activities since 2015. The OSLTCO completed a Value Stream Mapping (VSM) event to identify major staff functions and interactions and find opportunities that exist for increased efficiency, effectiveness, and value for the office and customer. IDA and AAA representatives participated in a Design for Six Sigma Lean event to revise the Area Plan on Aging process. The resulting planning process has been implemented for the four-year Area Plans on Aging due in Spring 2017. The IDA will continue to work with the AAAs to identify processes or service areas that may benefit from facilitation of continuous improvement analysis or a Lean event in the upcoming years.

END **NOTES**

[i] U.S. Census Bureau. "Table S0102: Population 60 Years and Over in the United States (2011-2015 American Community Survey 5-Year Estimates)." Accessed 11/29/2016. http://factfinder.census.gov.

[ii] U.S. Census Bureau. "Table B11006: Households by Presence of People 60 Years and Over By Household Type." Accessed 1/23/2017. http://factfinder.census.gov.

[iii] AARP Public Policy Institute. *AARP DataExplorer: Number of Caregivers – Iowa (2013)*. Accessed 2/6/2017 http://dataexplorer.aarp.org.

[iv] Institute on Disability / UCED. *2016 Annual Disability Statistics Compendium*. University of New Hampshire. January 2017.

[v] *Older Iowans: 2015*. State Data Center of Iowa and the Iowa Department on Aging, 2. May 2015. Accessed 11/23/2016, 4.

[vi] David J. Peters, Ph.D. "Rural Iowa at a Glance: 2016 Edition." Iowa State University Extension and Outreach. Accessed 1/13/2017. https://store.extension.iastate.edu/Product/14917.

[vii] 42 U.S.C. § 3002, 2016.

The term "greatest economic need" means the need resulting from an income level at or below the poverty line.
The term "greatest social need" means the need caused by noneconomic factors, which include-

(a) physical and mental disabilities;
(b) language barriers; and
(c) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that-

(i) restricts the ability of an individual to perform normal daily tasks; or
(ii) threatens the capacity of the individual to live independently.

[viii] IDA utilizes the Census Bureau's definitions for Urban and Rural areas. That is, urban means persons/territories that live inside Urbanized Areas (UAs) of 50,000 or more people or Urban Clusters (UCs) of at least 2,500 and less than 50,000 people. Rural means all population, housing, and territory not included within an urban area.

[ix] David J. Peters, Ph.D. "Household Income Trends in Iowa and the U.S., 2005-2015: Rural versus Urban Differences." Iowa State University Extension and Outreach. Accessed 10/27/2016. https://store.extension.iastate.edu/Product/14858.

[x] Wendong Zhang. "Who Owns and Rents Iowa's Farmland?" Iowa State University Extension and Outreach. Accessed 1/13/2017. http://www.extension.iastate.edu/agdm/wholefarm/html/c2-78.html.

[xi] U.S. Department of Agriculture, Census of Agriculture – National Agricultural Statistics Service. *2015 State Agriculture Overview*. Accessed 1/13/2017. http://www.nass.usda.gov/Quick_Stats/Ag_Overview/stateOverview.php?state=IOWA.

[xii] U.S. Census Bureau. "Table: S0102: Population 60 Years and Over in the United States (2011-2015 American Community Survey 5-Year Estimates)." Accessed 11/29/2016. http://factfinder.census.gov.

[xiii] *Ibid.*

[xiv] U.S. Census Bureau. "Table: S1903 Median Income in the Past 12 Months (In 2015 Inflation-Adjusted Dollars) (2011-2015 American Community Survey 5-Year Estimates)." Accessed 11/29/2016. http://factfinder.census.gov.

[xv] U.S. Census Bureau. "Table: S0102: Population 60 Years and Over in the United States (2011-2015 American Community Survey 5-Year Estimates)." Accessed 11/29/2016. http://factfinder.census.gov.

[xvi] Iowans aged 60+ with Supplemental Security Income: 4.8% compared to 4.2% for all Iowans; Iowans aged 60+ with public cash assistance: 1.6% compared to 2.4% for all Iowans; and Iowans aged 60+ with Food Stamp/SNAP: 6.3% compared to 11.7% for all Iowans. U.S. Census Bureau. "Table: S0102: Population 60 Years and Over in the United States (2011-2015 American Community Survey 5-Year Estimates)." Accessed 11/29/2016. http://factfinder.census.gov.

[xvii] For a one-person household in 2016, 100% of federal poverty level was $11,770 annual income and 185% of FPL was $21,177. For a two-person household in 2016, 100% of FPL was $15,930 annual income and 185% of FPL was $29,470. The median income for householders age 65 and older was $36,946 compared to $53,183 for all households in Iowa. (U.S. Census Bureau, Table: S1903 Median Income in the Past 12 Months (In 2015 Inflation-Adjusted Dollars) (2011-2015 American Community Survey 5-Year Estimates). Accessed 11/29/2016. http://factfinder.census.gov.

[xviii] A review of consumer information reveals poverty status was determined for 75 percent of those who received a registered service. Twenty-five percent of those who received a registered service did not report income and seven percent did not report household size. Both data elements are needed in order to determine poverty status. OAA services are not means tested, therefore, individuals are not required to provide requested income information.

[xix] U.S. Census Bureau. "Table S0102: Population 60 Years and Over in the United States." Accessed 11/29/2016. http://factfinder.census.gov.

[xx] The Lewin Group, Inc. "Process Evaluation of the Older Americans Act Title III-E National Family Caregiver Support Program: Final Report." Published by The Administration for Community Living, March 2016, p. 5.

[xxi] AARP Public Policy Institute. *Caregiving in the U.S. 2015 Report* (June 2015). Accessed 1/5/2017. http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf.

[xxii] AARP. *2015 AARP Caregiving Survey: Opinions of Iowa Registered Voters Age 45 and Older on Support for the Caregiver Advise, Record, Enable (CARE) Act*. Accessed 2/3/2017. http://www.aarp.org/research/topics/care/info-2015/iowa-caregiving-care-act.html

[xxiii] *Ibid.*

[xxiv] Leslie Foster and Rebecca Kleinman. "Supporting Family Caregivers Through Title III of the OAA." Administration on Aging (AoA) Research Brief Number 5, September 2011. Accessed 11/23/2016. https://aoa.acl.gov/Program_Results/docs/2011/AoA5_SupportFamilyCaregvrs.pdf.

[xxv] U.S. Census Bureau. "Table S1002: Grandparents (2011-2015 American Community Survey 5-Year Estimates)." Accessed 1/20/2017. http://factfinder.census.gov.

[xxvi] Paul Stageberg, Ph.D. and Laura Roeder-Grubb. "Iowa Prison Population Forecast FY2013-2023." Iowa Department of Human Rights-Division of Criminal and Juvenile Justice Planning. November 26, 2013.

[xxvii] Government General Accountability Office. (2011) *Older Americans Act: More Should Be Done to Measure the Extent of Unmet Need for Services.* GAO-11-237: Published: Feb 28, 2011. Publicly Released: Mar 30, 2011. Accessed 3/24/2016. http://www.gao.gov/products/GAO-11-237.

[xxiii] The seven HCBS waivers in Iowa are the AIDS/HIV Waiver, Brain Injury Waiver, Children's Mental Health Waiver, Elderly Waiver, Health and Disability Waiver, Intellectual Disability Waiver, and Physical Disability Waiver.

[xxix] The numbers of long-term care facilities and beds change throughout the year. The facility and bed numbers listed here were as of September 30, 2016. According to the 2010 U.S. Census, 26,871 Iowans were living in a nursing home. U.S. Census Bureau: GCT-P6-Geography-Iowa: Selected Types of Group Quarters Population: 2010 - State -- Urban/Rural and Inside/Outside Metropolitan and Micropolitan Area. Accessed 1/13/17. http://factfinder.census.gov.

[xxx] U.S. Census Bureau. "Table B11006: S2601A: Characteristics of the Group Quarters Population in the United States (2008-2012 American Community Survey 5-Year Estimates)." The Census Bureau classifies all people not living in housing units (house, apartment, mobile home, rented rooms) as living in group quarters. There are two types of group quarters: Institutional, such as correctional facilities; nursing homes; or mental hospitals; or Non-Institutional, such as college dormitories, military barracks, group homes, or missions or shelters Accessed 1/13/17. http://www.census.gov/topics/income-poverty/poverty/guidance/group-quarters.html.

[xxxi] Iowa Medicaid Enterprise. *Managed Care Organization Report: SFY 2017, Quarter 1 (July-September) Performance Data*. Published November 30, 2016. https://dhs.iowa.gov/sites/default/files/Q1SFY17report112916.pdf.

[xxxii] Not all Medicaid members are included in the managed care program. Members in the these groups or programs remain in Medicaid Fee-for-Service (FFS): Health Insurance Premium Payment program (HIPP); Medicare Savings Program (MSP) only; Qualified Medicare Beneficiary plan (QMB); Specified Low-Income Medicare Beneficiary (SLMB); Medically Needy program, also known as the spenddown program. Members who are enrolled with the PACE program and American Indian or Alaskan Natives may remain in FFS unless they opt-in to the managed care program.

[xxxiii] Jean L. Lloyd, M.S. "Hunger in Older Adults: Challenges and Opportunities for the Aging Services Network." Meals on Wheels America, February 2017. Accessed March 13, 2017. http://www.mealsonwheelsamerica.org/docs/default-source/research/hungerinolderadults-fullreport-feb2017.pdf?sfvrsn=2.

ATTACHMENTS

ATTACHMENT A:
Assurances & Required Activities: Older Americans Act, As Amended

ATTACHMENT B:
Information Requirements

ATTACHMENT C:
Intrastate Funding Formula Requirements

ATTACHMENT D:
Iowa's Aging Network

ATTACHMENT E:
Older Iowans – 2016 Profile

ATTACHMENT F:
OAA Title III Service Trends & Outcomes

ATTACHMENT G:
ACL Discretionary Grant Reports

ATTACHMENT H:
Office of the State Long-Term Care Ombudsman Annual Report (SFY 2016)

ATTACHMENT I:
2015 Interagency Proficient Workforce Task Force Final Report

ATTACHMENT J:
Senate File 505 Health Consumer Ombudsman Alliance Final Report

ATTACHMENT K:
Summary of Public Comments

ASSURANCES & REQUIRED ACTIVITIES: OLDER AMERICANS ACT, AS AMENDED

ASSURANCES & REQUIRED ACTIVITIES: OLDER AMERICANS ACT, AS AMENDED

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--
(2)The State agency shall—(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--…

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.
In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging…Each such plan shall--
(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
(B) in home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --
(I) identify the number of low income minority older individuals in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—
(i) identify individuals eligible for assistance under this Act, with special emphasis on
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) provide assurances that the area agency on aging, in carrying out the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including ¬
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(13) provide assurances that the area agency on aging will—
(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used--
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements:…
(3) The plan shall--
(B) with respect to services for older individuals residing in rural areas—
(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long Term Care Ombudsman, a State Long Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --
(A) the plan contains assurances that area agencies on aging will
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the

area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --
(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for ¬-
(i) public education to identify and prevent abuse of older individuals;
(ii) receipt of reports of abuse of older individuals;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;…

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State…

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full time basis, whose responsibilities will include
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community based, long term care services, pursuant to section 306(a)(7), for older individuals who -
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long term care facilities, but who can return to their homes if community based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall¬--
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made -
¬(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship

that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order…

REQUIRED ACTIVITIES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .
(2) the State agency shall—
(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;
(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and
(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency;...

Sec. 306, AREA PLANS

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—
(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

Sec. 307(a), STATE PLANS

(1) The plan shall—
(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will --
(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; …

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

(5) The plan shall provide that the State agency will:
(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--
(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—
(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

Linda J Miller

Signature and Title of Authorized Official

6/29/17

Date

INFORMATION REQUIREMENTS

INFORMATION REQUIREMENTS

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan.

The Iowa Department on Aging (IDA) uses the following mechanisms and methods to ensure that preference will be given to providing services to older Iowans with greatest economic need and older Iowans with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Assessing Service Reach to Older Iowans with Greatest Economic Need and/or Greatest Social Need

The IDA compares the estimated number of older Iowans who are within the target populations and the demographics of older Iowans served to determine whether and to what extent older Iowans with greatest economic and/or greatest social need are being reached through OAA Title III services. U.S. Census Bureau decennial and American Community Surveys serve as the primary data sources for determining the estimated number of individuals in the state who possess these characteristics.

The IDA obtains information about consumers served through a standard intake form. The IDA requires all AAAs to use the same standard intake form to collect the following: location (town, county and zip code), age, gender, race, ethnicity, primary language, number in household, household income range and difficulties with activities of daily living. The AAAs are directed to obtain a single completed intake form once a year from a consumer who receives a registered service, regardless of the number of different services received during the year. (Consumers are not denied a service for not completing the form.) All six AAAs enter consumer and service information into a single reporting system. The IDA queries the system to assess the number and percent of consumers served by target population, AAA, service and units.

Quarterly and Annual Progress Reviews

Each AAA provided in its Area Plan a proposed budget and estimated number of individuals served by service in the planning and service area. These estimates included the total number of individuals to be served and total number of individuals in target populations to be served. In addition, AAAs were directed to evaluate service reach and impact to older Iowans in these target populations as part of their needs assessment. Where necessary, AAAs included in their Area Plans the strategies they intend to implement to address service gaps for these target populations.

As part of the Area Plan implementation evaluation, each AAA will receive a quarterly performance report with information related to progress made on their projected number of consumers receiving services, projected units of services provided and the percentage of consumers completing the intake form. AAAs will also provide annual updates on progress made in closing identified service gaps.

IDA program and management staff will meet quarterly to review the performance reports and develop guidance for those AAAs not meeting their goals. IDA staff also review missing or erroneous data reports to track and correct data entry problems. Particular attention is given to required reporting elements.

Unmet Needs and Waiting Lists

A new process to track unmet needs and consumers on waiting lists for services will be implemented in SFY 2018. Quarterly reviews will be utilized to track service(s), reasons and consumer characteristics related to unmet needs and waiting lists. The

IDA will be able to assess the number and percentage of consumers who may be in greatest economic need and/or greatest social need.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Iowa Code 231.33 mandates that AAAs plan and coordinate with other agencies to assure the safety of older individuals in an emergency. This requirement is also reflected in the IDA's administrative rules (Iowa Administrative Code 17—6.9 (2017)) , which states that each AAA shall plan and coordinate with other public and private entities for the safe and timely continuity of service and the restoration of normal living conditions for older individuals prior to and after a natural disaster or other safety-threatening situation. Further, rules require that each AAA maintain a procedures manual for responding to an emergency situation, a training plan for staff, contractors and other interested persons, and use contract or sub-grant provisions that allow the AAA to reallocate funds among services as necessary.

As part of the information requirements for the SFY 2018-2021 Area Plan, each AAA included details on how the agency's emergency plan meets the OAA requirements by summarizing activities the agency is involved in as they relate to preparedness planning and plan activation. Each AAA also described how it collaborates with other entities, including partners and contractors, as well as emergency response agencies, relief organizations, government agencies and other institutions when carrying out these activities. IDA staff reviewed all plan information for clarity and thoroughness. If additional information was needed, the AAAs were required to provide information by an established deadline.

Section 307(a)(2)

The plan shall provide that the State agency will – …
(C) specify a minimum proportion of the funds received by each Area Agency on Aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such Area Agency on Aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home and legal assistance. Provide specific minimum proportion determined for each category of service.)

Iowa Administrative Code r. 17—5.5 (2017) requires each AAA to expend a specified minimum percentage of OAA Title III-B funds, less administrative costs, for priority services (Access, In-Home and Legal Assistance). The Iowa Commission on Aging establishes the minimum percentages. Currently, the following are the minimum percentage for those service categories:

Access = 10%

In-Home = 5%

Legal Assistance = 3%

Section 307(a)(3)

The plan shall – …
(B) with respect to services for older individuals residing in rural areas–
(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000.

To assure that the IDA will spend for each fiscal year not less than the amount expended for services to older Iowans residing in rural areas as that spent in FY 2000, staff will compare, on an annual basis, the estimated amount spent on rural older Iowans to the estimated amount spent in FY 2000. The IDA will use the following methodology to determine the amount expended and the number and percentage of rural older Iowans:

- Total amount of OAA Title III & VII for the fiscal year.
- Number and percentage of rural, older Iowans by AAA planning and service area (PSA), as determined by most recent U.S. Census Bureau estimates.
- Apply percentage to total amount expended for the fiscal year to determine the estimated amount expended for services to older Iowans residing in rural areas.

Estimates will be utilized to determine the amount spent on rural, older Iowans, as the IDA and the AAAs do not currently utilize a standard cost rate for services.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

Refer to tables below for projected costs of providing such services for each year of the plan.

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

As noted above, AAA Area Plans include projections related to the total number of individuals to be served and total number of individuals in target populations to be served, including those residing in rural areas. AAAs utilized past results, demographic information provided by the IDA, and the federal and state funding formula. IDA program staff reviewed these estimates to ensure that the budget projections provided the necessary funds to serve estimated consumers.

Please refer to page 2 of "Attachment C: Intrastate Funding Formula Requirements" for details showing weighted allocations for targeted populations.

Projected Costs for Each Year (FY 2018-2021)

AAA	All Funding	Elderly Svcs Program	Elder Abuse Prev.	LifeLong Links	Unmet Needs	B Program	C(1) Program	C(2) Program	D Program	E Program	NSIP
Elderbridge	$4,382,509	$1,497,663	$98,330	$127,277	$48,011	$692,578	$845,486	$376,184	$63,163	$262,129	$371,688
Northeast Iowa	4,512,092	1,488,060	98,330	254,553	48,267	736,351	898,914	399,957	35,963	278,686	273,011
Aging Resources	4,302,302	1,218,539	98,330	127,277	39,032	762,920	931,352	414,390	11,688	288,746	410,028
Heritage	2,915,771	869,407	98,330	127,277	28,078	489,508	597,580	265,883	13,238	185,266	241,204
Milestones	4,050,797	1,263,400	98,330	127,277	40,975	704,163	859,623	382,475	41,000	266,505	267,049
Connections	3,400,746	1,118,931	98,331	127,277	36,431	568,879	694,471	308,993	41,143	215,308	190,982
Total	$23,564,217	$7,456,000	$589,981	$890,938	$240,794	$3,954,399	$4,827,426	$2,147,882	$206,195	$1,496,640	$1,753,962

Estimated Percentage of Rural Population

AAA	Estimated Number 60+	Estimated Number 60+ Rural Residents	Percentage of Rural Residents
Elderbridge	108,235	60,761	56.13803%
Northeast Iowa	117,720	56,879	48.31719%
Aging Resources	125,380	26,872	21.43245%
Heritage	79,760	27,078	33.75408%
Milestones	108,775	41,067	37.75408%
Connections	87,490	43,287	49.47651%
Total	627,360	255,944	40.79699%

Projected FY 2018-2021 Costs for Services to Older Iowans in Rural Areas

AAA	All Funding	Elderly Svcs Program	Elder Abuse Prev.	LifeLong Links	Unmet Needs	B Program	C(1) Program	C(2) Program	D Program	E Program	NSIP
Elderbridge	$2,460,254	$840,759	$55,201	$71,451	$26,952	$388,800	$474,639	$211,182	$35,458	$147,154	$208,658
Northeast Iowa	3,144,718	1,037,109	68,531	177,412	33,640	513,202	626,501	278,751	25,065	194,231	190,276
Aging Resources	708,733	200,734	16,198	20,967	6,430	125,6794	153,425	68,264	1,925	47,566	67,545
Heritage	1,980,445	590,517	66,788	86,449	19,071	332,483	405,887	180,593	8,991	125,836	163,830
Milestones	2,589,422	807,613	62,856	81,360	26,193	450,128	549,503	244,492	26,209	170,360	170,708
Connections	3,400,746	1,118,931	98,331	127,277	36,431	568,879	694,471	308,993	41,143	215,308	190,982
Total	$14,284,318	$4,595,663	$367,905	$564,916	$148,717	$2,379,171	$2,904,426	$1,292,275	$138,791	$900,455	$991,999

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

The Context section of the plan narrative includes an evaluation of service reach and service impact to older Iowans residing in rural areas. To ensure that the special needs of older Iowans residing in rural areas are taken into consideration IDA and AAA staff review and evaluate the number and percentage of rural consumers served by agency and service. Service gaps and trend data trigger policy recommendations and technical assistance to AAAs and stakeholders, as needed. Both federal and state formulas are weighted to ensure sufficient funds are available to serve rural populations. Please refer to page 3 of "Attachment C: Intrastate Funding Formula Requirements" for details showing weighted allocations for targeted populations.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

The Context section of the plan narrative includes an evaluation of service reach and impact to low-income, minority Iowans, including those with limited English proficiency. U.S. Census Bureau Public Use Microdata Sample (PUMS) estimates the number of older Iowans who are minorities and below the Federal Poverty level at 4,179, which represents 14.8 percent of

older Iowans who report a minority race (https://agid.acl.gov/CustomTables/ACS/Results/). U.S. Census Bureau American Community Survey (ACS) data estimates the number of older Iowans who reported speaking another language at 20,100. Of those, nearly half reported that they did not speak English well or at all. Starting in SFY 2018, Iowa's AAAs will utilize a standard reporting system to track those Iowans served who have limited English proficiency. As noted in the plan narrative, agencies must use a targeted and collaborative approach to meet the needs of this small and widely distributed population.

Section 307(a)(21)

The plan shall –
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

According to 2011-2015 American Community Survey (ACS) data, an estimated 0.2 percent of Iowans aged 60 or older self-reported as American Indian or Native Alaskan. In SFY 2016, the AAAs provided services to 192 older Iowans who identified themselves as American Indian or Native Alaskan, which represented 0.39 percent of all older Iowans served.

The Meskwaki Nation/Sac/Fox Tribe of the Mississippi in Iowa provides supportive, nutrition, disease prevention/health promotion and caregiver services to its members under OAA Title VI. The IDA supports collaborative activities between the Title VI program and the AAA whose planning and service areas are shared. In addition, some members of the Ponca Tribe of Nebraska live in Iowa. Connections Area Agency on Aging has partnered with the Ponca Tribe on outreach activities in its region. As with other small target population groups in Iowa, the AAAs use a targeted and collaborative approach to meet the needs of this population and ensure access to services.

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
(B) Such assessment may include—
(i) the projected change in the number of older individuals in the State;
(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive.

The Context section of the plan narrative includes estimates on the projected number of individuals in the state who will be aged 65 or older by 2030. The analysis of current consumers served by target population identified those populations groups which may be unserved or underserved. In particular, the analysis revealed that older Iowans in rural areas may be underserved. The findings in this review and the methodology for assessing annual performance will inform policy decisions, IDA outreach activities and guidance to the area agencies on aging. In addition, the IDA periodically reviews population estimates by PSA and adjusts allotments according to the funding formula based on revised estimates.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Refer to information under the Section 307(a)(30) heading.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

In Iowa, the state Homeland Security and Emergency Management Department (HSEMD) and the Department of Administrative Services (DAS), with the assistance of the Office of the Chief Information Officer (OCIO), work together to ensure State agencies have updated Continuity of Operations/Continuity of Government (COOP/COG) plans. These plans detail how an agency's essential functions would be carried out if the facility or resources were damaged or inaccessible in an emergency. Recently, a new software program (OpsPlanner) has been implemented to house and maintain state agency COOP/COG plans. The IDA's COOP/COG coordinator worked with DAS to transfer the agency plan into the new database. State agency Directors are required to formally review and affirm each plan annually and DAS follows each agency's progress to ensure this occurs.

Each COOP/COG plan is tailored to the individual agency's structure and needs, but common elements include:

- Department essential functions
- Key continuity personnel
- Recovery locations
- Identification of vital records and documents
- Required resources (phones, computers, database access)
- Business Impact Analysis (BIA)

In addition to annually reviewing and affirming the COOP/COG plan, the Director is also responsible for implementing the plan should a disaster impacting state operations occur.

Iowa's HSEMD also oversees the State Emergency Operations Center (SEOC) which provides a protected facility from which the State would manage disasters or emergencies within the state. The IDA participates in routine drills at SEOC directed at addressing radiological emergencies which could occur at the nuclear power plant in the state or those bordering the state. The IDA's standard operating procedures at SEOC include consistent updates to Iowa's AAAs and Long-Term Care Ombudsman Program regarding impacts in their regions and responding to any needs they may have for funding or other resources. AAAs are in contact with their local emergency response agencies and have worked with them in past emergencies (e.g., floods, tornadoes). SEOC procedures provide an avenue for AAAs to provide information to the State on local issues or actions during an emergency, as well.

The IDA's Emergency Preparedness Coordinator is backed-up by a representative from the Office of the State Long-Term Care Ombudsman who can participate in emergency preparedness events with or in place of the Coordinator if she is not available. This also provides an avenue for communication and sharing of resources between the Department and the OSLTCO. The Department and the OSLTCO have compiled resources and procedures for an emergency preparedness manual for the OSLTCO.

Additionally, both the Emergency Preparedness Coordinator and the representative from the OSLTCO attend relevant trainings, in person or on-line when possible.

The IDA's Emergency Preparedness Coordinator also serves as a member of the advisory group for Iowa's Disaster Medical Assistance Team (IA-DMAT), which is administered by the Iowa Department of Public Health (IDPH). IDPH recruits and trains medical personnel throughout the state who volunteer to be part of a response team in an emergency.

Section 705(a) ELIGIBILITY

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307–
(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

Title VII of the Older Americans Act mandates programs designated to carry out vulnerable elder rights protection activities. The IDA meets this mandate through the services offered by the Office of the State Long-Term Care Ombudsman, the Elder Abuse Prevention and Awareness Program, and the Legal Assistance Program. Together, these programs work toward a better environment for all older Iowans, residents/tenants of long-term care facilities, and individuals at risk of elder abuse, neglect, and financial exploitation.
Following the implementation of the Long-Term Care Ombudsman Program Final Rule, a review was conducted of the requirements for the Office of the State Long-Term Care Ombudsman and the State agency. A Memorandum of Understanding between the IDA and Iowa's OSLTCO was put in place clarifying the roles and responsibilities of each party. In addition, the OSLTCO has completed a thorough update of its policy manual, and the Department is finalizing a formalized monitoring process to ensure the Office is in compliance with regulation.

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

The IDA utilizes several methods to obtain the views of older Iowans, AAAs, Title VI programs, and other interested persons and organizations. These methods include, but are not limited to:

- ***Iowa Commission on Aging***
  The Iowa Commission on Aging is the policy-making body of the IDA. The Commission consists of seven members appointed by the Governor and confirmed by the Iowa Senate. The Iowa Senate and House of Representatives each select two members to serve in an ex-officio, non-voting capacity. The Commission holds quarterly meetings, at a minimum, each year. All meetings are open to the public and are held in an accessible location. The Office of the State Long-Term Care Ombudsman presents an update on activities and issues of interest at each commission meeting and participates in a dialogue to answer questions or receive direction.
- ***Iowa Association of Area Agencies on Aging (i4a)***
  The i4a is a non-profit organization, comprised of Iowa's six AAAs. This organization represents the interests of Iowa's AAA network and lobbies the Iowa state legislature to address the needs of the aging network and older Iowans. The IDA confers with the AAAs that make up this association to gather ideas, consult on issues, and gain feedback on the effectiveness of the Title VII elder rights programs.

- ***Area Plan Public Comment***
  The AAAs hold public hearings for their Area Plan and report comments received. In addition, the AAAs' advisory councils offer an avenue for feedback on service implementation. In particular, AAAs evaluated their Elder Abuse Prevention and Awareness service reach and impact in determining planning strategies for the next four-year plan period.
- ***State Plan Public Comment***
  A draft of the State Plan on Aging for FFY 2018–2021 was published on the IDA website from April 17-May 1, 2017, to receive public comment. A public hearing was held on May 1, 2017. (Refer to Attachment K for a summary of public comments received.)
- ***Training and Education Activities***
  The OSLTCO and the AAAs conduct regular outreach activities to impart knowledge, experience, or skills to providers, professionals, families, and the general public about elder rights and elder abuse, neglect and/or exploitation and programs and services to address these issues. Questions and comments that arise during these activities inform staff of local issues or trending topics.

In addition to these formalized methods for receiving public input, Iowans may contact the IDA or the OSLTCO directly through phone, e-mail, and postal mail. All contact information is posted to the IDA's website at www.iowaaging.gov.

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

The IDA works in partnership with the AAAs and other stakeholders to determine the needs of older Iowans and to provide assistance in securing and maintaining benefits and rights. The EAPA Program Manager, Legal Assistance Developer, and the Long-Term Care Ombudsmen continually receive feedback through telephone calls, e-mails, and in-person conversations with professionals working in the systems as well as consumers, which helps the IDA identify the needs and barriers in accessing benefits and exercising rights. Through these conversations, IDA staff works with partners to ensure access to benefits and assistance while ensuring rights are protected. Partners include such entities as the legal assistance providers, the Legal Hotline for Older Iowans, the Senior Health Insurance Information Program, the Department of Veteran's Affairs, the Attorney General's Office, county attorneys, law enforcement, service providers, Department of Human Services (DHS), Disability Rights Iowa, the Department of Inspections and Appeals (DIA), and the Older Iowan Legislature.

Iowa's OSLTCO administers several programs to assist in securing the rights of older individuals across Iowa's 99 counties. Local Long-Term Care Ombudsmen are assigned to nine geographical regions of the state to advocate for residents/tenants of Iowa's long-term care facilities and assisted living programs. In addition, the Managed Care Ombudsman Program is dedicated to serving long-term care residents on Medicaid and recipients of Medicaid waiver services who need assistance and advocacy navigating Iowa's managed care system. The Office's Discharge Specialist responds to cases of involuntary discharge from facilities, ensuring that resident rights are recognized. To maximize state-wide accessibility with limited resources while also further educating individuals about OSLTCO services and the rights of Iowa's older adults, the Office administers the Volunteer Ombudsman Program (VOP). The VOP certifies volunteers in the community to assist the OSLTCO in providing advocacy and assistance to nursing facility residents.

Additionally, policies are in place, in accordance with the Long-Term Care Ombudsman Program Final Rule, to ensure that OSLTCO representatives have access to facilities, residents, and records. Policies set standards for prompt response to complaints, and dictate that the Ombudsman will monitor the performance of OSLTCO representatives to ensure these standards are met. The OSLTCO has a comprehensive, up-to-date policy manual that addresses these issues, and access to facilities, residents and records is also mandated by Iowa Code.

The Office of the State Long-Term Care Ombudsman produces an annual report. This report provides recommendations for improving the health, safety, welfare, and rights of residents and tenants of long-term care facilities, assisted living programs, and elder group homes.

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

The IDA recognizes and acknowledges the value of the Section 307 programs to the older Iowans. In order to ensure funds are available to carry out the mandates of Section 307, the IDA works collaboratively with the AAAs and the OSLTCO to administer the elder rights programs in a fashion that leverages the limited federal funds with state and local resources. In addition, the IDA and the Office of State Long-Term Care Ombudsman certify that the state resources expended to meet the Certification of Long-Term Care Ombudsman Expenditures set forth by Title III of the Older Americans Act are met.

Under federal regulation, the State Long-Term Care Ombudsman is responsible for fiscal administration of the Office, but must work with the fiscal division of the IDA to ensure funds are available as required.

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

The mission of the Office of State Long-Term Care Ombudsman is to protect the health, safety, welfare and rights of individuals residing in long-term care by investigating complaints, seeking resolutions to problems and providing advocacy with the goal of enhancing quality of life and care.

The state places no restrictions on the eligibility of entities for designation as local ombudsman entities. In Iowa, the local long-term care ombudsmen are, in fact, employees of the IDA and supervised by the State Long-Term Care Ombudsman. The state follows proper state hiring protocols.

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for–
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

In carrying out Section 307 programs, the IDA and OSLTCO conducts a program of services consistent with relevant state laws and coordinates with existing state adult protective services for the following activities:

- ***Public Education***
  The IDA and OSLTCO utilize these methods to educate the public on ways to identify and prevent elder abuse: training for service providers, volunteers, facility staff, and the general public; telephone support to private citizens, caregivers and residents/tenants; presentations at resident councils, family councils, financial institutions, and other community events; and distribution of brochures, press releases, and other outreach materials written for the public and media.

- ***Receipt of Reports of Elder Abuse***
  The IDA does not serve as the adult protective services (APS) entity in Iowa. The OSLTCO does, however, investigate complaints of abuse, neglect, and exploitation and partners with the APS and state survey agency to resolve concerns. For other reports of abuse, neglect, and exploitation, the IDA works collaboratively with the two agencies that investigate dependent adult abuse: the Iowa Department of Human Services and the Iowa Department of Inspections and Appeals. This collaboration allows for a process of sending calls and elder abuse allegations that also fall into the criteria of dependent adult abuse to the entities who can conduct the investigations.

  The EAPA Program Manager oversees the EAPA Program and serves as a resource to the Elder Rights Specialists located in the Area Agencies on Aging. The Elder Rights Specialists respond to reported concerns of older Iowans who are at risk of, or experiencing abuse, neglect or financial exploitation. They also collaborate and are a resource for care managers, physicians, law enforcement, county attorneys, adult protective service workers, and other community service providers. Iowa does not have one comprehensive elder abuse law and instead, utilizes a variety of laws for the legal intervention and protection of older Iowans and their caregivers.

- ***Participation of Older Individuals in Programs***
  The EAPA Program Manager works with the local Elder Rights Specialists to collaborate with their professional partners, as well as older Iowans themselves. Tactics such as presentations, booths at local events, participating in World Elder Abuse Awareness Day (WEAAD), press releases, fact sheets, etc., have been instrumental in highlighting system barriers, successes, and areas for positive change to Iowa's current adult abuse system. The Office of Elder Rights has worked with the Older Iowans Legislature to allow for participation and input into the elder abuse, neglect, and exploitation awareness program.

- ***Complaint Referrals***
  The OSLTCO works closely with residents and tenants to ensure individuals with an elder abuse concern receive prompt attention and assistance. Situations that rise to the level of dependent adult abuse are referred to DHS and DIA, as well as other appropriate agencies.

  IDA's EAPA Program Manager works closely with the Elder Rights Specialists to ensure individuals with an elder abuse concern receive prompt attention and assistance. Situations that meet the dependent adult abuse criteria are referred to the Department of Human Services and Department of Inspections and Appeals as appropriate. Referrals are also made to law enforcement when instances involve crime as identified in Iowa Code. The Elder Rights Specialists continue to assist the consumer with service and intervention coordination until the situation is resolved.

- ***Voluntary Participation***
  All participation in programs is done on a voluntary basis.

- ***Confidentiality***
  All information shared is held in the strictest confidence unless the consent to release information is obtained by the client, consumer, resident/tenant, or their legal representative. State law and program policies address the protocol for releasing confidential information for the OSLTCO.

INTRASTATE FUNDING FORMULA REQUIREMENTS

INTRASTATE FUNDING FORMULA REQUIREMENTS

Iowa Department on Aging
Intrastate Funding Formula and Resource Allocation Plan
Effective July 1, 2017

Funding Formulas: Older Americans Act Allocations

Available federal Older Americans Act Title III funds are allocated to the Iowa Department on Aging (IDA) and passed on to Area Agencies on Aging (AAAs) on the basis of the number of persons 60 and older, number of 60+ minorities, and double-weighted for persons 60+ at or below the poverty level in each planning and service area (PSA).

State Aging Programs

Available resources from State Aging Programs are allocated to each AAA utilizing a formula that triple weights individuals (a) 75 years of age and older; (b) 60 and older who are members of a racial minority; (c) 60 years of age and older who reside in rural areas; (d) 60 years of age and older who have incomes at or below the official poverty guideline, as defined each year by the U.S. Office of Management and Budget and adjusted by the Secretary of the U.S. Department of Health and Human Services; and (e) single weights individuals 60 years of age and older.

NSIP Allotments

Iowa's AAAs will receive a portion of the NSIP allotment to the state based on the proportion that an area's eligible meals bear to the total of NSIP eligible meals for all AAAs.

Rural Cost

Iowa is a rural state and its rural status is addressed in Iowa's Intrastate funding formula. There are only 10 counties of Iowa's 99 that are considered to be Statistical Metropolitan Areas. State Aging Programs, established in July 2011, address the needs of persons living in rural areas.

The tables listed below appear on the following pages:

- Table 1: Funding Allocation Formulas
- Table 2: FY 2018 Title III Funding Allotments to Area Agencies on Aging
- Table 3: FY 2018 AAA Federal Title III Funding Allotment Planning Projections
- Table 4: FY 2018 AAA Nutrition Services Incentive Program Funding Allotment Planning Projections
- Table 5: FY 2018 AAA State Appropriations Funding Allotment Planning Projections (Total State Aging Programs)
- Table 6: FY 2018 AAA State Appropriations Funding Allotment Planning Projections (Total Elder Abuse Program)
- Table 7: FY 2018 AAA State Appropriations Funding Allotment Planning Projections (Total LifeLong Links Program)
- Table 8: FY 2018 AAA State Appropriations Funding Allotment Planning Projections (Total Unmet Needs)

Table 1: Funding Allocation Formulas

Intrastate Funding Formula	Factor	Weight
Title III B, C(1), C(2), and E	Persons aged 60 and older	1
	Minority persons aged 60 and older	1
	Persons aged 60 and older living at or below the poverty level of income	2
*Title III Admin. included in Allocation	AAA Block (greater of $24,000/AAA or .25% of Total Title III Allocation/AAA)	
	AAA Block (greater of $4,000/County or .04% of the Total Title III Allocation/County)	
Title III D	Persons aged 60 and older living at or below the poverty level of income	1
	Medically underserved persons aged 60 and older	1

Nutrition Service Incentive Program	Factor	Weight
NSIP	Meals Served	1

State Aging Programs Funding Formula	Factor	Weight
	Persons aged 60 and older	1
	Rural persons aged 60 and older	3
	Persons aged 60 and older living below the poverty level of income	3
	Minority persons aged 60 and older	3
	Persons aged 75 and older	3

Data Sources: Population data used in funding formula from Administration on Aging: AGing Integrated Database (AGID) - County-Level Census 2010 Custom Tables for Iowa and from 2015 American Community Survey 5-year Estimates (Iowa – County Level).

Table 2: FY 2018 Title III Funding Allotments to Area Agencies on Aging

	Title III B	Title III C(1)	Title III C(2)	Title III D	Title III E	Total
Estimated 2017 Federal Allocation	$4,199,620	$5,081,501	$2,260,938	$217,047	$1,575,411	$13,334,507
State Administration (5.00% of Federal Allocation)	209,981	254,075	113,046	10,852	78,771	666,725
Ombudsman						
Actual SFY 2018 AAA Plan Allotments to AAAs	$3,989,639	$4,827,426	$2,147,882	$206,195	$1,496,640	$12,667,782

Table 3: FY 2018 AAA Title III Funding Allotment Planning Projections

	ADMINISTRATION FUNDING				
AAA	Total Admin.	Title III B	Title III C(1)	Title III C(2)	Title III E
Elderbridge	$274,768	$87,753	$107,131	$47,666	$33,218
Northeast Iowa	229,625	73,074	82,205	36,690	27,656
Aging Resources	185,640	59,075	72,118	32,088	22,359
Heritage	138,849	44,186	53,941	24,000	16,722
Milestones	219,874	66,970	85,418	38,005	26,481
Connections	213,498	67,944	82,940	36,903	25,711
Total Allocation	$1,262,254	$402,002	$490,753	$218,352	$151,147

	ADMINISTRATION & SERVICES FUNDING					
AAA	Total Title III	Title III B SUPPORTIVE SERVICES	Title III C(1) NUTRITION CONGREGATE	Title III C(2) NUTRITION HOME-DELIVERED	Title III D PREVENTIVE HEALTH	Title III E CAREGIVER/ GRANDPARENT
Elderbridge	$2,239,540	$692,578	$845,486	$376,184	$63,163	$262,129
Northeast Iowa	2,349,871	736,351	898,914	399,957	35,963	278,686
Aging Resources	2,409,096	762,920	931,352	414,390	11,688	288,746
Heritage	1,551,475	489,508	597,580	265,883	13,238	185,266
Milestones	2,253,766	704,163	859,623	382,475	41,000	266,505
Connections	1,828,794	568,879	694,471	308,993	41,143	215,308
Total Allocation	$12,632,542	$3,954,399	$4,827,426	$2,147,882	$206,195	$1,496,640

Table 4: FY 2018 AAA Federal Nutrition Services Incentive Program Funding Allotment Planning Projections

			FY 2018	
AAA	FFY 2016 Proportion	FFY 2018 Total NSIP	Commodity Election	Cash
Elderbridge	21.1913%	$371,688	$0	$371,688
Northeast Iowa	15.5654%	273,011	0	273,011
Aging Resources	23.3773%	410,028	0	410,028
Heritage	13.7519%	241,204	0	241,204
Milestones	15.2255%	267,049	0	267,049
Connections	10.8886%	190,982	0	190,982
Total Allocation	100.0000%	$1,753,962	$0	$1,753,962

Table 5: FY 2018 AAA State Appropriations Funding Allotment Planning Projections

		ADMINISTRATION & SERVICES FUNDING	
AAA	Total State Aging Programs	Total Administration	Total Services
Elderbridge	$1,497,663	$112,325	$1,385,338
Northeast Iowa	1,488,060	111,605	1,376,455
Aging Resources	1,218,539	91,392	1,127,147
Heritage	869,407	65,205	804,202
Milestones	1,263,400	94,755	1,168,645
Connections	1,118,931	83,918	1,035,013
Total Allocation	$7,456,000	$559,200	$6,896,800

Table 6: FY 2018 AAA State Appropriations Funding Allotment Planning Projections

		ADMINISTRATION & SERVICES FUNDING	
AAA	Total Elder Abuse Program	Total Administration	Total Services
Elderbridge	$98,330	$7,375	$90,955
Northeast Iowa	98,330	7,375	90,955
Aging Resources	98,330	7,375	90,955
Heritage	98,330	7,375	90,955
Milestones	98,330	7,375	90,955
Connections	98,331	7,375	90,956
Total Allocation	$589,981	$44,250	$545,731

Table 7: FY 2018 AAA State Appropriations Funding Allotment Planning Projections

		ADMINISTRATION & SERVICES FUNDING	
AAA	Total LifeLong Links Program	Total Administration	Total Services
Elderbridge	$127,777	$6,364	$120,913
Northeast Iowa	255,053	12,728	241,825
Aging Resources	127,777	6,364	120,913
Heritage	127,777	6,364	120,913
Milestones	127,777	6,364	120,913
Connections	127,777	6,364	120,913
Total Allocation	$890,938	$44,548	$846,390

Table 8: FY 2018 AAA State Appropriations Funding Allotment Planning Projections

		ADMINISTRATION & SERVICES FUNDING	
AAA	Total Unmet Needs	Total Administration	Total Services
Elderbridge	$48,011	$0	$48,011
Northeast Iowa	48,267	0	48,267
Aging Resources	39,032	0	39,032
Heritage	28,078	0	28,078
Milestones	40,975	0	40,975
Connections	36,431	0	36,431
Total Allocation	$240,794	$0	$240,794

IOWA'S AGING NETWORK

IOWA'S AGING NETWORK

Iowa Department on Aging

The Iowa Department on Aging (IDA) is a Cabinet-level state agency whose director is appointed by the Governor and confirmed by the Senate. The agency is responsible for the application and receipt of federal Older Americans Act funds as well as state appropriations. The IDA is a focal point for all activities related to the needs and concerns of older Iowans. The IDA's responsibilities as the state unit on aging include:

- Coordinating all state activities related to the purposes of Title III.
- Developing a State Plan on Aging.
- Serving as an effective and visible advocate for older persons by:
  1. *Reviewing and commenting upon all state plans, budgets, and policies that affect elders.*
  2. *Providing technical assistance to any agency, organization, association, or individual representing the needs of elders.*
- Assuring that preferences for services will be given to older individuals with greatest economic or social needs
- Assuring that preference for services will be given to low-income minority and rural older adults.

The director oversees the activities listed above to ensure that all programs for older Iowans are consistent with the Governor's management decisions, policy decisions of the Iowa Legislature and the Iowa Commission on Aging, and all federal and state laws and regulations. The director's office is responsible for obtaining input from, coordinating activities with, and being an advocate for older Iowans, along with other departments of state government, the Iowa Legislature, the Iowa AAAs, organizations representing older persons, and the general public.

Area Agencies on Aging

The IDA works in partnership with the state's six Area Agencies on Aging (AAAs). The AAAs serve older Iowans and caregivers within the community by monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions that will affect them. The AAAs work with hundreds of community organizations whose social and nutritional services are delivered at more than 400 sites.

As required by the Older Americans Act, all agencies have a policy-making board and an advisory council. The AAAs coordinate services among a variety of organizations ranging from senior centers to mental health and long-term care providers. They work to assure that any services provided in the community include provisions for the elderly.

The AAAs strive to meet the needs of the rapidly-growing number of older Iowans through:

- Assessing the current needs of older Iowans;
- Assessing available services, programs, and institutions;
- Developing area plans to help address service gaps;
- Assuring access to services, programs, and institutions;
- Advocating for the needs of older Iowans;
- Financing and administering contracts to service providers;
- Providing a central leadership role for older Iowans; and
- Providing information and assistance services for older Iowans and their caregivers.

The Iowa Association of Area Agencies on Aging (i4a) is a non-profit organization comprised of Iowa's six AAAs.

Funding Sources

Funding for aging services through the IDA comes mainly from state and federal sources, as shown in the chart below. Funding from the Administration on Aging (AoA) accounts for 57.53 percent of the IDA's budget, while 38.13 percent comes from state general funds. Remaining funds come from the U.S. Department of Labor (4.19 percent) and numerous other sources (0.14 percent).

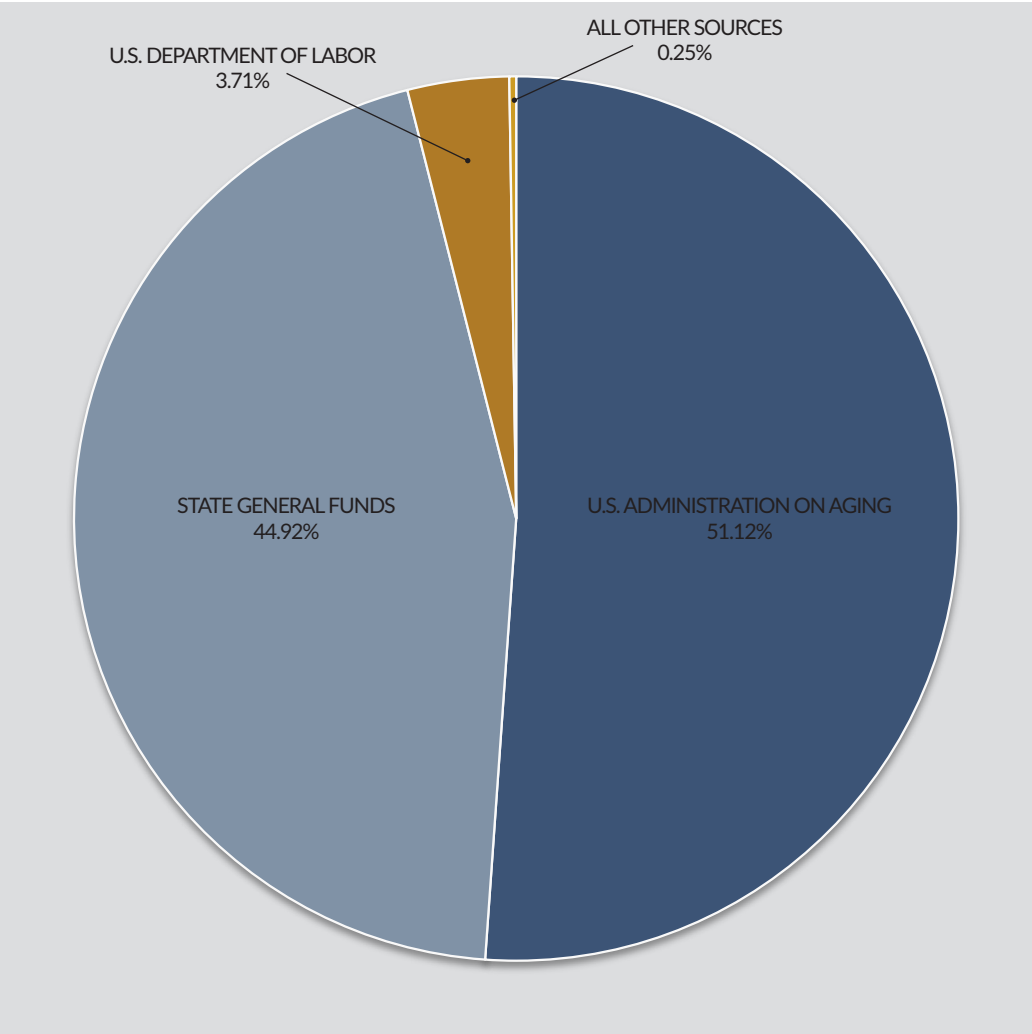
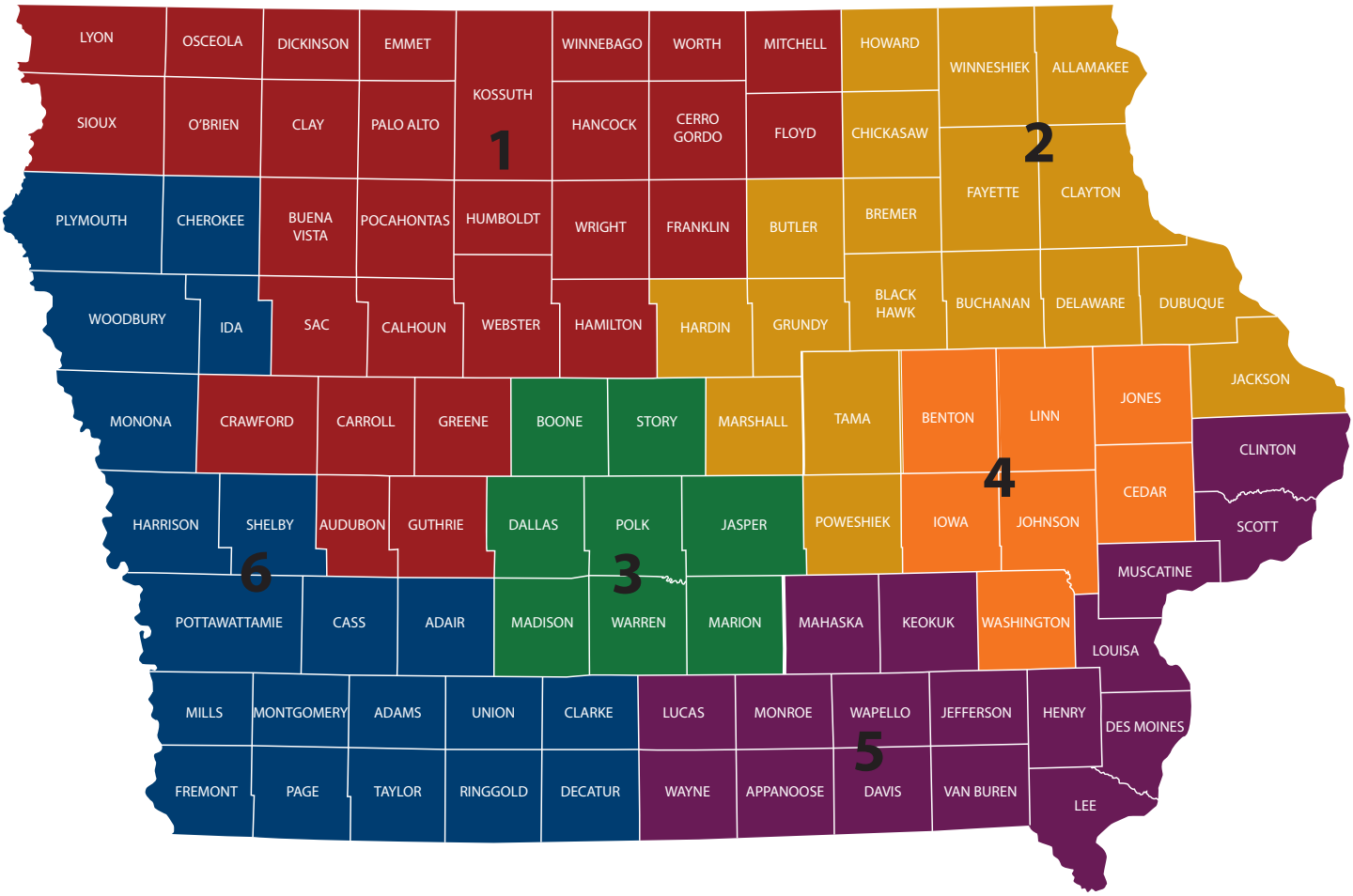


FIG. D.1: SFY 2018 Funding Sources from SFY 2018-2019 Budget Submission (10/01/2016)

Iowa Area Agencies on Aging



PLANNING & SERVICE AREA 1: Elderbridge Area Agency on Aging				
Counties Served:	Audubon, Buena Vista, Calhoun, Carroll, Cerro Gordo, Clay, Crawford, Dickinson, Emmet, Floyd, Franklin, Greene, Guthrie, Hamilton, Hancock, Humboldt, Kossuth, Lyon, Mitchell, O'Brien, Osceola, Palo Alto, Pocahontas, Sac, Sioux, Webster, Winnebago, Worth and Wright			
Director:	Shelly Sindt			
Contact Information:	**Mason City Office** 22 N Georgia, Ste. 216 Mason City, IA 50401 (641) 424-0678 (800) 243-0678 Fax: (641) 424-2927	**Carroll Office** 603 N West St. Carroll, IA 51401 (712) 792-3512 (800) 243-0678 Fax: (712) 792-3534	**Fort Dodge Office** 308 Central Ave. Fort Dodge, IA 50501 (515) 955-5244 (800) 243-0678 Fax: (515) 955-5245	**Spencer Office** 714 10th Ave. E PO Box 213 Spencer, IA 51301 (712) 262-1775 (800) 243-0678 Fax: (712) 262-7520
Website:	www.elderbridge.org			

PLANNING & SERVICE AREA 2: Northeast Iowa Area Agency on Aging (NEI3A)			
Counties Served:	Allamakee, Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Clayton, Delaware, Dubuque, Fayette, Grundy, Hardin, Howard, Jackson, Marshall, Poweshiek, Tama and Winneshiek		
Director:	Donna Harvey		
Contact Information:	**Waterloo Office** 2101 Kimball Ave., Ste. 320 Waterloo, IA 50702 (319) 272-2244 (800) 779-8707 Fax: (319) 272-2455	**Decorah Office** 808 River St. Decorah, IA 52101 (563) 382-2941 (800) 233-4603 Fax: (563) 382-6248	**Dubuque Office** 2728 Asbury Road Fountain Park - Springs Bldg. Dubuque, IA 52001 (563) 588-3970 (888) 238-0831 Fax: (563) 588-1952
Email:	nei3a@nei3a.org		
Website:	www.nei3a.org		

PLANNING & SERVICE AREA 3: Aging Resources of Central Iowa	
Counties Served:	Boone, Dallas, Jasper, Madison, Marion, Polk, Story and Warren
Director:	Joel Olah
Contact Information:	5835 Grand Ave., Ste. 106 Des Moines, IA 50312-1444 (515) 255-1310 (800) 747-5352 Fax: (515) 255-9442
Email:	info@agingresources.com
Website:	www.agingresources.com

PLANNING & SERVICE AREA 4: The Heritage Area Agency on Aging	
Counties Served:	Benton, Cedar, Iowa, Johnson, Jones, Linn and Washington
Director:	Joe Sample
Contact Information:	6301 Kirkwood Blvd. SW Cedar Rapids, IA 52406 (319) 398-5559 (800) 332-5934 Fax: (319) 398-5533
Email:	joe.sample@kirkwood.edu
Website:	www.heritageaaa.org

PLANNING & SERVICE AREA 5: Milestones Area Agency on Aging			
Counties Served:	Appanoose, Clinton, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Monroe, Muscatine, Scott, Van Buren, Wapello and Wayne		
Director:	Christa Merritt		
Contact Information:	**Davenport Office** 935 E 53rd St. Davenport, IA 52807-2664 (563) 324-9085 (855) 610-6222 Fax: (563) 324-9384	**Ottumwa Office** 623 Pennsylvania Ave. Ottumwa, IA 52501 (641) 682-2270 (855) 610-6222 Fax: (641) 682-2445	**Burlington Office** 509 Jefferson St. Burlington, IA 52601-5427 (319) 752-5433 (855) 610-6222 Fax: (319) 754-7030
Email:	info@milestonesaaa.org		
Website:	www.milestonesaaa.org		

PLANNING & SERVICE AREA 6: Connections Area Agency on Aging			
Counties Served:	Adair, Adams, Cass, Cherokee, Clarke, Decatur, Fremont, Harrison, Ida, Mills, Monona, Montgomery, Page, Plymouth, Pottawattamie, Ringgold, Shelby, Taylor, Union and Woodbury		
Director:	Kelly Butts-Elston		
Contact Information:	**Council Bluffs Office** 300 W Broadway, Ste. 240 Council Bluffs, IA 51503 (712) 328-2540 (800) 432-9209 Fax: (712) 328-6899	**Creston Office** 109 N Elm St. Creston, IA 50801 (641) 782-4040 (800) 432-9209 Fax: (641) 782-4519	**Sioux City Office** 2301 Pierce St. Sioux City, IA 51104 (712) 279-6900 (800) 432-9209 Fax: (712) 233-3415
Email:	info@connectionsaaa.org		
Website:	www.connectionsaaa.org		

OLDER IOWANS – 2016 PROFILE

Previously published and available to download at:
http://www.iowadatacenter.org/Publications/older2016.pdf

OAA TITLE III SERVICE TRENDS & OUTCOMES

SFY 2016 NUTRITION & SUPPORTIVE SERVICES (TITLE III) & ELDER RIGHTS SERVICES (TITLE VII)

Iowa's six Area Agencies on Aging (AAAs) are responsible for tracking and reporting on services provided to Iowans funded through Federal and State programs. After collecting detailed information on the services provided, recipients of the services, providers of the services, and the associated costs, the Iowa Department on Aging (IDA) is responsible for filing an annual State Performance Report (SPR) with the Administration of Aging.

In SFY 2016, the AAAs provided required reporting information to the IDA through the Iowa Aging Information System (IAIS). Consumer and service information was reported through the Iowa Aging Program Reporting System component (IAPRS) and fiscal information was reported through the Iowa Aging Fiscal Reporting System component (IAFRS). The information provided here about consumers and services covers the period from July 1, 2015, through June 30, 2016. IAIS data is dynamic and any corrections entered by the AAA after November 10, 2016, are not reflected in this information.

Definitions

General Aging Program: Elderly persons who receive services/benefits from programs offered through Title III and Title VIII (Elder Rights) funding of the Older Americans Act, the Administration on Aging (AoA) and other funding (federal, state, local, etc.).

Family Caregiver: Persons who receive services/benefits from programs offered through the Title III-E Family Caregiver Program and other funding (federal, state, local, etc.).

Consumer: An eligible person who receives services/benefits from programs offered through public funding (federal, state, local, etc.).

Service: A form of benefit received by a consumer; a service can be recorded by individual consumers or aggregate consumers (tracks service delivery to a number of nonspecific consumers); service tracking can include, but is not limited to, Title III services defined by Administration on Aging (AoA) and Title III-E Caregiver services.

Rural: Means all areas not defined as urban.

Urban: Means persons/territories inside urbanized areas and persons/territories outside urbanized areas in places with 20,000 or more people.

Registered Service: A registered service is service that requires a consumer registration containing a "detailed" profile of consumer characteristics. General Aging characteristics include:

- Agency ID Number
- Consumer Identification (ID) Number
- Consumer Date of Birth
- Consumer Age
- Consumer Gender
- Consumer Race
- Consumer Ethnicity
- Home City
- Home Zip
- Home County
- Living Alone Status
- Household Size
- Poverty Level
- Instrumental Activities of Daily Living (IADL)
- Activities of Daily Living (ADL)
- Nutritional Risk Screening (Congregate Meals, Home Delivered Meals, Nutrition Counseling, and Case Management Consumers Only)

Caregiver characteristics include:

- Agency ID Number
- Identification (ID) Number
- Consumer Age
- Consumer Date of Birth
- Consumer Home City
- Consumer Home County
- Consumer Home Zip
- Consumer Gender
- Consumer Race
- Consumer Ethnicity
- Family Relationship to Care Recipient (wife, husband, daughter or daughter-in-law, son or son-in-law, other relative, non-relative)

OR

- Grandparent/Other Elderly Caregiver Relationship to Care Recipient
  - Total children 18 or younger receiving care
  - Total disabled persons aged 19-59 receiving care

Note: Per federal guidelines, an AAA cannot deny services to a consumer who refuses to complete a consumer registration for General Aging or Family Caregiver programs.

Aggregate Service: An aggregate service is a service that does not require the reporting of a detailed consumer profile. Information reported is an estimated unduplicated consumer count and the total number of units.

Service Unit: Description of how the service is delivered and recorded (e.g., hour, contact, session).

FY 2016 Services Provided to Address Needs

Total unduplicated number of consumers receiving at least one unit of a registered, general aging service in SFY 2016 = **52,133**

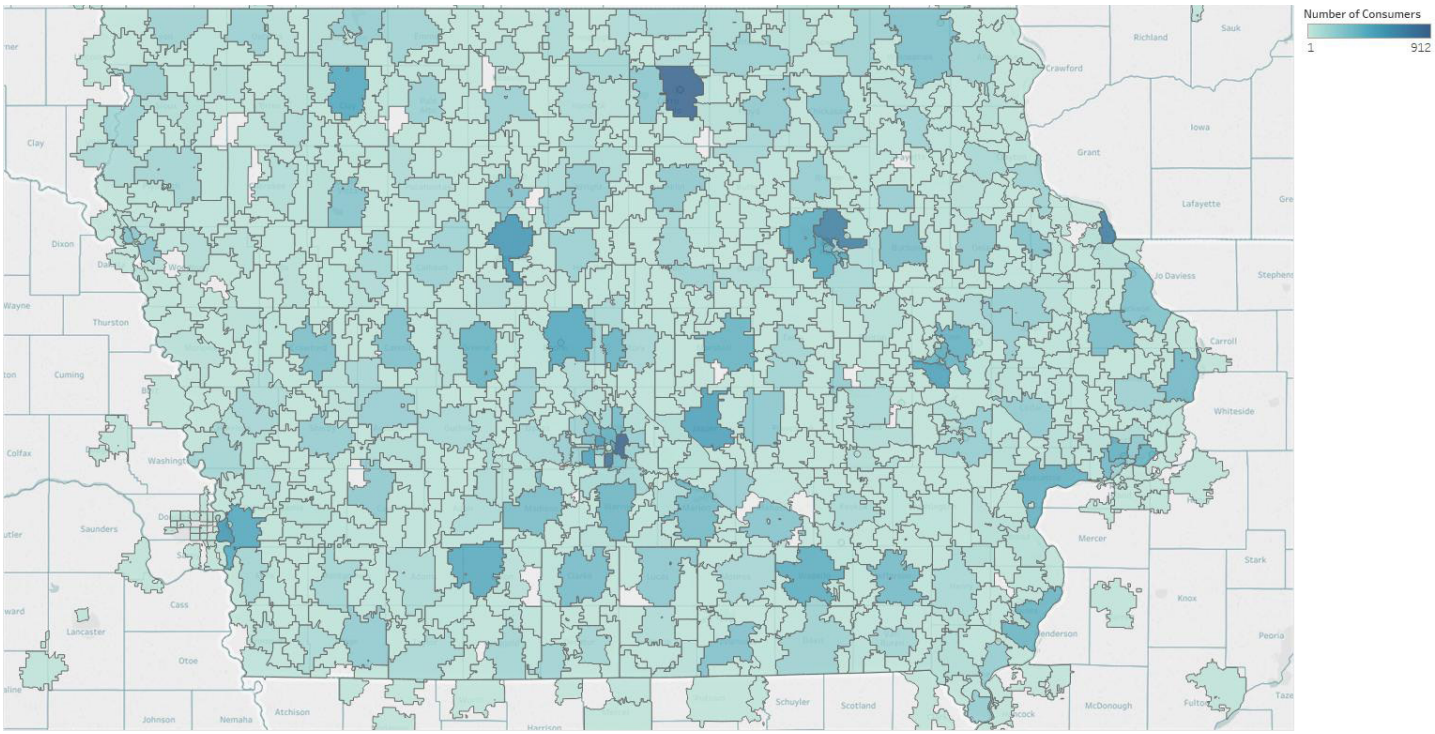
Service Name	Consumers Served	Units Provided	Unit Measure
EAPA Assessment & Intervention	329	3,769	1 consumer contact
EAPA Consultation	287	870	1 hour
Information & Assistance	9,873	24,898	1 consumer contact
Options Counseling	1,527	5,920	1 hour
Nutrition Counseling	124	131	1 session per consumer
Nutrition Education	14,472	99,095	1 session per consumer
Congregate Meals	22,024	1,079,381	1 meal
Home Delivered Meals	11,544	1,242,111	1 meal
Case Management	7,332	51,391	1 hour
Homemaker	1,038	42,147	1 hour
Chore	845	14,871	1 hour
Material Aid	1,302	20,597	1 consumer contact
Personal Care	280	7,503	1 hour
Adult Daycare	247	93,014	1 hour
Evidence-Based Health Activities	432	885	1 consumer per program
Health Promotion & Disease Prevention	6,233	54,759	1 consumer contact
Assisted Transportation	1,327	75,991	1 one-way trip
Transportation	4,026	194,228	1 one-way trip

Aggregate Services

Service Name	Aggregate Consumers Served	Units Provided	Unit Measure
Legal Assistance	4,010	6,298	1 hour
Outreach	14,171	33,269	1 consumer contact
Training & Education	144,799	2,040	1 activity
EAPA Training & Education	4,683	2,138	1 hour

Service Delivery Map

SFY 2016 General Aging, Registered Consumers Served (by Zip Code)



Note: Individuals receiving services outside of Iowa most often receive information and assistance.

FY 2016 Services Provided to Address Needs

Total unduplicated number of consumers receiving at least one unit of a registered, caregiver service in SFY 2016 = **3,841**

Family Caregiver Services

Service Name	Consumers Served	Units Provided	Unit Measure
Access Assistance	2,943	5,567	1 consumer contact
Counseling	261	598	1 session per consumer
Home Delivered Meals	40	3,557	1 meal
Options Counseling	402	1,141	1 hour
Respite	462	37,241	1 hour
Self-Directed Care	2	2	1 consumer contact
Supplemental Services	230	1,535	1 consumer contact

Grandparent & Other Elderly Relative Caregiver Services

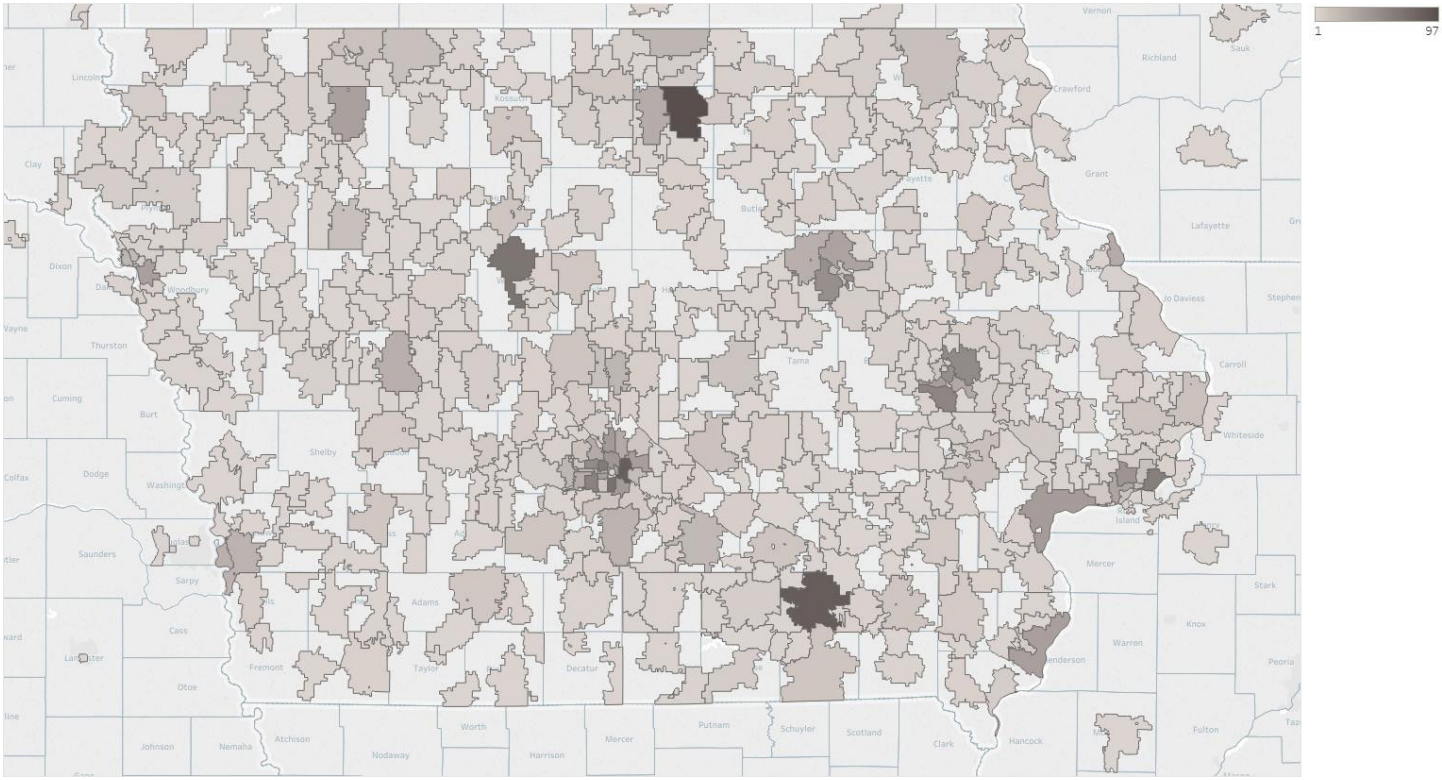
Service Name	Consumers Served	Units Provided	Unit Measure
Access Assistance	74	212	1 consumer contact
Counseling	27	234	1 session per consumer
Respite	12	1,905	1 hour
Supplemental Services	25	114	1 consumer contact

Aggregate Services

Service Name	Aggregate Consumers Served	Units Provided	Unit Measure
Information Services	31,444	5,178	1 activity

Service Delivery Map

SFY 2016 Caregiver, Registered Consumers Served (by Zip Code)

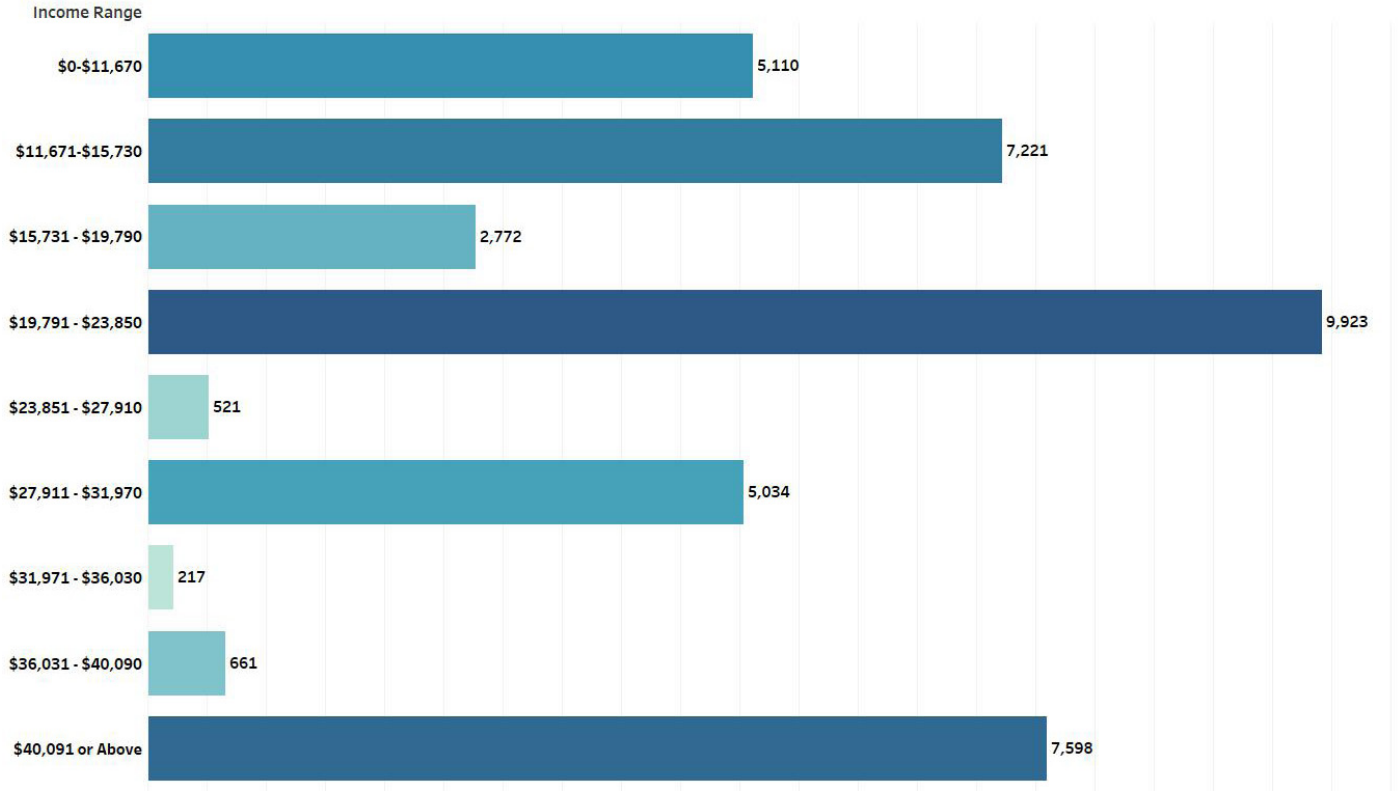


Note: Individuals receiving services outside of Iowa most often receive information and assistance.

Greatest Economic Need

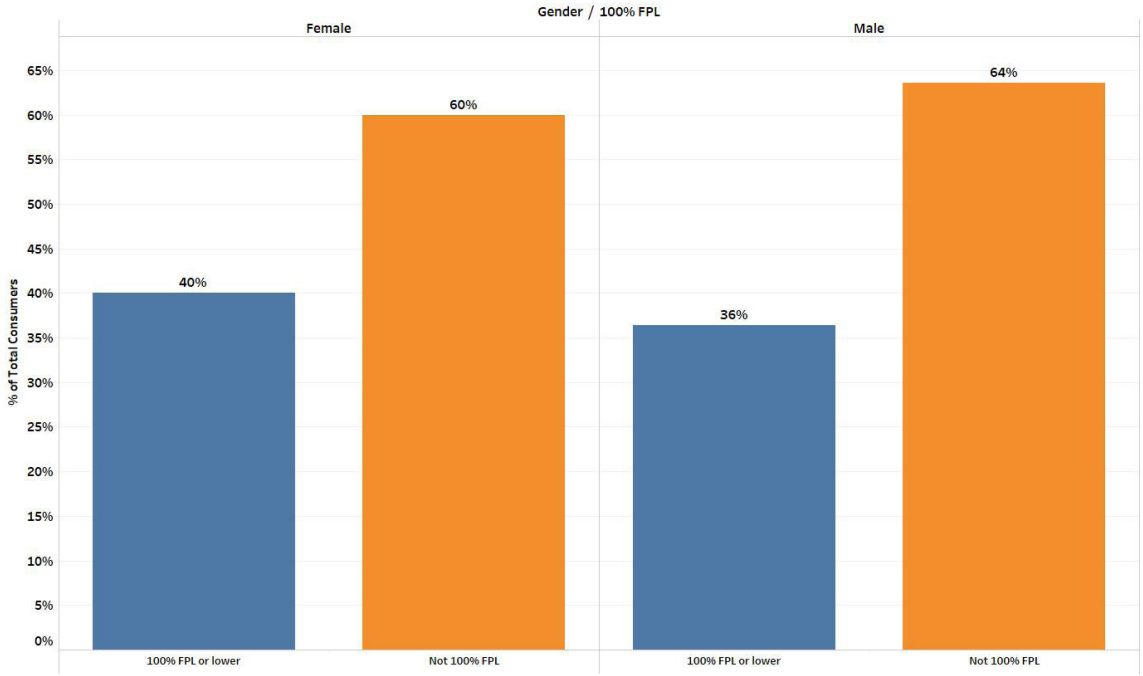
According to the Older Americans Act, the term "greatest economic need" means the need resulting from an income level at or below the poverty line. In Iowa, for a one-person household in 2016, 100% of federal poverty level (FPL) was $11,770 annual income and 185% of FPL was $21,177. For a two-person household in 2016, 100% of FPL was $15,930 annual income and 185% of FPL was $29,470.

SFY 2016 Income Range for Consumers Served

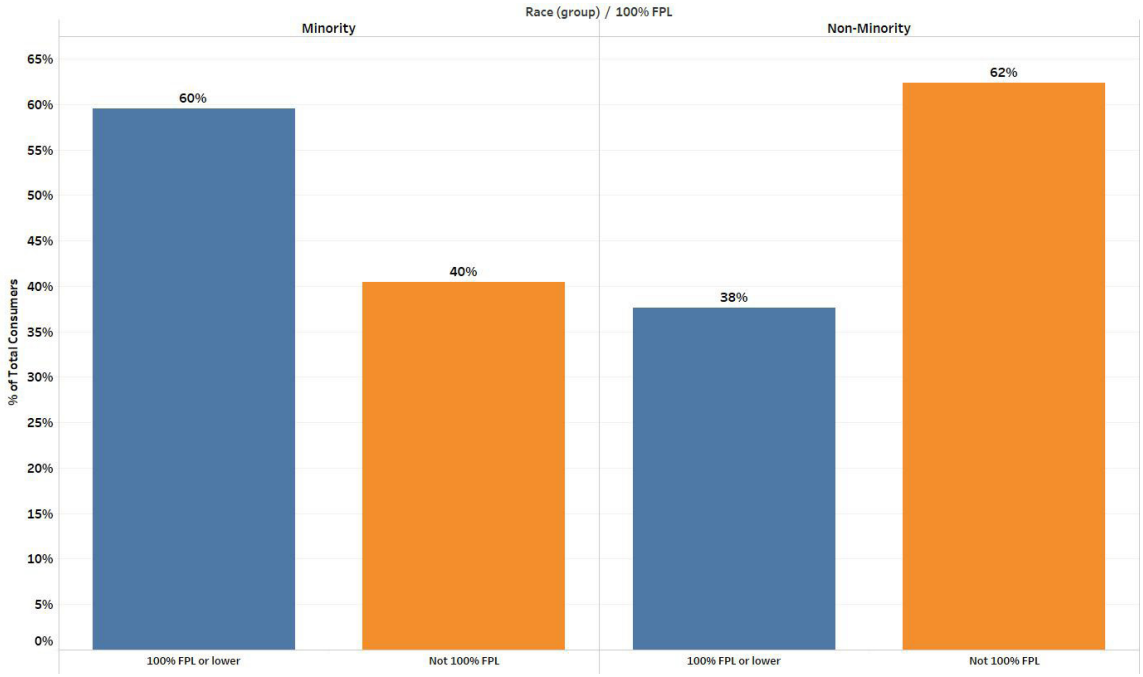


Demographic Characteristics

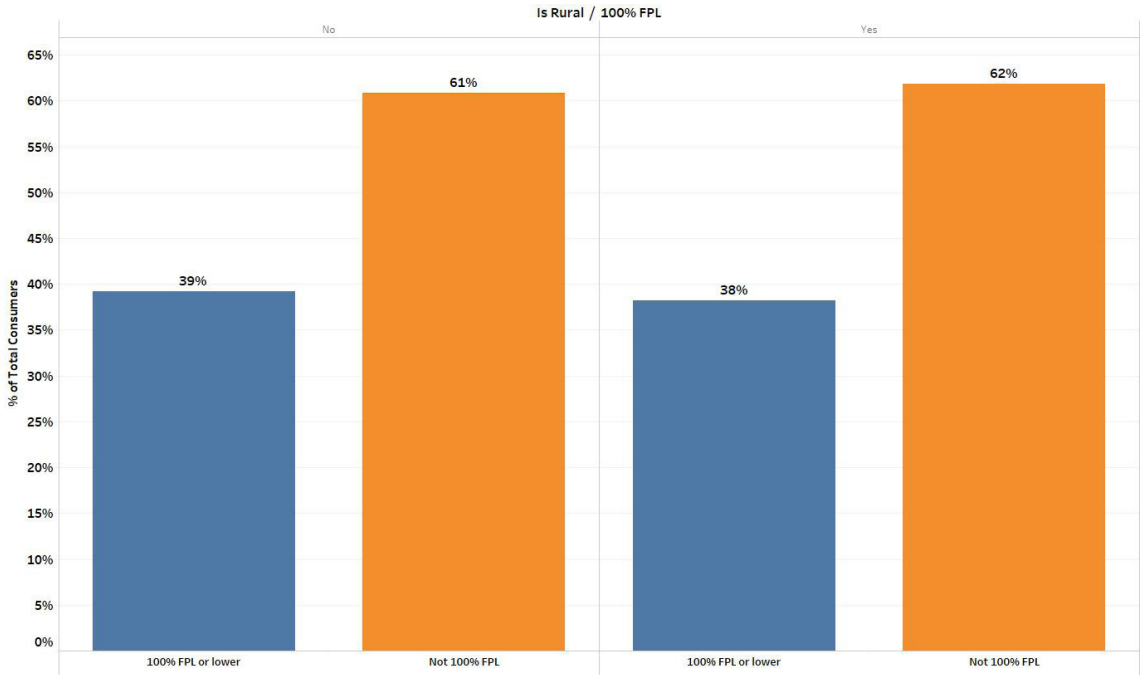
SFY 2016 Consumers Served – Greatest Economic Need by Gender



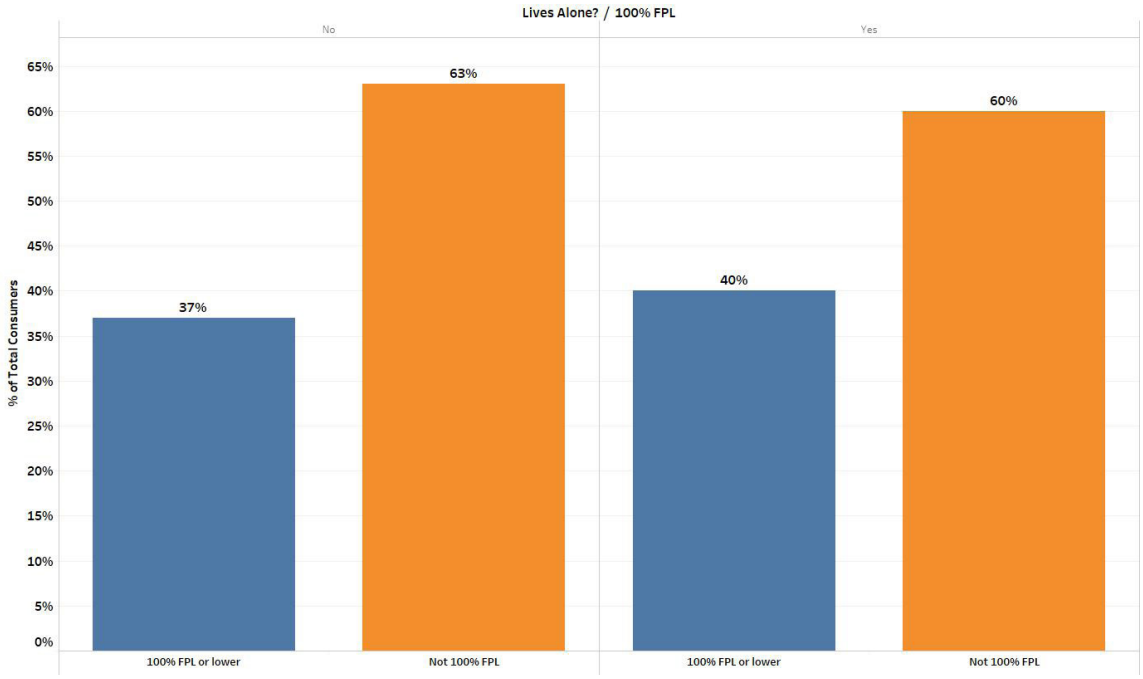
SFY 2016 Consumers Served – Greatest Economic Need by Minority Status



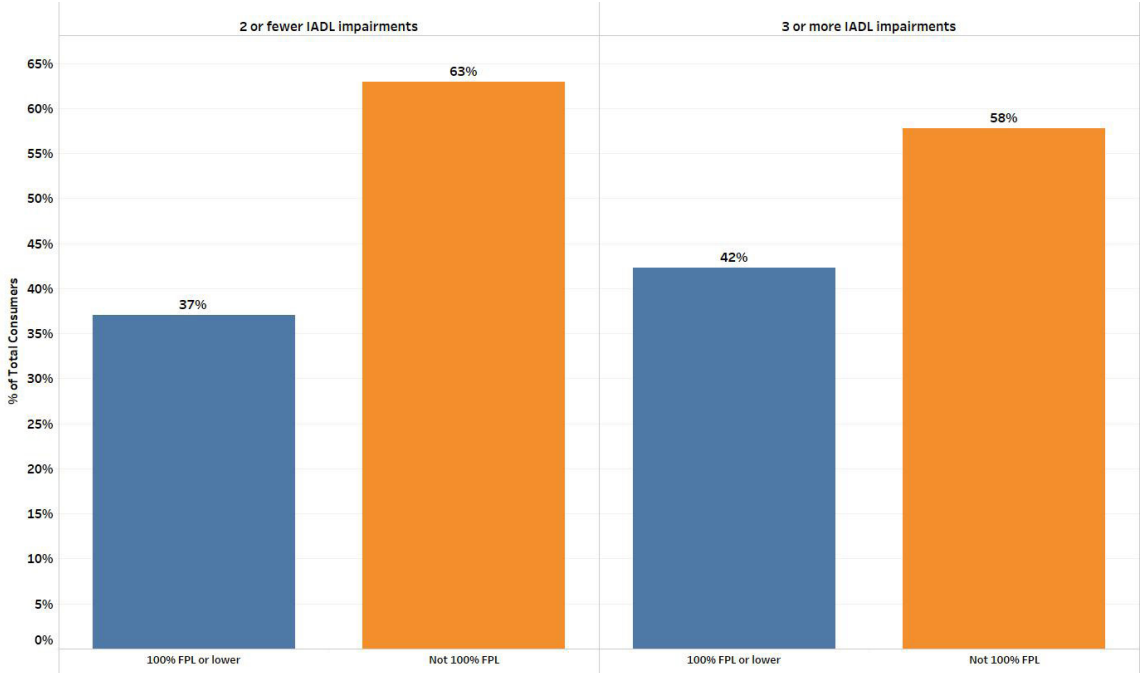
SFY 2016 Consumers Served – Greatest Economic Need by Rural Status



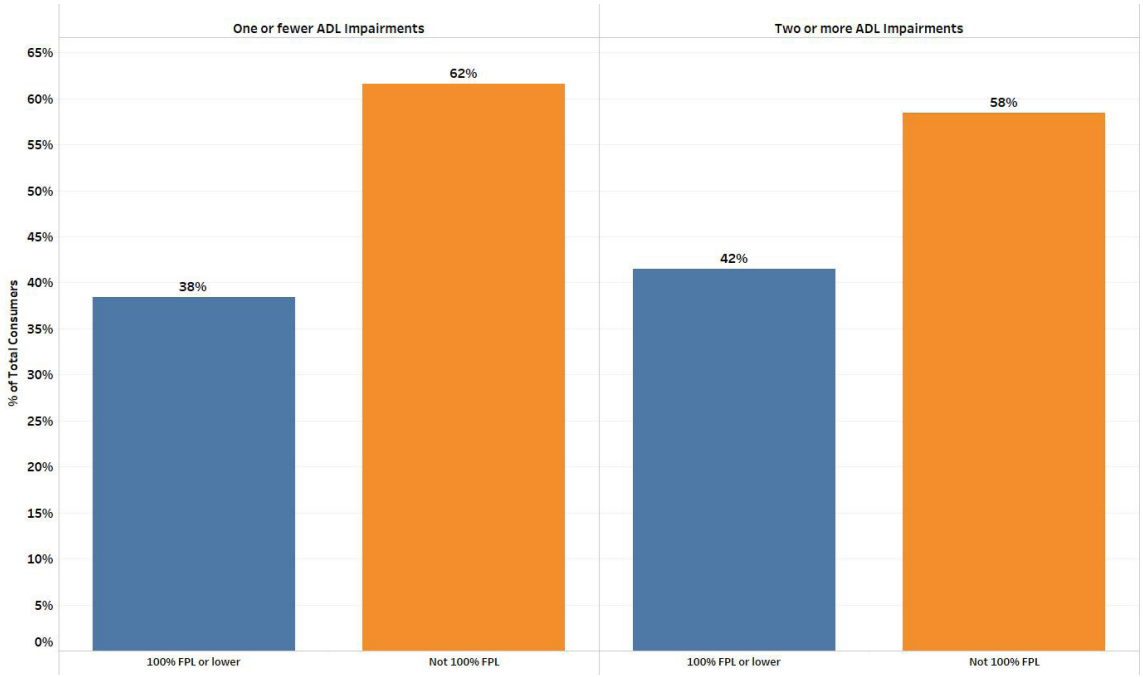
SFY 2016 Consumers Served – Greatest Economic Need by Lives Alone Status



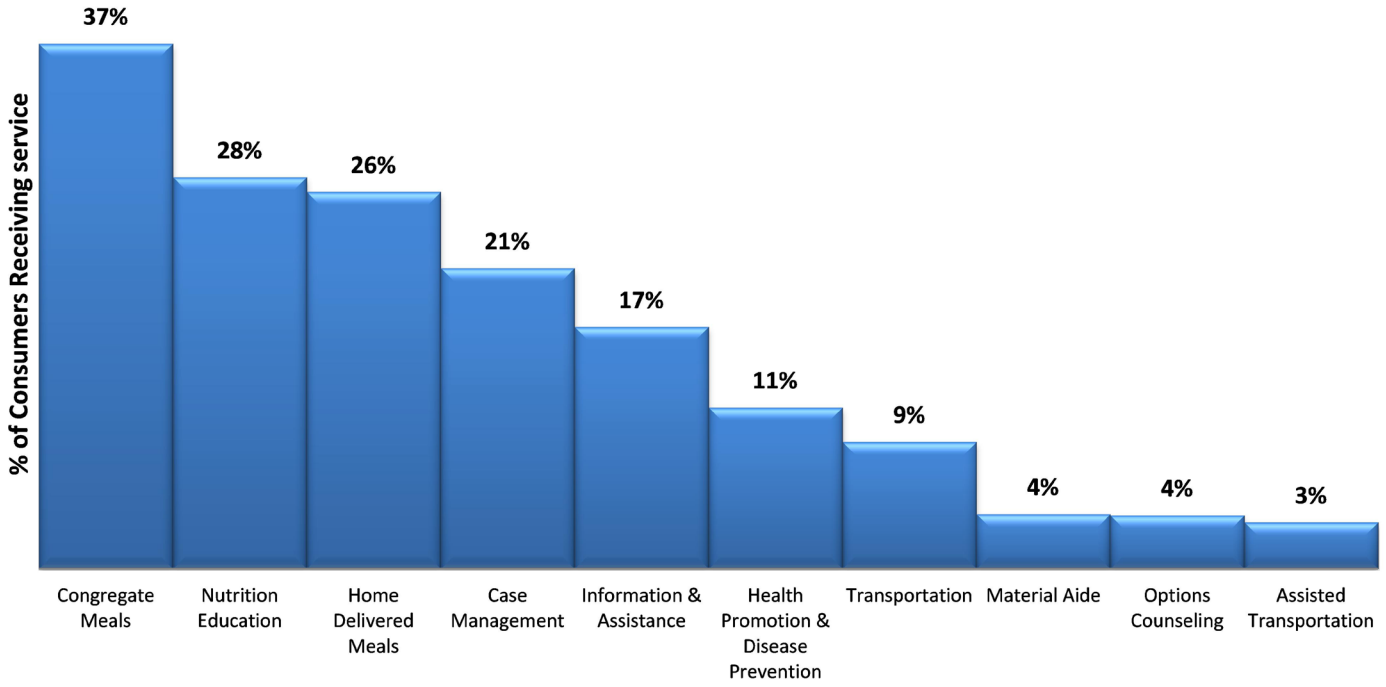
SFY 2016 Consumers Served – Greatest Economic Need by Instrumental Activities of Daily Living (Self-Reported Impairment)



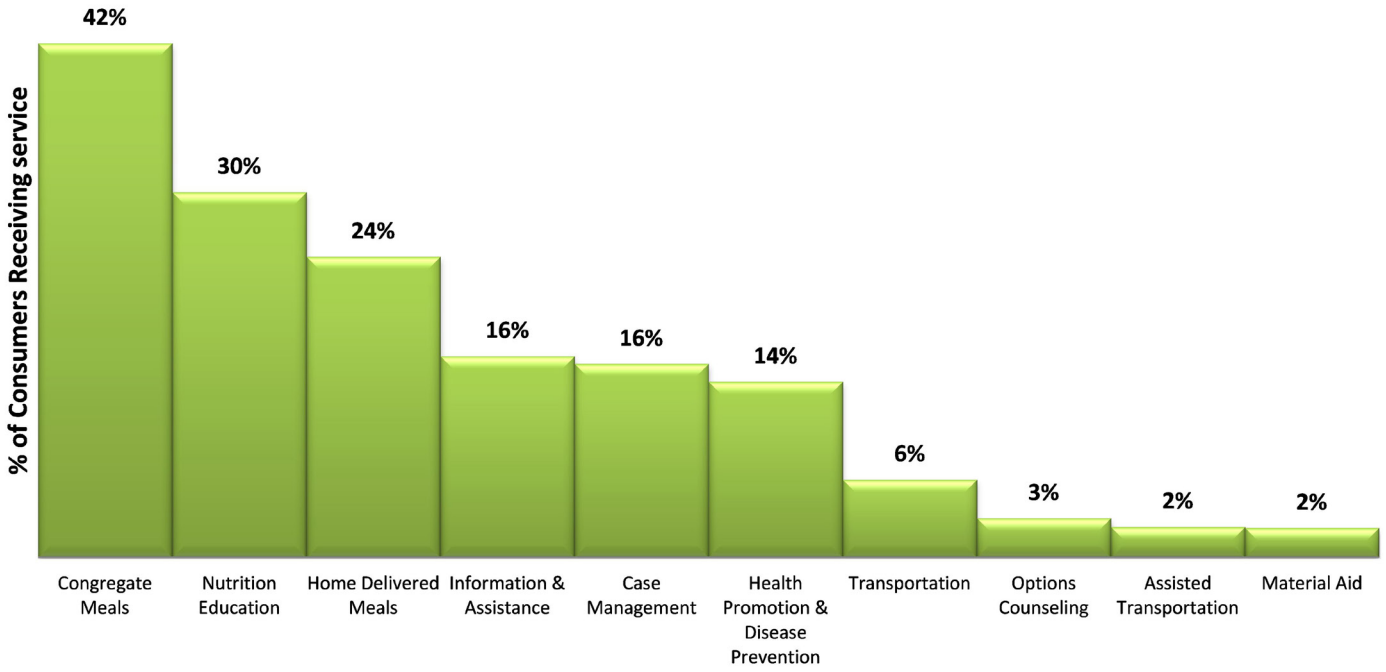
SFY 2016 Consumers Served – Greatest Economic Need by Activities of Daily Living (Self-Reported Impairment)



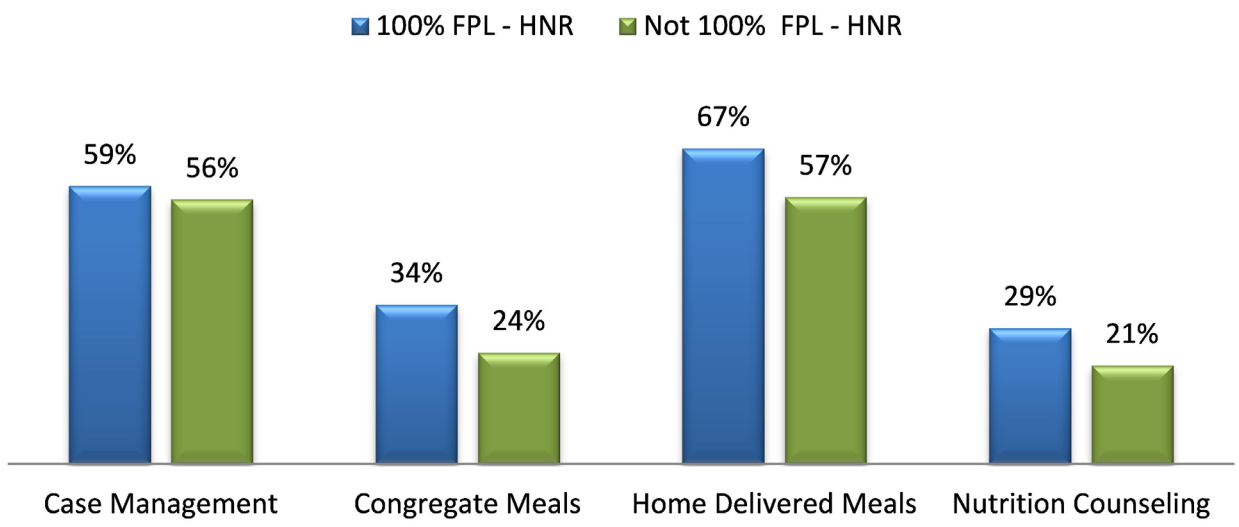
Most Frequently Provided Services: 100% FPL Consumers



Most Frequently Provided Services: Not 100% FPL Consumers



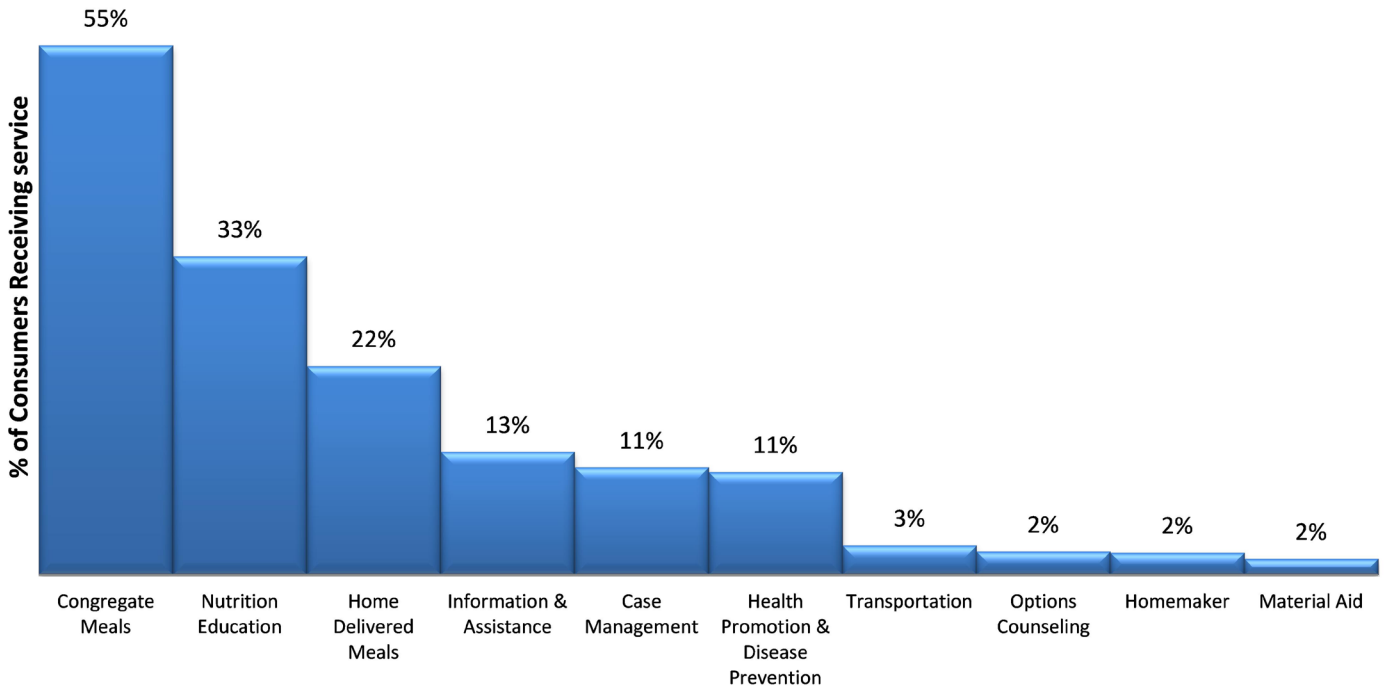
High Nutrition Risk



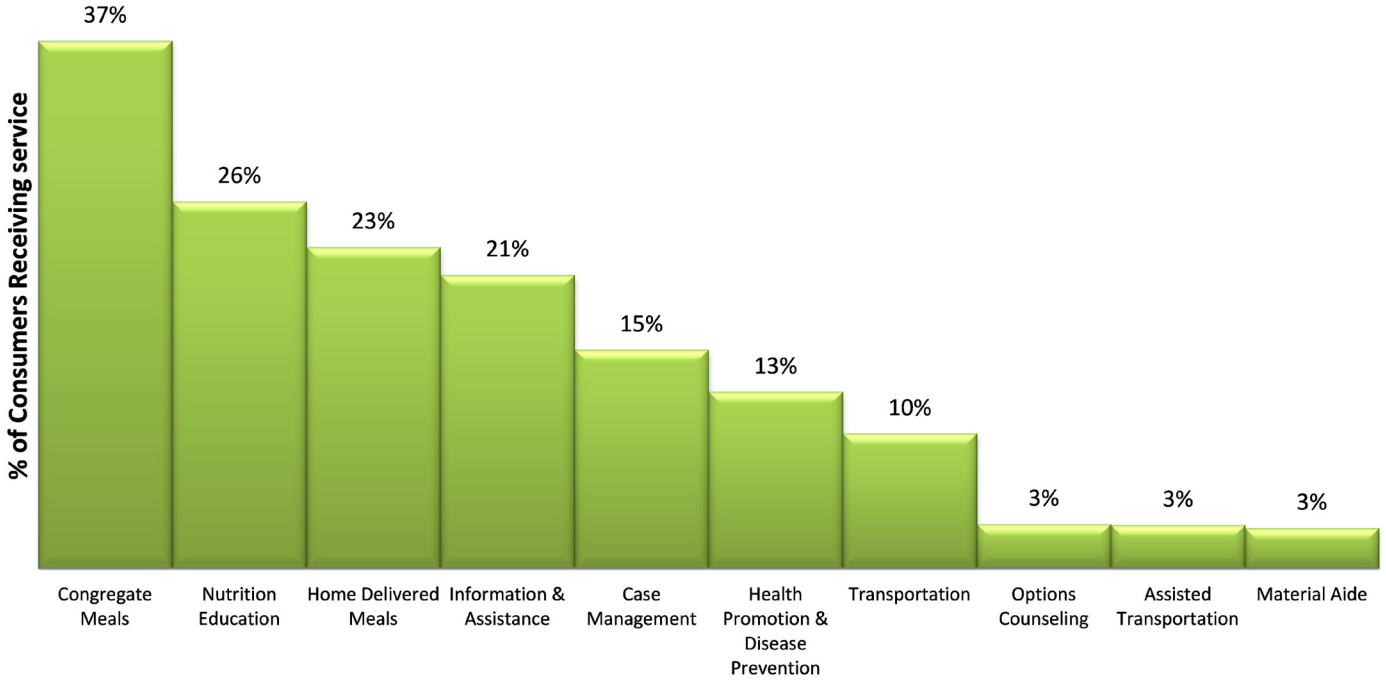
Greatest Social Need

According to the Older Americans Act, the term "greatest social need" means the need caused by noneconomic factors, which include (a) physical and mental disabilities; (b) language barriers; and (c) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.

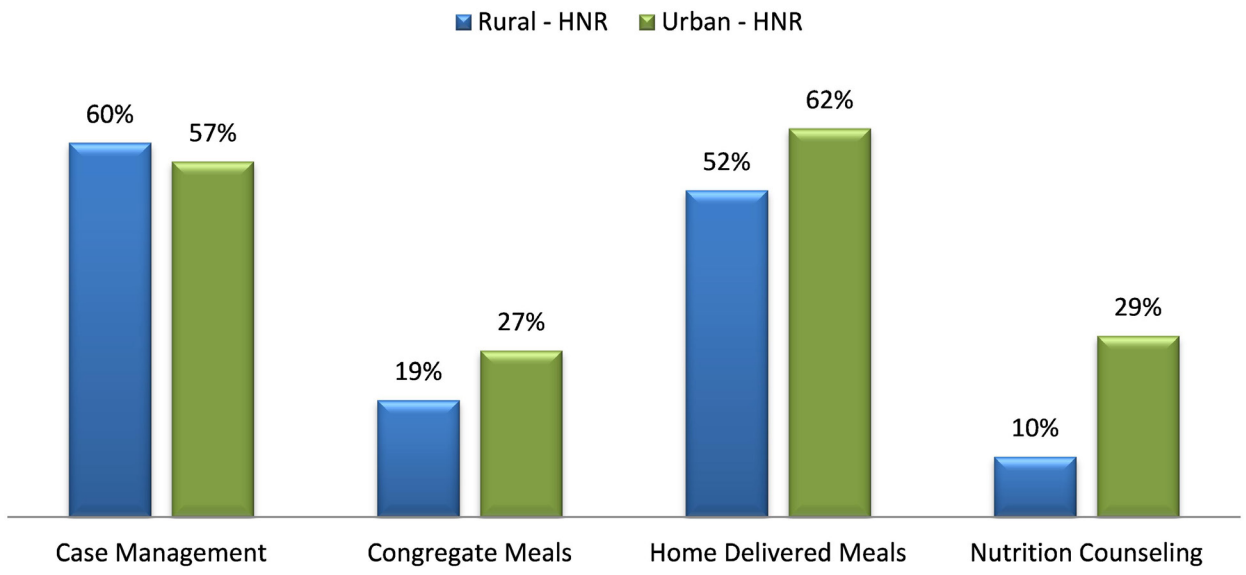
Most Frequently Provided Services: Rural Consumers



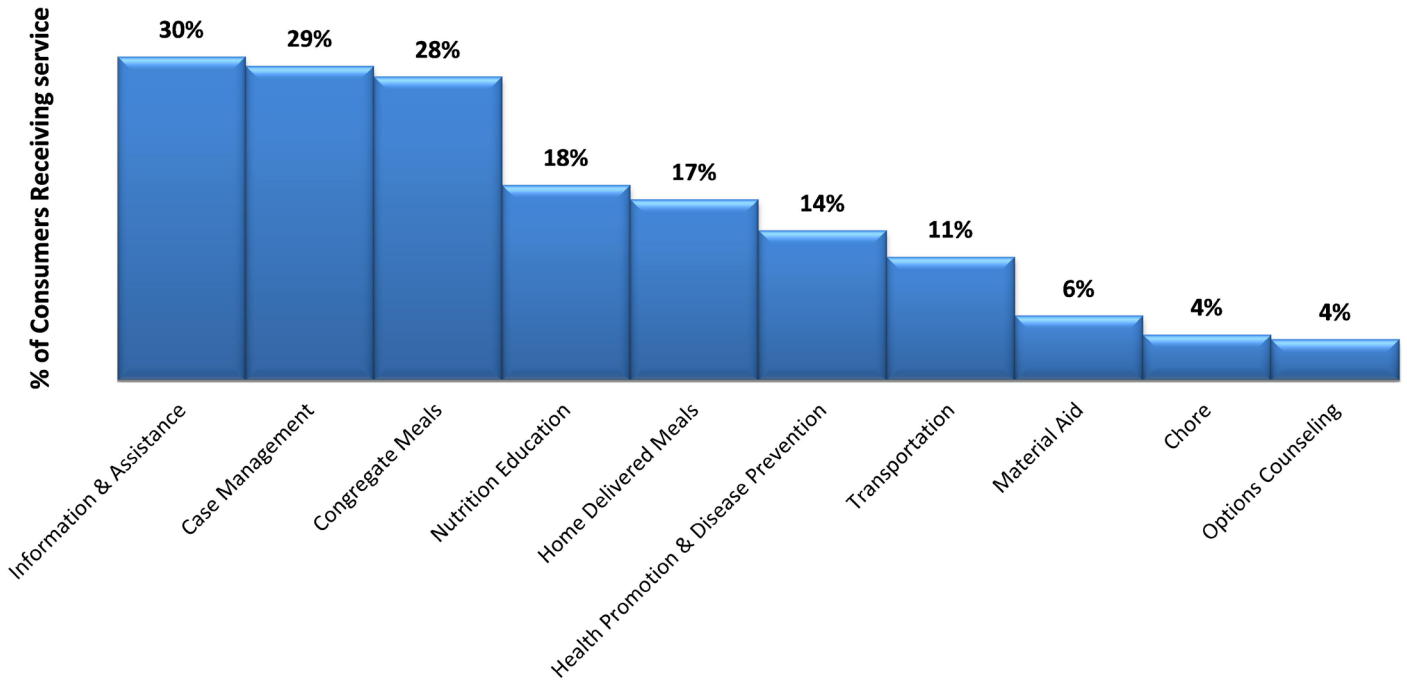
Most Frequently Provided Services: Urban Consumers



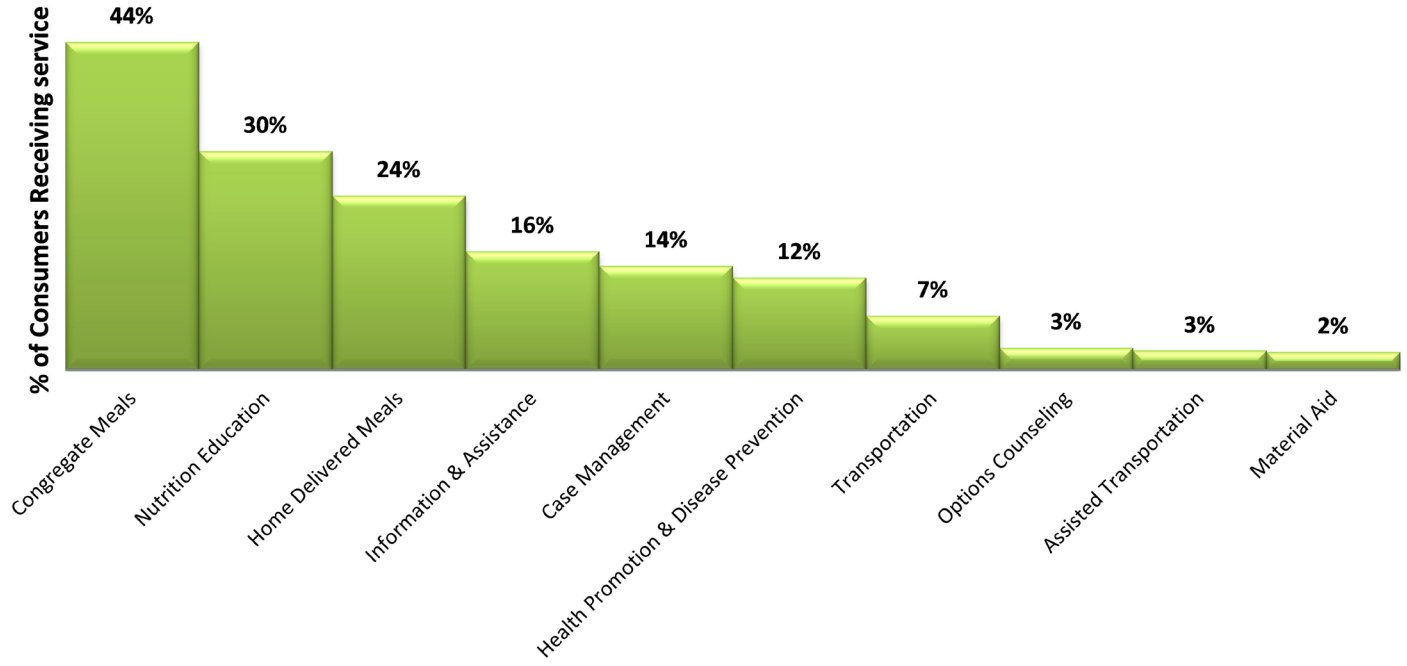
High Nutrition Risk Among Consumers (Rural vs. Urban, by Service)



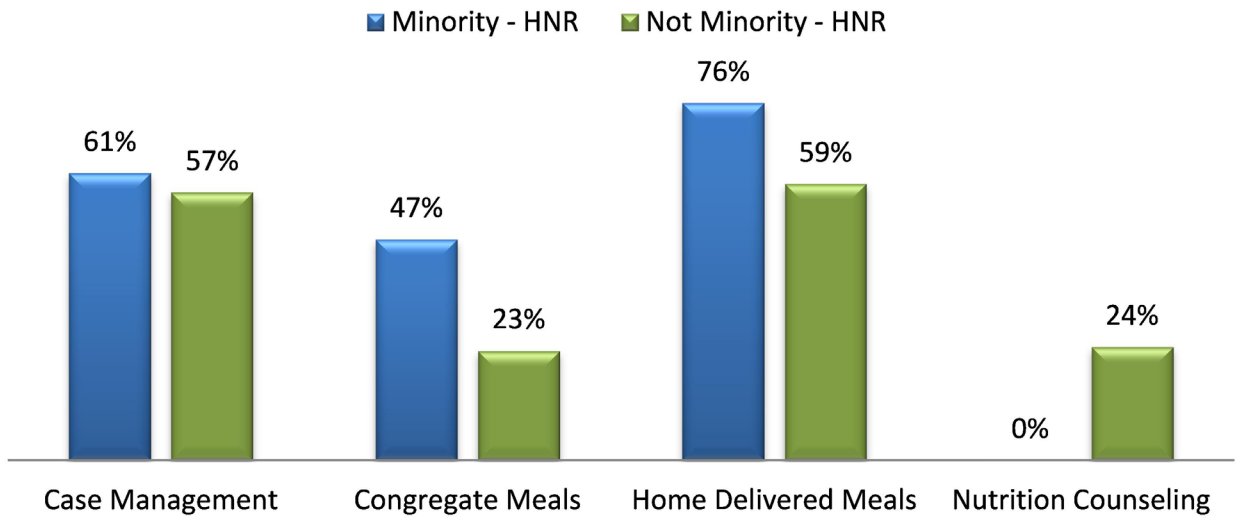
Most Frequently Provided Services: Minority Consumers



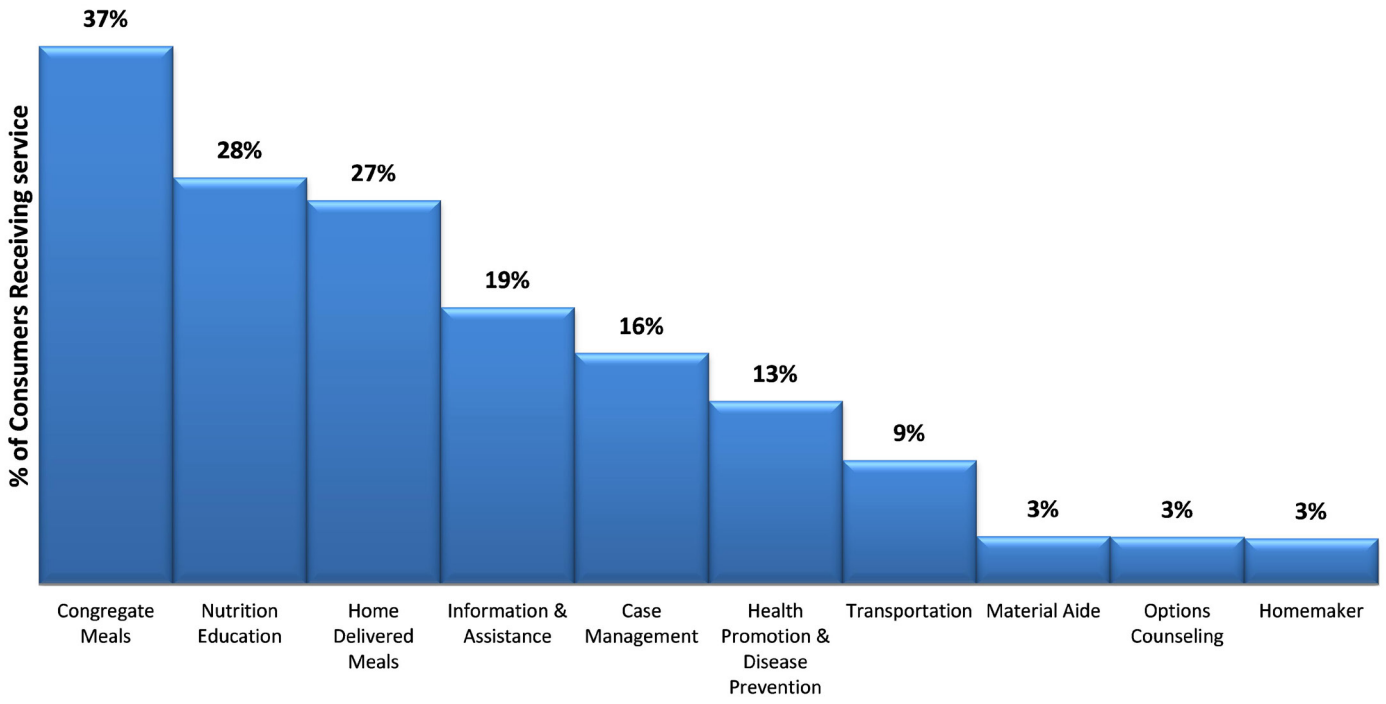
Most Frequently Provided Services: Non-Minority Consumers



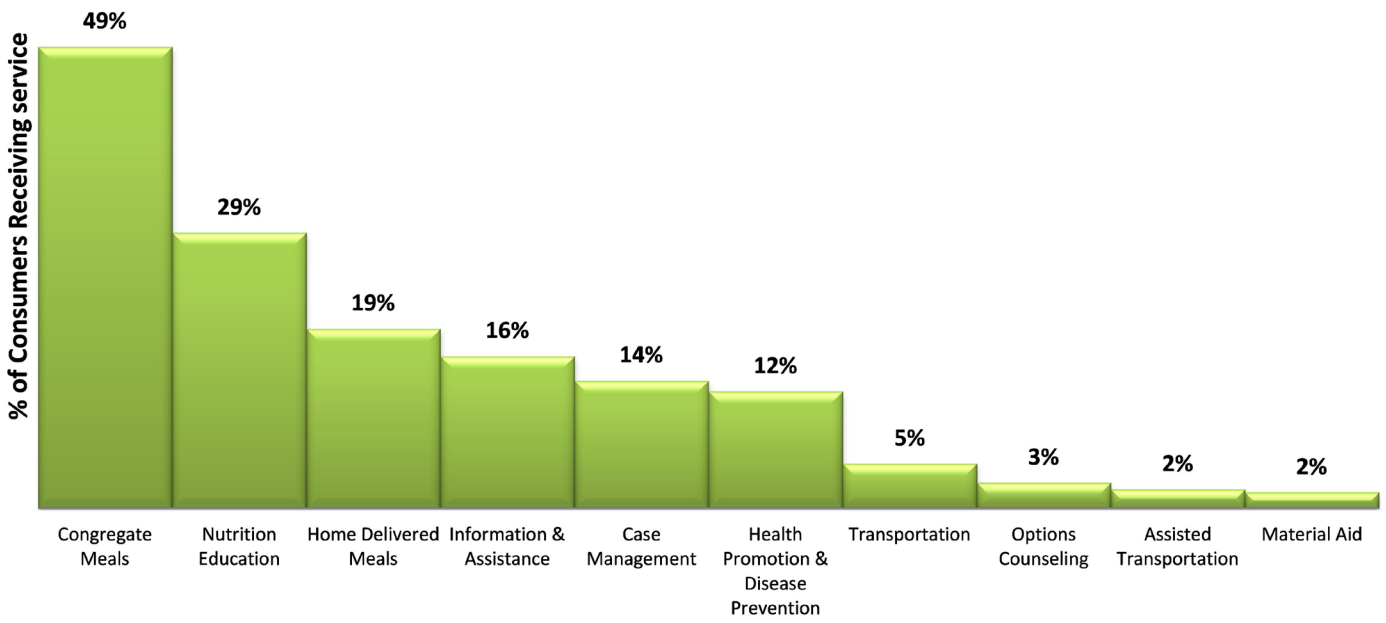
High Nutrition Risk Among Consumers (Minority vs. Non-Minority, by Service)



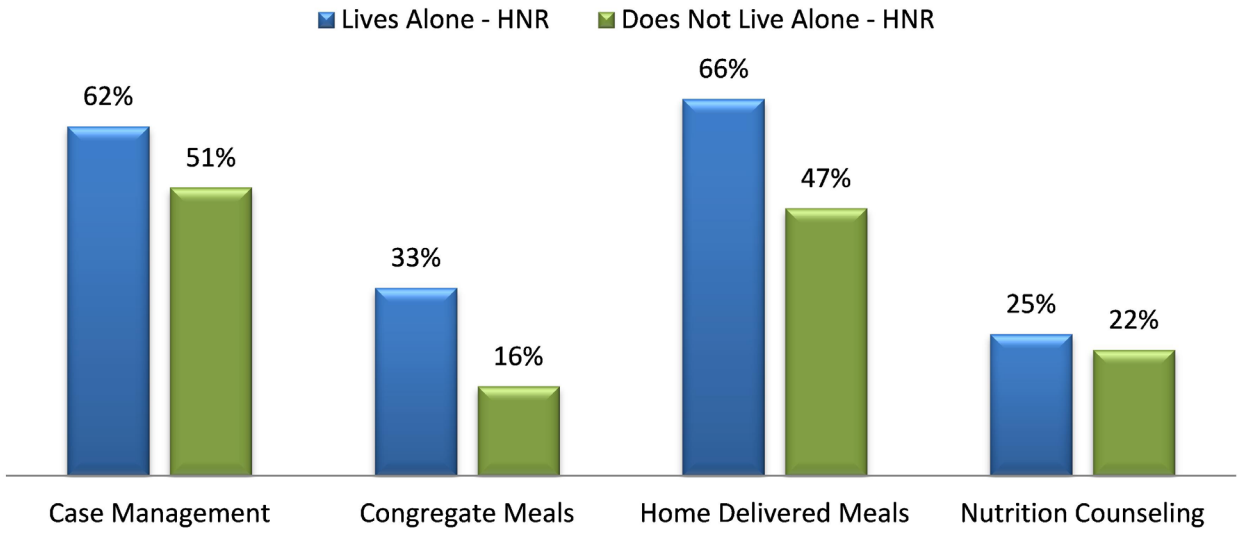
Most Frequently Provided Services: Consumers who Live Alone



Most Frequently Provided Services: Consumers who Do Not Live Alone



High Nutrition Risk Among Consumers (Lives Alone vs. Does Not Live Alone, by Service)



AT-RISK CONSUMERS SERVED

IDA staff reviewed consumer data to determine the number of consumers served in state fiscal year 2016 that may be "at risk" and the services those consumers received. These consumers may be at risk for loss of independence, institutionalization, and/or increased reliance on public assistance.

At-Risk Characteristics:

The following characteristics were used to create "At-Risk" categories:

- Income: Low Income = 185% FPL or lower
- Living Arrangement: Lives Alone
- Instrumental Activities of Daily Living (IADL) Impairement(s) Reported

  Without Assistance Can You:

  - Manage money?
  - Shop for personal items?
  - Manage medication?
  - Prepare meals?
  - Do heavy housework?
  - Do light housework?
  - Use transportation?
  - Use the telephone?

- Activities of Daily Living (ADL) Impairement(s) Reported

  Without Assistance Can You:

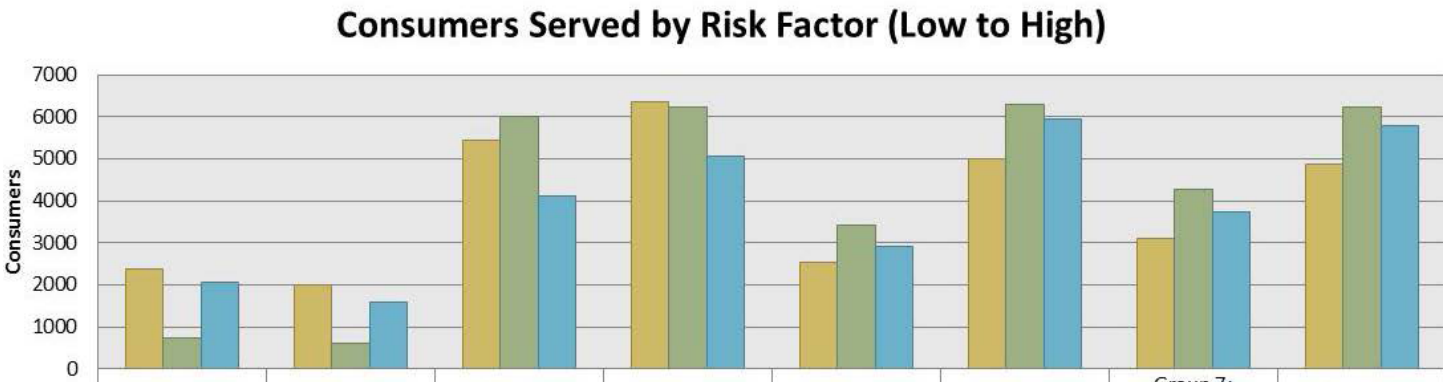
  - Walk?
  - Bathe?
  - Dress?
  - Get out of bed or chair?
  - Use the toilet?
  - Eat?

Consumers Served by Risk Factors

- SFY 2016 Total: 52,133 unduplicated consumers received a registered service.
- Total records included in review: 35,865 unduplicated consumer data records. *(Excluded records with missing or null data for any of these elements: income, household size, living arrangement, IADL, or ADL.)*
- Created "At-Risk" consumer groupings consisting of those with no risk factors to all risk factors. Eight groups emerged with a high number of consumers. Those groups and characteristics are:

  1. Not low income, does not live alone, no IADL impairments reported, and no ADL impairments reported. ***(No Risk Factors)***
  2. Not low income, lives alone, no IADL impairments reported, and no ADL impairments reported.

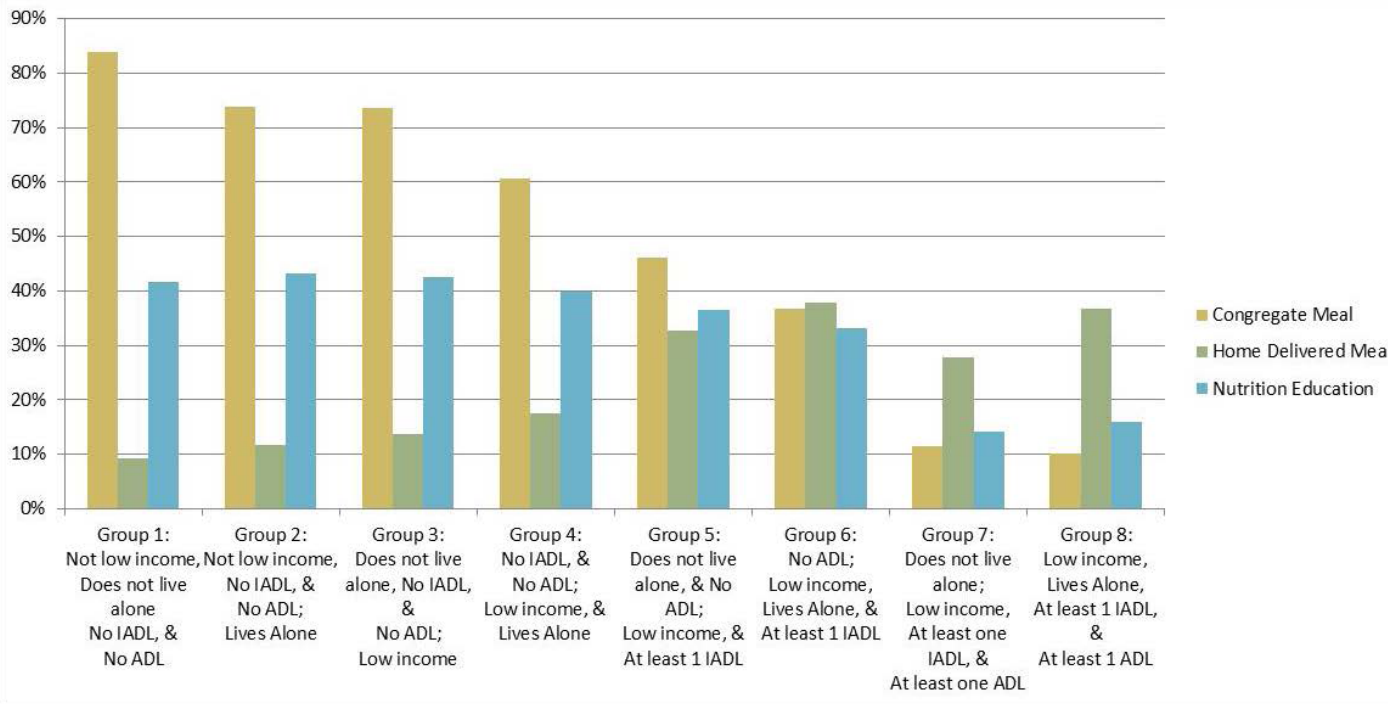
3. Low income, does not live alone, no IADL impairments reported, and no ADL impairments reported.
4. Low income, lives alone, no IADL impairments reported and no ADL impairments reported.
5. Low income, does not live alone, at least 1 IADL impairment reported, and no ADL impairments reported.
6. Low income, lives alone, at least one IADL impairment reported, and no ADL impairments reported.
7. Low income, does not live alone, at least one IADL impairment reported, and at least one ADL impairment.
8. Low income, lives alone, at least one IADL impairment, and at least one ADL impairment. ***(All Risk Factors)***



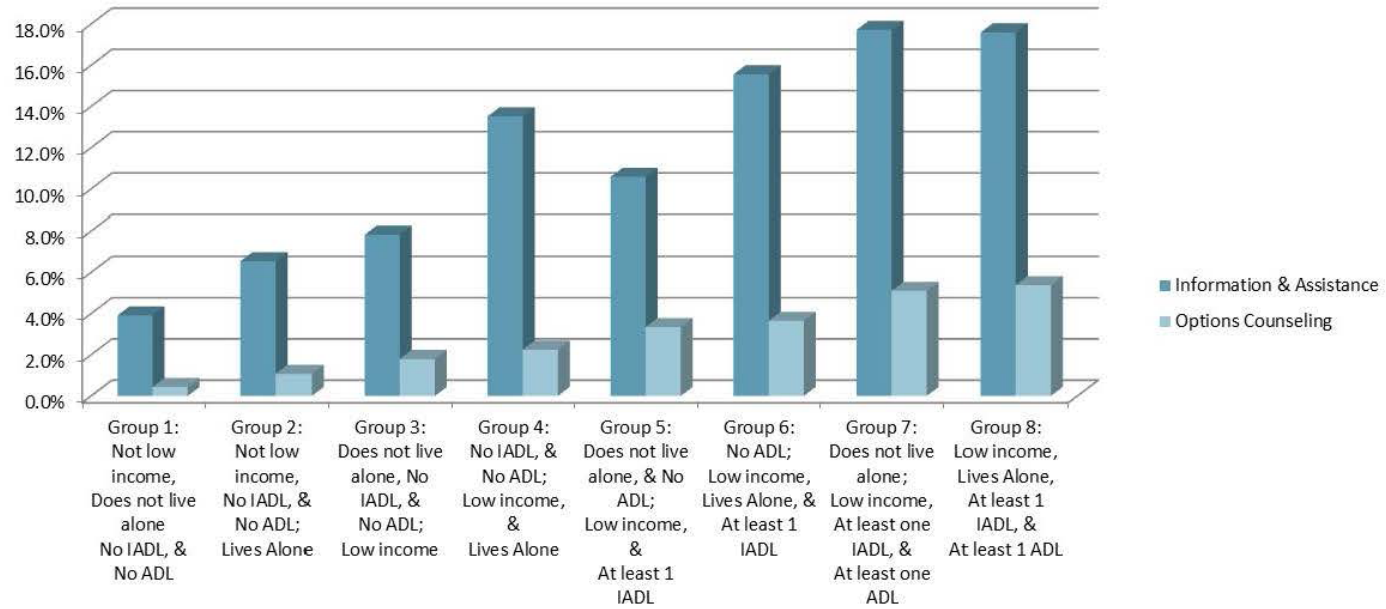
	Group 1: Not low income, Does not live alone No IADL, & No ADL	Group 2: Not low income, No IADL, & No ADL; Lives Alone	Group 3: Does not live alone, No IADL, & No ADL; Low income	Group 4: No IADL, & No ADL; Low income, & Lives Alone	Group 5: Does not live alone, & No ADL; Low income, & At least 1 IADL	Group 6: No ADL; Low income, Lives Alone, & At least 1 IADL	Group 7: Does not live alone; Low income, At least one IADL, & At least one ADL	Group 8: Low income, Lives Alone, At least 1 IADL, & At least 1 ADL
2014	2373	1983	5446	6368	2541	4999	3105	4871
2015	732	596	6007	6223	3432	6301	4268	6220
2016	2070	1589	4113	5075	2901	5946	3726	5781

SFY 2016 Services Received

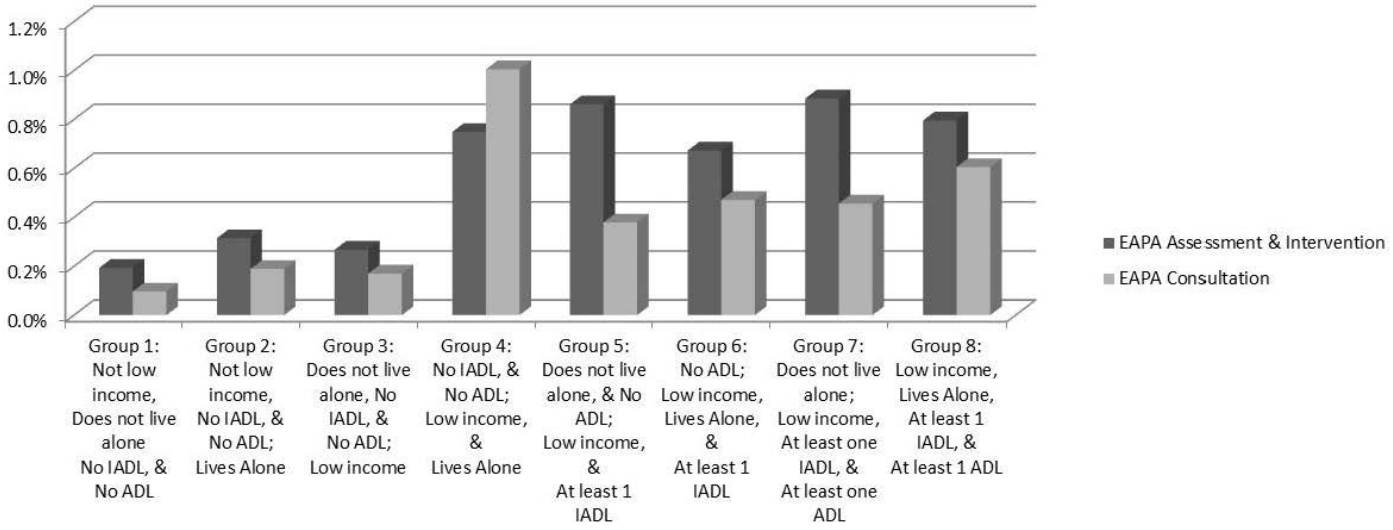
Nutrition Services



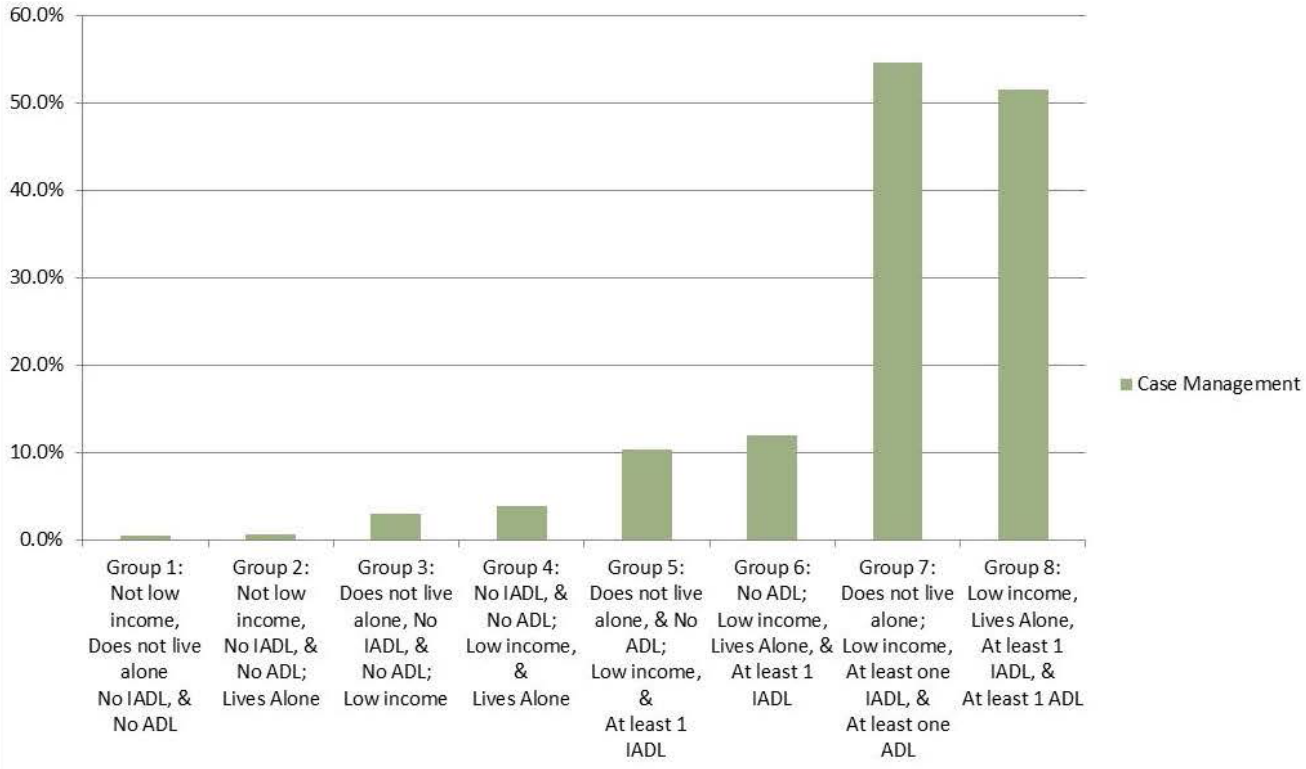
Access Information Services



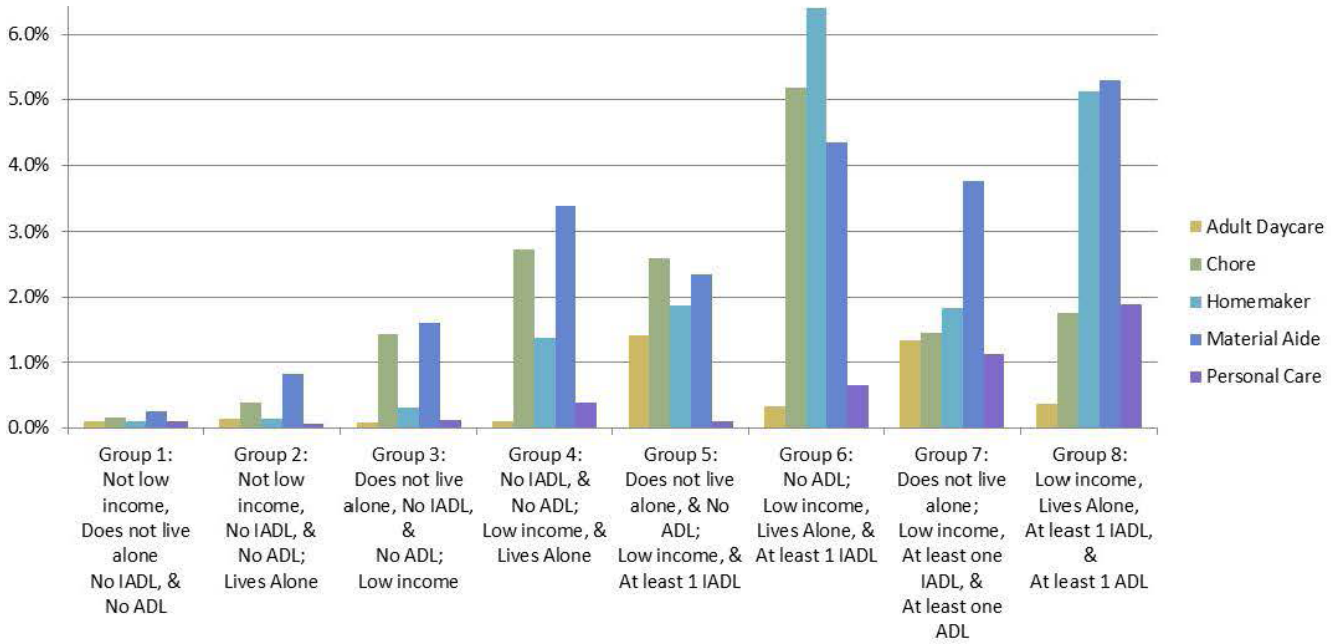
EAPA Services



Case Management Services

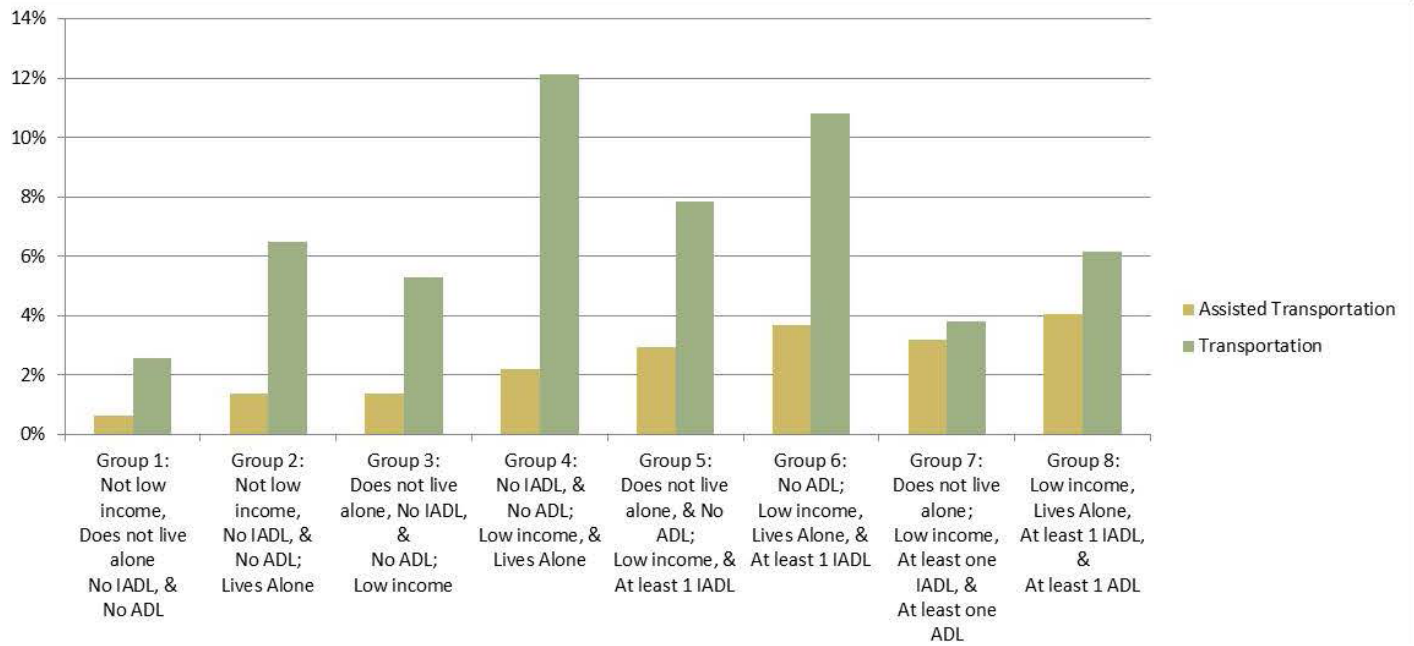


HCBS Services



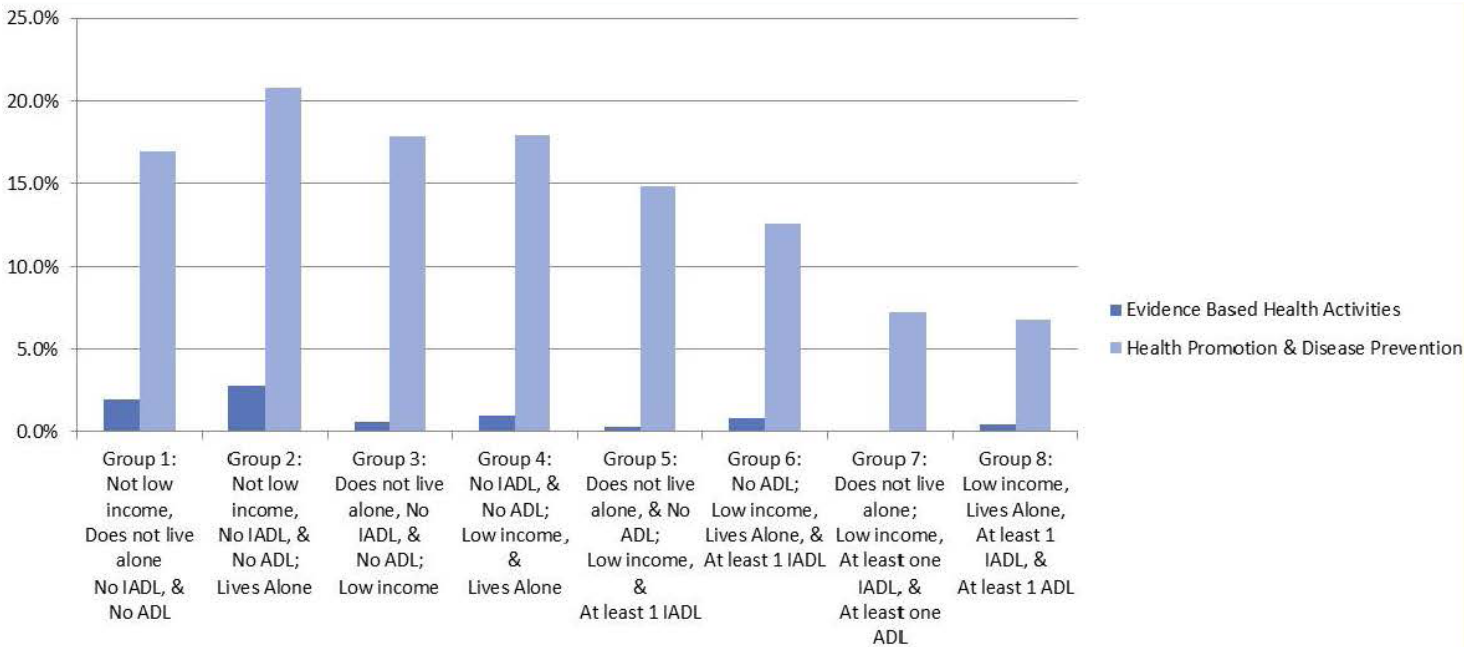
Note: Three AAAs do not offer personal care.

Transportation Services



Note: Two AAAs do not offer Assisted Transportation.

Health Promotion & Disease Prevention Services



SERVICE TAXONOMY

General Aging – Service Definitions

Service	Unit Measure	Definition
Adult Day Care / Adult Day Health	1 hour	Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, meals for adult day care, and services such as rehabilitation, medications assistance, and home health aide services for adult day health.
Assisted Transportation	1 one-way trip	Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
Case Management	1 hour	Also referred to as direct case management services. Assistance either in the form of access to or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.
Chore	1 hour	Providing assistance to persons having difficulty with but not limited to one or more of the following instrumental activities of daily living: doing heavy housework, yard work, or sidewalk maintenance and home repair.
Congregate Meals	1 meal	A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older American Act and State/Local laws. Meals provided to individuals through means tested programs such as Medicaid Title XIX Waiver Meals or other programs such as state-funded means tested programs are excluded from NSIP Meals. NOTE: A meal shall: (a) comply with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); (b) provide, if one meal is served, a minimum of 33 and 1/3 percent of the current Dietary Reference Intake (DRI) as established by the Food and Nutrition Board of the National Institute of Medicine of the National Academy Sciences; (c) provide, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provide, if three meals are served, together, 100 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, the second and third meals shall be balanced and proportional in calories and nutrients.
EAPA Assessment & Intervention	1 hour	A service provided by an Elder Rights Specialist to an EAPA program consumer that entails (a) one-on-one discussions and the administration of standardized assessment tools and other procedures to identify the EAPA consumer's existing impairments, situations, and problems and to determine appropriate services and resources to redress the consumer's current or potential abuse situation; (b) advocacy, counseling, case documentation, and an intervention plan that defines services and assistance to address identified needs, timelines, and providers; (c) inter-agency case coordination and service provision; (d) ongoing follow-up and reassessment; (e) evaluation of outcomes of services; and (f) case closure planning, including placement assistance if necessary.

Service	Unit Measure	Definition
EAPA Consultation	1 hour	A service provided by an Elder Rights Specialist to an EAPA program consumer through one-on-one discussion that results in (a) an understanding of the EAPA consumer's problems and capacities; (b) linking the EAPA consumer to the available resources and services within his or her community; and (c) to the maximum extent practicable, follow-up to ensure that the EAPA consumer received the services he or she needs and is aware of the resources available. Discussion may be conducted over the telephone or in-person.
EAPA Training & Education	1 activity	Activities meant to impart knowledge, experience, or skills to an individual or group about elder abuse, neglect and/or exploitation. Topics may include. Activities may include forums, outreach events, articles (electronic or print), newsletters, webinars, group training, speaking engagements, or media outreach.
Evidence-Based Health Activities	1 consumer per program	A consumer is a person who meets the completion standard for a program. Activities demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and activities ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners. The Administration on Aging (AoA) defines criteria programs must meet in order to be considered an Evidence-Based Health Activity and funded through Title IIID. The criteria is located on this AoA web page: www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/ Examples of programs AoA determined to meet the Title IIID highest tier criteria can be found using this URL: www.ncoa.org/improve-health/center-for-healthy-aging/content-library/Title-IIID-Highest-Tier-Evidence-FINAL.pdf
Home-Delivered Meals	1 meal	A meal provided to an eligible consumer or other eligible participant at the consumer's place of residence. A meal which: (a) complies with the Dietary Guidelines for Americans [published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture]; (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current Dietary Reference Intake (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provides, if three meals are served, together, 100 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients. Meals provided to individuals through means tested programs such as Medicaid Title XIX Waiver Meals or other programs such as state-funded means tested programs are excluded from NSIP Meals.
Homemaker	1 hour	Providing assistance to persons having difficulty with but not limited to one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.

Service	Unit Measure	Definition
Information and Assistance	1 consumer contact	A service for older individuals that (a) provides the individual with current information on opportunities and services available to the individual within his or her community, including information relating to assistive technology; (b) assesses the problems and capacities of the individual; (c) links the individual to the opportunities and services that are available; (d) to the maximum extent practicable, ensures that the individual receives the services needed by the individual, and are aware of the opportunities available to the individual, by establishing adequate follow-up procedures. *NOTE: Information & Assistance is an individual, one-on-one contact between a service provider and an elderly consumer. An activity that involves a contact with several elderly consumers or potential consumers (group services) should not be counted as a unit of I&A instead it should be considered Training & Education.*
Legal Assistance	1 hour	Provision of legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney.
Material Aid	1 consumer contact	Aid in the form of goods or services such as food, smoke detectors, eyeglasses, Emergency Response Systems, security devices, etc.
Nutrition Counseling	1 session per consumer	Provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a licensed registered dietician in accordance with state law and policy.
Nutrition Education	1 session per consumer	A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.
Options Counseling	1 hour	Service of providing an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports, provided by an Options Counselor in accordance with current State law and policy. The process is directed by the individual and may include others that the individual chooses or those that are legally authorized to represent the individual. Options Counseling may include but is not limited to the following: (1) A personal interview and assessment to discover strengths, values, and preferences of the individual and screenings for entitlement program eligibility, (2) a facilitated decision-making process which explores resources and service options and supports the individual in weighing pros and cons, (3) developing action steps toward a goal or a long-term support plan and assistance in applying for and accessing support options, and (4) follow-up to ensure supports and decisions are assisting the individual.
Outreach	1 consumer contact	One on one interventions initiated by an agency or organization for the purpose of identifying potential consumers and encouraging their use of existing services and benefits.
Personal Care	1 hour	Providing personal assistance, stand-by assistance, supervision or cues for persons having difficulties with but not limited to one more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed/chair, and walking.

Service	Unit Measure	Definition
Self-Directed Care	1 consumer contact	An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which (A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; (B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options; (C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual's ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or other agency designed by the area agency on aging involved); (D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative – (i) a plan of services for such individual that specifies which services such individual will be responsible for directing; (ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and (iii) a budget for such services; and (E) the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act. *From Section 102(46) of the Older Americans Act of 1965, as amended.*
Training & Education	1 activity	Activities meant to impart knowledge, experience, or skills to an individual or group. Topics may include: • Information about and assistance in obtaining rights or benefits for individuals 60+ • Aging policies, trends, programs, services, laws Activities may include forums, outreach events, articles (electronic or print), newsletters, webinars, group training, speaking engagements, or media outreach.
Transportation	1 one-way trip	Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Does not include any other activity.

Family Caregiver & Grandparent/Other Elderly Caregivers of Children Services – Service Definitions

Service	Unit Measure	Definition
Access Assistance	1 consumer contact	A service that assists caregivers in obtaining access to the services and resources available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. *NOTE: Information and assistance to caregivers is an access service, i.e., a service that: (a) provides individuals with information on services available within the communities; (b) links individuals to the services and opportunities that are available within the communities; (c) to the maximum extent practicable, establishes adequate follow-up procedures.*
Counseling	1 session per consumer	Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, caregiver support and support groups, and caregiver training (of individual caregivers and families).
Home-Delivered Meal	1 meal	A meal provided to an eligible consumer or other eligible participant at the consumer's place of residence. A meal which: (a) complies with the Dietary Guidelines for Americans [published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture]; (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current Dietary Reference Intake (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provides, if three meals are served, together, 100 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients. Meals provided to individuals through means tested programs such as Medicaid Title XIX Waiver Meals or other programs such as state-funded means tested programs are excluded from NSIP Meals.
Information Services	1 activity	A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. *NOTE: Service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.*
Options Counseling	1 hour	Service of providing an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports, provided by an Options Counselor in accordance with current State law and policy. The process is directed by the individual and may include others that the individual chooses or those that are legally authorized to represent the individual. Options Counseling may include but is not limited to the following: (1) A personal interview and assessment to discover strengths, values, and preferences of the individual and screenings for entitlement program eligibility, (2) a facilitated decision-making process which explores resources and service options and supports the individual in weighing pros and cons, (3) developing action steps toward a goal or a long-term support plan and assistance in applying for and accessing support options, and (4) follow-up to ensure supports and decisions are assisting the individual.

Service	Unit Measure	Definition
Respite Care	1 hour	Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (a) In-home respite (personal care, homemaker, and other in-home respite); (b) respite provided by attendance of the care recipient at a senior center or other nonresidential program; (c) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.
Self-Directed Care	1 consumer contact	People Served, Title III Expenditures, Total Expenditures) An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which (A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; (B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options; (C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual's ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or other agency designed by the area agency on aging involved); (D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative – (i) a plan of services for such individual that specifies which services such individual will be responsible for directing; (ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and (iii) a budget for such services; and (E) the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act. *From Section 102(46) of the Older Americans Act of 1965, as amended.*
Supplemental services	1 consumer contact	Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. Home delivered meals provided as Supplemental Services shall be reported has Home Delivered Meals and meet the Home Delivered Meal definition.

ACL DISCRETIONARY GRANT REPORTS

Building Iowa's Integrated Evidence-Based Falls Prevention Network (Final Report, November 2016)

Previously published and available to download at:
https://www.iowaaging.gov/sites/default/files/library-documents/Iowa%20Falls%20Prevention%20Grant%20Final%20Report11-30-16.pdf

Creating a Dementia-Capable HCBS System in Iowa (Semi-Annual Report, October 2016)

Previously published and available to download at:
https://www.iowaaging.gov/sites/default/files/library-documents/IA%20Semi%20Annual%20ADSPP%2090DS2006-01-00%20102016-2.pdf

Expanding and Sustaining Iowa's Lifespan Respite Program (Semi-Annual Report, October 2016)

Previously published and available to download at:
https://www.iowaaging.gov/sites/default/files/library-documents/LR%20semi-annual%20Sept%2016.pdf

OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN ANNUAL REPORT (SFY 2016)

Previously published and available to download at:
https://www.iowaaging.gov/sites/default/files/library-documents/OSLTCO%20Annual%20Report%202016.pdf

2015 INTERAGENCY PROFICIENT WORKFORCE TASK FORCE FINAL REPORT

Previously published and available to download at:
https://www.iowaaging.gov/sites/default/files/library-documents/HCO_Alliance_Final_Report.pdf

SENATE FILE 505
HEALTH CONSUMER OMBUDSMAN ALLIANCE
FINAL REPORT

Previously published and available to download at:
http://publications.iowa.gov/21930/

SUMMARY OF PUBLIC COMMENT

SUMMARY OF PUBLIC COMMENT

On April 17, 2017, a draft version of the Iowa State Plan on Aging was posted to the Iowa Department on Aging web site (www.iowaaging.gov). The following public notice announcing that the draft was available for public review and comment was sent to 3,979 subscribers, including aging network professionals, public officials, community leaders, aging and disability advocates, media and the general public:

> ***Iowa State Plan on Aging (2018-2021) Now Available for Public Comment***
>
> April 17, 2017 — The Iowa Department on Aging today posted a proposed draft of the State Plan on Aging for federal fiscal years 2018-2021 on its website at https://www.iowaaging.gov/news-resources/articles/iowa-state-plan-aging-now-available-public-comment. The plan outlines the activities and strategies that the Department will pursue during the plan period to achieve its goals, objectives and expected outcomes.
>
> As the State Unit on Aging, the Iowa Department of Aging (IDA) is responsible for providing the leadership necessary to develop, implement and administer a State Plan on Aging in accordance with all federal statutory and regulatory requirements. The IDA is required to submit a State Plan on Aging to the U.S. Department of Health and Human Services' Administration for Community Living (ACL) every four years in order to provide a vision and direction for Iowa's aging network, which works to advance the common goals of the Older Americans Act (as amended and reauthorized in 2016), the ACL and the State of Iowa. This plan will be effective from Oct. 1, 2018, through Sept. 30, 2021.
>
> In designing the State Plan on Aging, the IDA seeks to create a responsive, responsible document that carefully considers the needs of older Iowans and their caregivers. To meet that objective, the IDA is now soliciting input from the entire spectrum of stakeholders, including consumers of services, caregivers, aging network professionals, advocates and anyone else who has an interest in the future of aging services in Iowa.
>
> Public comment will be collected through 4:30 p.m. on Monday, May 1, 2017. Individuals and organizations who wish to comment may do so using an online form or may submit comments via email, postal mail or by participating in a public conference call from 1-2 p.m. on May 1. Details about each method of submitting comments are available at https://www.iowaaging.gov/news-resources/articles/iowa-state-plan-aging-now-available-public-comment.

The announcement was also posted on the IDA's Facebook and Twitter pages, reaching approximately 650 followers before page shares and retweets.

Public Comment Received

The IDA received comments from citizens, consumers, providers, AAA staff and partner organizations. The following summary includes the issues raised and the revisions and corrections made as a result:

Several commenters asked that the plan include more information and strategies related to direct care workforce issues. The plan now includes additional information highlighting the direct care worker shortage in the Context section and strategies related to the continuation of collaborative activities with private and public partners to address this issue.

Some comments received indicated that revisions were needed to clarify that the IDA is responsible for Older Americans Act and related funding. The IDA does not operate under or direct Medicaid funding or waiver services. The

discussion of Medicaid Modernization in the Context section was included because changes to Medicaid funding impacts some of the same home- and community-based service providers with which the AAAs contract to provide services for older Iowans who are not eligible for Medicaid waiver services. In addition, the Office of the State Long-Term Care Ombudsman gained new responsibilities related to some Medicaid members.

One commenter provided details regarding the impact of Medicaid modernization to her business. This information was shared with the Iowa Department of Human Services – Iowa Medicaid Enterprise.

A couple of respondents asked the IDA to consider a number of topics that impact older Iowans that are not addressed through the IDA's prioritized objectives and strategies. The IDA recognizes the importance of these issues and, as noted in the Executive Summary, will address these topics through the department's Dialogue on Aging series. Topics include:

- Leadership in Aging: Inspiring Tomorrow's Leaders Today
- Technology in Aging: Improving the Quality of Life and Care for Older Iowans
- Aging in Place: Planning for Long-Term Living
- Redesigning Aging: Building a Better Future for Older Iowans
- Reimagining Long-Term Care: The Next Generation of LTC Facilities
- 21st Century Caregiving: Modernizing the Care We Deliver

A couple of respondents identified typos or erroneous information. These instances were corrected. Clarifications and omissions noted were also addressed through revisions. A commenter noted that "other state and local funds" was omitted from the list of potential funding sources for in-home and community-based services. Commenters also highlighted the omission to Mouth Care Matters in the plan. These items have been added to the plan.