

Aging Resources of Central Iowa

PSA #3

Area Plan on Aging

SFY 2022 – 2025



Effective Dates: July 1, 2021 - June 30, 2025

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Executive Summary

All information provided in this multiyear Area Plan is provided within the context of the COVID-19 pandemic. Much of our planning is complicated by the uncertainty of virus mitigation and what an eventual “return to normal” will look like.

The process of older adults returning to group gatherings such as at congregate nutrition sites, adult day centers, in-person trainings, or public transportation, may be slow and hard to predict. The need to adjust our services to a “new normal” will guide our contracting process for FY22-23. New providers and methods of providing services will be promoted in order for us to deliver services to our most vulnerable consumers.

A pandemic adaptation that has become a great new resource: virtual meetings. Staff can now easily and efficiently meet with each other, with IDA, with other Area Agencies on Aging, community organizations and some consumers. These virtual gatherings enable consumers, who have computer access, to engage in programming they previously would not have been able to attend such as health promotion programs, trainings, and caregiver support groups.

Our agency has joined others to advocate for broadband reach and affordability with the Iowa Legislature. Through the ADRC No Wrong Door Grant, we are working with Easter Seals, EveryStep’s Senior Companion Program, and Central Iowa Center for Independent Living (CICIL) Programs to equip and train older adults on technology designed to keep them connected.

We have worked with our contractors to keep our services as stable and available as possible. When congregate nutrition locations closed, we quickly transferred consumers to home-delivered or grab-&-go meals, never stopping five day a week hot meal service. Two new meal programs were initiated: meals prepared by and geared to Asian consumers and Hy-Vee grab-&-go meals. A food box program catering to the diets of refugee older adults and grocery deliveries are available. We are now reaching out to small town restaurants through the Iowa Café program to enable rural consumers to gather for meals in their own communities.

Recently Area Agencies on Aging have been spotlighted as call centers for COVID-19 vaccine assistance. Many consumers and caregivers are contacting us for the first time. We are using this opportunity to introduce callers to the range of assistance we provide and to encourage consumers to turn to us and our array of services to assist them in remaining in their homes.

We anticipate the end of pandemic isolation revealing an increase in older adults who are in abusive situations. Our Elder Rights program will be adding staff to assist these victims.

The extended length of the pandemic suggests that a “new post-pandemic normal” may require innovations, particularly in bringing consumers back to programs and services. We will continue to partner with other agencies to provide the breadth of services needed going forward.

Context

Aging Resources' planning and service area encompasses eight counties in the center of the state (Boone, Dallas, Jasper, Madison, Marion, Polk, Story and Warren) and includes Des Moines, the Iowa State Capitol. Our region is the most populous of the six area agency regions, with 20% of the state's population over the age of 60. According to the State Data Center, in 2018 there were 63,631 people aged 65 and older living in Polk County, making it the largest population of this age group of any county in the state.

Aging Resources' PSA has experienced growth in total population. Seven of our eight counties have had growth between 2010 and 2020, Dallas County has seen the greatest growth in the state at 43.99%, only Boone County has had a decrease in population but only 0.72%.

Although our area's population count is high, our concentration of older adults is lower than in other areas of the state. Our PSA has three (Dallas, Polk, Story) of the four counties in the state that have 60+ populations of less than 20% of their total populations.

Metro Des Moines/West Des Moines (which encompasses all of Polk and parts of Dallas, Warren, Madison, and Jasper Counties) has three large health systems, three adult day centers, a PACE program (Program of All-inclusive Care for the Elderly) and numerous medical and non-medical home care agencies. Our entire region benefits from the service providers located in metropolitan Des Moines. Rural older adults often travel to Des Moines for services and many of the metro health care providers have offices or offer services throughout our region.

Our seven counties, other than Polk, are more rural in nature and do not have the number of local social and medical services that are available in metropolitan Des Moines. Aging Resources' Advisory Council and Board of Directors are cognizant of the need to promote services in our rural counties. Contractor funding is provided to our rural counties at a higher proportion than to Polk County, which shares a portion of its funding. This funding distribution assists smaller contractors in smaller counties to receive enough funding to be viable in providing services like home-delivered meals, transportation, chore, and homemaker services.

The large population base and resulting number of major organizations and providers in our area benefits our consumers by offering a range of services and a choice of providers. However, this large array of organizations means that Aging Resources is less visible than Area Agencies on Aging located in more rural parts of the state.

Because Aging Resources is a small organization among many larger ones, we often partner with other local provider agencies, organizations and institutions that serve older adults. By partnering, not competing with other providers, we are able to pool our resources and share our skills and knowledge to better serve the older adults in our communities.

Aging Resources provides services primarily through a contracted model. Providers reply to our RFP and combine our funding with their other state or local funds and client contributions to

provide service(s). These local providers, who know their consumers, determine how funds are utilized to assist their clients. Each provider must have an outreach plan and must report how they are serving our target populations of low-income, minority, and vulnerable older adults, however Aging Resources does not determine who they serve.

We have agencies that act as local focal points in each county. Consumers often contact these focal points prior to seeking assistance from us. This means that Aging Resources does not work directly with every consumer that benefits from our programs/funding.

Staff of provider agencies often call Aging Resources for our expertise so that they can better assist their consumers, or they refer consumers to our specialists. We encourage providers to obtain permission from consumers allowing us to contact them directly so that the consumer does not need to make an additional phone call when our assistance may be beneficial. Our specialists assess needs through person-centered interviewing then provide information and assistance, or offer options counseling, or case management if warranted.

Aging Resources receives over 900 calls a month. In the first half of SFY2021 we have assisted 2,941 unduplicated individuals with information and assistance. One third of the individuals who contacted us were caregivers. We have Caregiver Specialists on staff who work primarily by assisting caregivers through counseling, options counseling, access to respite services, personal emergency response systems, along with individualized caregiving-related financial assistance.

Reviewing the demographics of the older adults we serve show that 54% are 75 years of age or older, 64% are female, 29% have incomes below poverty, 8% are minority individuals, 53% live alone, and 70% are unable to perform at least one activity of daily living.

Without the time or staff needed to undertake a complete consumer needs survey to help with our planning as an interim measure we decided to provide a short survey to our Advisory Council, Board of Directors, LifeLong Links Advisory Group, and our contractors. The survey addressed two areas: service needs and how consumers learn about programs and opportunities. The survey indicated that transportation is the number one need, followed by information and assistance, help in completing applications/paperwork, and nutrition assistance. We will use the survey results to help develop partnerships, plan programming, and distribute funding.

The survey responses on how consumers learn of community services showed: 1) word of mouth, 2) referrals from service and health care providers, and 3) local newspapers and radio. We will use this information to promote our programs and to provide information on such topics as consumer scams, caregiving assistance, advocacy issues, etc.

Reviewing information from our consumer data software provided insight into who we are serving, and which services are being delivered and where. The data helped identify areas where we are not reaching our target populations (low-income, rural, minority, and vulnerable older adults). This information helped us determine service gaps and formulate strategies to mitigate those gaps.

Section 1: 2022-2025 Goals and Strategies

Goal 1: Iowa Aging Network will work with older Iowans, Iowans with disabilities, and caregivers as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.

Agency programs and services that address goal 1

Our LifeLong Links staff of Information and Assistance Specialists as well as our Family Caregiver Specialists are faced with a wide range of questions such as: housing options, transportation solutions, homemaking programs, respite providers, legal issues, and information on Medicaid waiver programs. Our typical callers are adults 60+ years of age, disabled people in their 40's-60's and family caregivers of all ages, but largely adult children who are caring for their aging parents. We find that people may call with one simple question and during our conversational assessment, other needs or problems are uncovered.

Our I&A Specialists deal with older adults who often are struggling financially to remain independent. Although we cannot provide on-going funding to help people make ends meet, we can discuss options such as congregate meals, public transportation, legal assistance, or qualifications of other supportive programs and benefits that will reduce their monthly expenses.

Our Family Caregiver Specialists hear some of the same type of issues, but caregiving adds another whole level of stress to these callers. Although most caregivers are women in their 50's-60's, our specialists talk with young adults caring for grandparents, and husbands in their 80's caring for their confused spouse of 55 years. These caregivers are usually looking for services for their family member, but their needs go beyond that. Our Caregiver Specialists are faced with finding options that will address both the care recipient and the caregiver's needs. These calls are often 45 to 60 minutes in length and involve providing practical solutions as well as emotional support.

After careful assessments, our specialists provide referral information about available community services. Each person is unique, so their wants, needs, and budgets vary. Whenever possible, multiple options are given to each caller. If the caller needs additional support in applying for programs or arranging various services, any of our specialists can provide Options Counseling. This person-directed service allows us to support the older and/or disabled adult or the caregiver by assisting the consumer in planning for services, helping the consumer complete paperwork for programs, and, if needed, providing limited funding to establish services.

Aging Resources' goal is to support our clients by allowing them to access our services in multiple ways. Of course, phone contact is the most commonly used form of communication, but we also provide face-to-face meetings, home visits, and virtual meetings. We have

updated our website to enhance our virtual presence and to allow clients the convenience of looking on-line for options and providers.

Strategies to Address Service Gaps

Service Gap #1 Aging Resources consumer data shows that older adults and their caregivers in our more rural counties are not accessing services as expected leaving them at risk for premature institutionalization.

Strategies to address service gap.

To reach underserved rural consumers we will start by focusing on Marion County and use what we learn to expand reach to other counties:

- Continue to send our I&A staff to the county human services provider meetings, promoting our programs to trusted local health care and aging services professionals, and requesting referrals.
- Expand partnerships/contracts with local providers to increase the number of referrals from the community.
- Provide news articles, public service announcements, and advertisements in the local newspapers, shoppers, and newsletters on a routine basis, providing multiple promotions in the rural newspapers.
- Present information promoting our various programs at least 6 times a year through a regional radio program.
- Provide targeted, direct consumer mailings in Marion County, to raise awareness of our services.
- Expand distribution of informational fliers and brochures to additional health care providers, libraries, and town halls.
- Partner with EveryStep Home Health Service which is expanding their Senior Companion program in Marion County, jointly promoting our services.
- Work with the Knoxville Senior Center as the center reopens to in-person dining, have staff from various programs attend monthly and highlight our services.
- Work with Knoxville Senior Center to expand their reach to smaller towns with home delivered meals.
- Through the "Iowa Café" program work to initiate cafes in Pleasantville and Melcher-Dallas and other small towns.
- Work with HIRTA's new Retired Senior Volunteer Program RSVP program in Marion County, training their volunteers to refer consumers to Aging Resources programs.
- Recruit additional partnerships in Marion County such as The Well in Pella, Knoxville Hospital, and Pella Regional Health Center.

Service Gap #2 An analysis of our information and referral consumer intake data shows 31% of our Information & Assistance consumers have incomes at or below poverty level, however many consumers are not aware of or taking advantage of benefit programs. Not securing the

assistance for which they are eligible (Medicaid, SNAP, LIHEAP, home care, housing assistance, assistive technology) may lead to loss of independence.

Strategies to address service gap.

- Screen all callers for eligibility and directly assist with filing applications or assisting caregivers who will complete the application process.
- Through additional LifeLong Links staff provide Options Counseling to additional consumers who need assistance throughout the application process.
- Reinforce partnerships with other providers who assist with application preparation such as PEER Advocates, Senior Companion Program, SHIP, RSVP, Heartland Outreach, Dallas County Navigators, Lutheran Services of Iowa, Corinthian Baptist Church, senior housing service coordinators which will expand our outreach.
- Direct callers who have computer access to our website, so they can view and download applications and guidelines, assuring that they have the appropriate paperwork and understand the application process, remaining involved as needed.
- Have one staff member exclusively designated to assist those that are unable to leave their homes in applying for benefits.
- Build relationships with staff who manage assistance programs promoting referrals and assistance with consumers.
- Advocate for consumers who encounter difficulties in obtaining benefits, staying involved until the issue is resolved.
- Hire additional I&A Specialists who have experience in assisting with benefits applications.

Service Gap #3: Caregivers experiencing stress need easily accessible, relevant, and timely information and counseling to assist them in making informed decisions that supports them in maintaining their caregiving role.

Strategies to address service gap.

- Develop an electronic newsletter to maintain regular contact with current caregivers, and promote the newsletter through provider groups, and on our website to attract new consumers.
- Assist additional caregivers through options counseling and by providing respite, emergency response systems, and/or financial assistance to assist with their caregiving role.
- Quarterly review our website to assure that caregiving information is easily found, and up-to-date, including links to partner programs and websites.
- Use email or text messages, if that is the preferable method of communication, for caregivers.
- Expedite face-to-face visits by using virtual meeting platforms when available to caregivers.

- Expand use of virtual family meetings to gather multiple family members and to allow long distance caregivers to participate and contribute to the planning process.
- Partner with other groups (Iowa Caregivers, Alzheimer’s Association, and other AAAs) to provide virtual trainings and/or co-sponsor support groups.
- Connect with caregivers outside of regular business hours when needed.
- Provide quarterly caregiving articles in our nutrition newsletters which are distributed to 3,000 older adults monthly.
- Submit caregiver articles to small town newspapers, that emphasize our connection to trusted local health providers.
- Develop ads/columns for websites, newspapers, and/or newsletters that pose frequently asked caregiving questions that our caregiver specialists answer.
- Partner with ISU Extension on caregiver education.

Indicators, Performance Measures, & Fiscal Year Targets

Indicators & Targets

Progress Indicators	FY 2022 Target	Review Frequency
Unduplicated consumers in Marion County will increase over SFY2021	10%	Quarterly
Through the “Iowa Café” program Congregate Nutrition consumers will increase in Marion County and other rural areas.	20 consumers	Quarterly
Consumers receiving assistance with Medicaid, SNAP, LIHEAP, and rent reimbursement applications for benefits will increase.	10%	Quarterly
Increased emphasis will be placed on Options Counseling so that the number of consumers transitioning from Information & Assistance to Options Counseling consumers will increase.	40 consumers	Quarterly
Registered (OC, Counseling, Respite, Supplemental Services) Caregiver consumers in SFY 2022 will increase over SFY2021.	10%	Quarterly

Outcome Measures

Measure	Purpose	FY 2022 Target	Review Frequency
Percentage of LifeLong Links callers indicating they received the information they were seeking.	To assess and provide information appropriate to the caller's need (from consumer's perspective).	99%	Quarterly

Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	To evaluate the success of the service to assist individuals' make informed choices about long-term services and supports.	85%	Quarterly
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	To determine whether consumers who are at risk for poor nutrition and health status receive information so that they have better health enhancing options.	50%	Quarterly
Change in consumers receiving nutrition counseling from previous FY.	To determine whether consumers who are at risk for poor nutrition and health status receive nutrition counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.	23% increase	Quarterly

Goal 2: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.

Agency programs and services that address goal 2.

Aging Resources provides services in our PSA primarily through contracts with local service providers. The array of services available to consumers to assist them in remaining in their homes, and the contractors who provide these services, have remained primarily the same over the last five years. The contracted services we provide in every county are: home-delivered and congregate nutrition, nutrition education and nutrition counseling, health promotion, transportation and assisted transportation, and legal assistance. Other services provided in counties depend on the availability of a contractor and include adult day care, homemaker and personal care assistance, chore services, and behavioral health supports.

LifeLong Links staff work with consumers individually to meet their unique needs and assist them in remaining safely in their homes through material aid assistance which includes help with utility payments, rent assistance, purchase of assistive devices, home repair and home modification.

The continuing COVID-19 pandemic forced us to change some service delivery and to look at new services to keep people safely at home. New contracts initiated on an emergency basis caused by the pandemic include Asian meals (meals provided by Five Spice Sisters an Asian owned small business that prepares meals catering to Southeast Asian diets), Hy-Vee grab-&-go meals, food boxes for older refugees (different food boxes provide food staples for meals that fit the diets of several refuge groups), and grocery shopping for home-bound individuals. These

innovative food delivery projects showed great success in reaching older individuals identified in the OAA as those with greatest social or economic need, and/or at-risk for institutional placement, such as older lowans who are minorities, have low income, or live in a rural area.

With COVID and the suspension of in-person gatherings, our Evidence-Based Health Promotion Activities greatly diminished in FY21. Agreements were made with two agencies to provide “Walk With Ease” and “Stepping On” but these agreements have yielded few participants so far. Changes in staff duties had made initiating new programs internally difficult, however a new staff member has been hired and will be spending part-time on health promotion in FY2022.

Service Gap #1: Older lowans with greatest social or economic need, and/or at risk for institutional placement need new and innovative service deliveries to enable them to remain in their home safely and independently.

Strategies to address service gap.

- Prioritize reaching out to new service providers to apply for our funds when our new contracting cycle begins in October 2021 for SFY23-24 in order to diversify our services and contractors.
- Emphasize the importance of new initiatives that emphasis our target groups in scoring applications.
- Stress the need for applicants to target rural, minority, low income, and persons vulnerable to institutionalization and score applications on the targeting strategy and past performance.
- Score applications on return-on-investment. Review how the cost of the service compares to that of other providers while acknowledging that new/innovative services or plans to target hard to reach populations (rural) may add to costs.
- At annual reviews work with current providers concerning the demographics of the consumers they are currently serving and discuss how to improve targeting, if needed.
- Fund innovative pilot projects particularly those in more rural counties.
- Contract with small town restaurants through the “Iowa Café” program.

Service Gap #2: While transportation continues to be the number one need identified in our stakeholder survey, ridership numbers have declined indicating barriers to accessing current transportation and assisted transportation, as a result consumer lack independent mobility.

Strategies to address service gap.

- Partner with volunteer programs such as RSVP, FirstStep’s Senior Companion Program, Dallas Center’s SAIL program to help increase volunteer transportation.
- Explore adoption of Uber-type or other individualized on-demand transit programs.
- Continue participation in each of our counties’ Transportation Advisory Groups (TAG) to learn about and advocate for new initiatives.

- Reach out to for-profit transportation providers encouraging them to apply to become contractors for assisted transportation or to sub-contract with other contractors.
- Partner with HIRTA (our regional transportation provider for all counties but Polk) on three new grants they have recently received: Barriers to Transit Equity for People with Disabilities, designation as the RSVP provider for Madison & Marion Counties, and a “Complete Ride Deployment Program” starting in Dallas County.
- Determine if elements of two successful contracts (a cab ride program and a bus pass program) can be adopted by other populations.

Service Gap #3: In SFY2020, 46% or 2,634 consumers of nutrition services (congregate and home delivered meals) scored as high nutrition risk. These older adults are more vulnerable to health problems. Consumers at high nutrition risk would benefit from professional guidance on healthy eating and access to programs that address food insecurity or malnutrition.

Strategies to address service gap.

- As part of congregate meal site re-openings emphasize availability and benefits of nutrition education and counseling.
- Schedule our dietician to visit each meal site on a regular rotation basis, providing nutrition education, consulting with site staff, and engaging consumers so that she becomes known and trusted by participants and staff.
- Recruit additional participants in “Fresh Conversations” an evidence-based nutrition education program funded by IDPH where participants discuss current nutrition and health topics, taste low-cost healthy recipes, and discover new ways to stay active.
- Promote nutrition education as we promote the Senior Farmers Market Nutrition Program, emphasizing ways to incorporate fresh produce in meal planning.
- Explore having left over produce from farmers’ markets distributed at congregate dining locations.
- Provide nutrition counseling flyers to home delivered meal consumers, targeting different counties on a prescribed cycle.
- Make nutrition counseling easier to access by providing the service virtually or by telephone.
- Ask those who receive nutrition counseling to refer their friends to the service (word of mouth).
- Contract with the dietician from LSI (Lutheran Services in Iowa) to provide nutrition counseling to older adult refugees in conjunction with their food box program.
- Target rural clients by disseminating nutrition education and counseling information to rural pharmacies, libraries, and medical clinics.
- Remind our LifeLong Links staff to refer clients with chronic conditions to nutrition counseling, having our dietician then contact the client directly for a screening and assessment.
- Assure that the availability of nutrition counseling is emphasized as staff provide training and education to providers and consumers.

- As part of the nutrition counseling assessment, ask how the consumer learned of the service to determine our best approaches going forward.

Service Gap #3: Few evidence-based health activities have been available in the last year leaving consumers with fewer options in taking charge of their health, safety, and wellbeing.

Strategies to address service gap.

- Review available evidence-based health promotion activities to determine activities that are the best fit for the staff available and the consumer we served.
- Expand partnerships with organization who are offering evidence-based programs and assist them with promoting and providing the programs to expand our reach.
- Explore virtual program offerings to reach consumers who use technology but are not able to attend in-person workshops.
- Work in conjunction with other AAAs in Iowa to coordinate/share virtual program offerings.
- Examine programs for return on investment (cost of recruitment, planning, dissemination verses number of consumers who complete the program requirements) and chose programs best suited to our consumers.

Indicators, Performance Measures & Fiscal Year Targets

Indicators & Targets

Progress Indicators	FY 2022 Target	Review Frequency
New contracts will be awarded to providers who will reach new consumers in rural areas or reach new target group such as low-income and/or minority starting in FY23 to reach new consumers.	No new consumer in FY22	Jan., 2022
New innovative Transportation program(s) will reach additional consumers.	30 consumers	Jan., 2022
An increased percentage of high nutrition risk consumers will take part in nutrition counseling.	20%	Quarterly
Consumers completing evidence-based health promotion activities will increase.	80 new consumers	Quarterly

Outcome Measures

Measure	Purpose	FY 2022 Target	Review Frequency

Percentage of Case Management cases closed because case management service was no longer needed.	To determine whether Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.	75%	Quarterly
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	To determine whether Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.	10 months	Quarterly
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	To determine whether congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community.	90%	Quarterly
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	To determine whether home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person.	90%	Quarterly
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	To determine whether [case management, and respite services] provide caregivers the supports and services they need to continue to provide informal care to care recipients.	85%	Quarterly

Goal 3: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older Iowans.

Agency programs and services that address goal 3.

Aging Resources works to protect the rights of older adults by: increasing public awareness of abuse issues, training professionals to detect and report abuse or exploitation, being a resource for those suspecting abuse of someone they know, and advocating for victims of abuse assuring that they have the services and the protections they need to remain safely in their communities. Our Elder Rights Specialists are standing members at the Governor’s Dependent Abuse Prevention Awareness Council and members of the Coordinated Community Response group. Both groups are dedicated to identifying determinants of abuse and gaps in prevention.

Elder Abuse continues to be underreported; therefore, the victims are underserved. Increased assistance to older lowans who are experiencing abuse can be accomplished by engaging and educating three populations: 1) first responders who suspect abuse or identify individuals in need of assistance; 2) community providers who encounter older adults in a variety of at-risk situations, and 3) the general public.

Older adults are reluctant to report abuse for a variety of reasons including not recognizing their situation as abusive. Referrals come to our EAPA specialists through concerned friends, family members, professionals the older adults encounter, and from DHS protective services workers. Referrals also come from our LifeLong Links Information Specialists, who in talking with callers, recognize when a situation may involve abuse or exploitation. Over the last 18 months, demographics for consumers who received Assessment and Intervention show that 19% are at poverty-level income, 77% are age 70 or older, and 58% are female.

Our EAPA specialist has recently provided several letters to the editor and press releases regarding elder abuse awareness and scams, including COVID-19 scams. These communications have been published in both *The Des Moines Sunday Register* and in small-town papers. She has also been a regular guest on several radio programs. Use of these media outlets have enabled us to reach large audiences.

SERVICE GAP #1 Lacking understanding of elder abuse and of the services provided by the EAPA program, particularly in the more rural parts of our service area, has led to low referrals causing victims to not receive the assistance available to them.

Strategies to address service gap:

- Specialists will offer presentations and in-service trainings to faith-based communities, local clubs, businesses, home health providers, and medical professionals developing a letter specific to each of these groups.
- A short article will be provided in Aging Resources' Nutrition Newsletter on a quarterly basis about abuse, exploitation, or scam topics and also offered to partner newsletters.
- Letters to the editor and articles concerning abuse, victim advocacy, and consumer scams will be submitted to newspapers.
- Our EAPA specialist will continue regular interviews on regional radio programs.
- Our social media will be used more effectively with a monthly "Scam Spotlight" highlighted on our website, Facebook page, and Twitter.
- A series of presentation will be initiated on scams, abuse, and exploitation starting with the Urbandale Public Library and expanding to small town libraries.
- Work with i4a's EAPA work group to promote statewide initiatives including virtual awareness activities and trainings.

SERVICE GAP #2: Absence of local coalitions leads to continued elder abuse risk as community providers are not delivering a coordinated response to assist victims.

Strategies to address service gap:

- Specialists will identify and contact partners, starting in Boone and Jasper Counties, to establish coalitions to collaborate with Aging Resources concerning elder abuse issues.
- Aging Resources will host quarterly coalition meetings via Zoom where members can discuss abuse issues, confer on client situations, and be apprised of new agency programming.
- The coalitions will work to coordinate services to elder abuse, neglect, or exploitation victims.

SERVICE GAP #3: First Responders encountering abuse situations do not understand the services available through EAPA hampering referrals and leaving victims at risk for continued and possibly escalated abuse.

Strategies to address service gap:

- Send letters to 42 law enforcement agencies in our service area offering information and training on services provided through EAPA.
- Concentrate efforts on engaging law enforcement in Boone and Jasper counties to coincide with the development of county Elder Abuse coalitions in those counties.
- Provide and promote the use of wallet cards with EAPA contact information for first responders to leave with older adults when they encounter possible abuse.
- Use lessons learned in Boone and Jasper counties to expand work with first responders to other counties.

SERVICE GAP #4: A Low number of consumers are transitioning from EAPA Consultation to EAPA Assessments and Intervention leaving victims without all the supports available to them.

Strategies to address service gap:

- Internal agency procedures including clearer service definitions and protocols will be developed to promote appropriate flow of clients from I&A to EAPA consultations, to EAPA assessment and interventions.
- A checklist of criteria for EAPA Assessment and Intervention will be initiated.
- EAPA Specialist will train I&A staff and other collaborating partners on the definitions and protocols for EAPA services.
- EAPA Specialist will spend time with consumers to build trust so that consumers are willing to move beyond consulting to intervention and services.
- Interactions with consumers through Assessment and Intervention may include: initial abuse education, building of rapport, discussion of resources, initiation of services, monitoring of the situation, collaborating with adult protective services, accompanying victims to court, providing advocacy, and follow-through to resolution.

Indicators, Performance Measures & Fiscal Year Targets

Indicators & Targets

Progress Indicators	FY 2022 Target	Review Frequency
Increased referrals from Boone & Jasper County to EAPA Consultation.	10%	Quarterly
Increased percentage of Consultations transitioning to Assessment and Intervention.	15%	Quarterly
Increased EAPA Assessment and Intervention consumers.	10%	Quarterly

Outcome Measures

Measure	Purpose	FY 2022 Target	Review Frequency
Percentage of EAPA Assessment & Intervention consumer cases closed with services no longer needed.	To evaluate resolution rate for a consumer's abuse, neglect, or exploitation situation.	80%	Quarterly
Percentage of EAPA Consultation consumers whose needs are met through provider referrals for Self-Advocacy.	To evaluate whether consumers are able to use information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.	75%	Quarterly

Section 2: Service Projections

FY 2022 Projected Older Americans Act Consumers and Service Units

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
01A: Administration	Gen. Aging						
	Caregiving						
1: Personal Care	Gen. Aging	950	14	2	1	0	4
2: Homemaker	Gen. Aging	5,100	150	9	14	6	37
3: Chore	Gen. Aging	612	63	4	7	3	18
4: Home Delivered Nutrition	Gen. Aging	275,000	3,500	260	350	90	875
5: Adult Daycare/Health	Gen. Aging	4,000	90	5	9	2	22
6: Case Mgmt.	Gen. Aging	590	44	3	4	1	11
7: Congregate Meals	Gen. Aging	235,000	4,000	250	390	120	1,000
8: Nutrition Counseling	Gen. Aging	30	24	4	2	1	6
9: Assist Transportation	Gen. Aging	15,000	400	75	40	12	100
10: Transportation	Gen. Aging	43,000	1,000	100	100	25	260
11: Legal Assistance	Gen. Aging	1,855	800	50	85	35	250
12: Nutrition Ed	Gen. Aging	27,000	3,700	300	350	230	900
13: Info and Assist	Gen. Aging	7,400	3,400	270	340	88	845
14: Outreach	Gen. Aging	4,500	3,300	275	330	85	820
A01: Material Aid: Home Mod.	Gen. Aging	360	140	9	14	5	30
B02: Health Promo: Non-Evidence	Gen. Aging	15,000	1,800	110	180	45	450
B04: Emergency Response System	Gen. Aging	210	20	2	2	1	5
B05: Behavioral Health Supports	Gen. Aging	240	150	2	15	4	37
B07: Health Promo: Evidence Based	Gen. Aging	80	80	10	4	1	15
C07: EAPA Consultation	Gen. Aging	550	160	12	16	5	40
C08: EAPA Assessment & Intervention	Gen. Aging	475	30	3	3	1	8
CO9: EAPA Training & Ed	Gen. Aging	130	7,500	500	600	150	1,750
D01: Training & Education	Gen. Aging	690	13,000	780	150	50	1,300
E05: Options Counseling	Gen. Aging	160	40	4	4	1	10
F06: Material Aid: Assistive Tech Durable Medical Equip.	Gen. Aging	20	10	1	1	0	3
F07: Mat Aid: Consumable Supplies	Gen. Aging	1,450	140	7	110	60	63
F08: Material Aid Other	Gen. Aging	930	850	60	85	25	225

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
CG3: CG Counseling	Caregiver	140	120	8	10	3	25
CG4: CG Information Services	Caregiver	20	7,100	450	570	57	710
710CG5: CG Respite	Caregiver	-	-				
CG6: CG Supplement Services	Caregiver	160	80	5	8	2	20
CG7: Home Delivered Nutri.	Caregiver	2,800	15	1	1	0	4
CG8: CG Options Counseling	Caregiver	230	90	7	9	2	20
CG9: CG Case Mgmt.	Caregiver	90	13	1	1	0	3
CG10: CG Info & Assistance	Caregiver	2,460	1,630	100	130	30	400
CG11: CG Support Groups	Caregiver	-	-				
CG12: CG Training	Caregiver	-	-				
CG13: CG Congregate Nutri.	Caregiver	-	-				
CG14: Emergency Resp. Sys	Caregiver	610	75	5	7	2	20
CG 23: CG Respite Care: In-Home	Caregiver	8,500	90	6	9	3	23
CG 24: CG Respite Care: Out-of-Home (Day)	Caregiver	5,000	21	2	2	1	5
CG 24: CG Respite Care: Out-of-Home (Overnight)	Caregiver	600	4	0	1	0	1
CG26: CG Respite: Other	Caregiver	-	-				
GO1: GO Access Assist	Caregiver	-	-				
GO2: GO Self-Dir Care	Caregiver	-	-				
GO3: GO Counseling	Caregiver	10	5	1	1	1	1
GO4: GO Info Services	Caregiver	1	10	10	0	0	1
GO5: GO Respite	Caregiver	-	-				
GO6: GO Supplemental Serv	Caregiver	15	12	1	3	2	3
GO7: GO Home Del. Meals	Caregiver	700	7	2	0	0	2
GO8: GO Options Counsel.	Caregiver	8	4	0	1	0	0
GO9: GO Case Management	Caregiver	-	-				
GO10: GO Info. & Asst.	Caregiver	92	56	3	6	3	15
GO11: GO Support Groups	Caregiver	-	-				
GO12: GO Training	Caregiver	-	-				
GO13: GO Congregate Nutri.	Caregiver	-	-				
GO14: GO Emerg. Resp. Sys	Caregiver	76	9	1	1	0	2
GO23: GO Respite Care: In-Home	Caregiver	160	4	1	0	0	1
GO24: Respite Care: Out-of-Home (Day)	Caregiver	1,000	5	1	1	0	1
GO25: GO Respite Care: Out-of-Home (Overnight)	Caregiver	50	1	0	0	0	1

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
GO26: GO Respite Care: Other	Caregiver	-	-				

Self-Direction Service Delivery

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

OR

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

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

Services:

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

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

Caregiver Respite Voucher

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

OR

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

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

Item	Projection
Persons Served - Caregivers of Older Adults	115
Does AAA intend to use the funding sources listed below to provide respite services for Caregivers of Older Adults through vouchers?	
OAA Title III E federal funds	Y
Other - State Expenditure	Y
Other - Non-State Expenditure	Y
Program Income Expended	Y
Persons Served - Older Relative Caregivers	10
Does AAA intend to use the funding sources listed below to provide respite services for Older Relative Caregivers through vouchers?	
OAA Title III E federal funds	Y
Other - State Expenditure	Y
Other - Non-State Expenditure	Y
Program Income Expended	Y

Area Plan Service Waiting List

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

OR

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

Service with Waiting List	Typical Number of Individuals on Waiting List	Average Waiting List Time	Waiting List Prioritization Criteria

[Describe how members of the public may obtain your agency's wait list policy.]

Section 3: Quality Management

Aging Resources evaluates all three functions of quality management as follows.

- **Data collection to assess ongoing program implementation:**
Monthly contractors provide reports on the number of units of service they provide and on the consumers they serve. The reports detail how they are progressing toward their service and consumers projections. The reports also show the number of low-income, minority, and persons 75+ served. Quarterly a desk review is completed examining how the contractor's use of funds correlate to services provided and if the contractor is serving the targeted consumers groups that were projected in their contracts. WellSky helps us see how we are meeting projections in service categories.
Our internal services are reviewed monthly through WellSky reports. Reports show if we are meeting our projections for I&A, Options Counseling, Case Management, Material Aid, Family Caregiver services, and EAPA services.
WellSky mapping reports will be especially helpful as we work to promote services in our more rural counties.
- **Remediation:**
If either contractors or our staff are not meeting projections, the situation is discussed, variance from projects may have a reasonable explanation (seasonal variations, loss of staff etc.). When needed a plan is put in place to remedy the situation. For example, staff members can go back to consumer files to update missing information. Reports are generated to determine when a current consumer Intake Form has not been completed. Contractors are contacted with a list of missing forms that need to be provided.
- **Continuous improvement:**
If reports show an area where targets are not being met the situation is discussed with the contractor or with our staff so that a strategy can be determined, and progress can be assessed going forward.

Section 4: Public Input

Aging Resources held a public hearing on Thursday, March 11th prior to its Advisory Council meeting. Holding the public hearing in conjunction with our Advisory Council meeting assured participation from older adults and providers from each of our counties. Aging Resources asks for and receives input from our Advisory Council, Board of Directors, and LifeLong Links Advisory Council on service provision on a regular basis.

Staff regularly receives feedback from clients, contractors, and stakeholders concerning the services we provide. We have staff teams (Management and LifeLong Links) that meet regularly and discuss trends we are encountering with client contacts and the direction to take to best meet clients' needs. Staff are also members of numerous community-based groups that serve older adults and persons with disabilities. Through participation in these groups, staff learn of trends noted by other professionals.

Public Hearing Information

February 11, 2021

Contact: Margaret DeSio
515 633-9520

Notice of Public Hearing on Multi-Year Area Plan

Aging Resources of Central Iowa is seeking comments from the public on its multi-year SFY2022 – 2025 Area Plan. The area plan describes the agency's strategic plan for services to be provided for older adults and adults with disabilities living in Boone, Dallas, Jasper, Madison, Marion, Polk, Story, and Warren Counties in Central Iowa. Services are provided using federal and state funds.

The purpose of the public hearing is to gather input and comments from interested parties, concerning Aging Resources' plan including priority services. Aging Resources provides services primarily indirectly through contracts with local service providers. As part of its plan Aging Resources is proposing to provide Family Caregiver Counseling and Evidence Based Health Promotion Programs directly to consumers in the counties it serves. The public hearing will be conducted prior to the agency's Advisory Council meeting on:

Thursday, March 11, 2021

at

1:00 PM

via Zoom virtual meeting

Join by clicking the link below

<https://zoom.us/j/3719912322?pwd=UjZ0ZmVjQ0xscHh1dFF2bll6d2Mydz09>

Meeting ID: 371 991 2322

Passcode: 281330

Or

Call into the meeting at:

(312) 626 6799

Meeting ID: 371 991 2322

Passcode: 281330

Comments are also welcome in writing. Please send comments to Aging Resources, 5835 Grand Ave., Suite 106, Des Moines, IA 50312 or by email to margaret.desio@agingresources.com.

Aging Resources of Central Iowa does not discriminate based on age, race, gender, national origin, color, creed, religion, political affiliation, marital status or physical or mental disabilities in its employment practices or the provision of services except where it is a requirement of law.

Aging Resources' Public Hearing Notice with a request that the information be shared with interested parties was sent on February 11, 2021 to:

Aging Resources' Advisory Council

Aging Resources' Board of Directors

Aging Resources' Contracted Providers (19 providers)

Posted to Website

Topic: Public Hearing

Time: March 11, 2021 1:00 PM

To Join the Zoom Meeting, please click the link below:

<https://zoom.us/j/3719912322?pwd=UjZ0ZmVjQ0xscHh1dFF2bll6d2Mydz09>

Meeting ID: **371 991 2322**, Passcode: **281330**

To call into the meeting, please use the phone number below:

(312) 626 6799, Meeting ID: **371 991 2322**, Passcode: **281330**

**FY2022 - 2025 AREA PLAN PUBLIC HEARING
A G E N D A**

- | | | |
|------|--|----------------|
| I. | Purpose of Hearing and
Overview of Area Plan (1:00PM – 1:15PM) | Margaret DeSio |
| II. | Funding Transfer (1:15PM – 1:20PM) | Les Bascom |
| III. | Priority Services Expenditures (1:20PM – 1:30PM)
Access Services 10%
(Information and Assistance,
Assisted Transportation, Outreach,
Case Management, and Transportation)
In-home Services 5%
(adult day care, chore, homemaker,
and personal care)
Legal Services 3% (legal assistance) | Les Bascom |
| IV. | Proposed Services to be Provided Directly
(1:30PM – 1:40PM)
A. Evidence Based Health Activities
B. Counseling | Margaret DeSio |
| V. | Public Comments (1:40PM) | Margaret DeSio |

List of those who attended the Public Hearing on March 11, 2021

Denny Bock	Shala Harsh	
Ruth Bartels	Amy Alden	Portia Taylor
Kelli Van Manen	Jodene DeVault	Kimberly Hansen
Joy Ihle	Barb McClintock	George McKeever
Alice Musselman	Kim Wilson	Anthony Lee
Liz Seiser	Carol Schmidt	Julia Castillo
Margaret DeSio	Kay Vanags	Brooke Ramsey

Public Hearing Summary:

I. Overview of Area Plan

Margaret DeSio, Contracted Services Director, began the public hearing through Zoom and call-in at 1:00 on Thursday, March 11, 2021. Margaret welcomed participants to the Public Hearing on Aging Resources' FY'22 – FY'25 Area Plan. Margaret then summarized each section of the plan narrative and outlined the proposed activities to address services gaps related to the goals set forth in the plan. She also outlined the other sections of the plan.

II. Funding Transfer

Les Bascom, Fiscal Director, explained that in FY'22 the plan is to transfer Title IIIC1 Congregate Nutrition funding to Title IIIC2 Home Delivered Nutrition. This transfer of \$325,000 is needed due to a decrease in the demand for Congregate Meals and an increase in the demand for Home Delivered Meals. The 35.22% transfer is below the 40% transfer limit.

III. Priority Services Expenditures

Les Bascom explained that priority services expenditures must meet or exceed set percentages of funding. Access services (Transportation, I&A, Outreach, Case Management, and Assisted Transportation) must be at least 10% of Title IIIB funding allocations, Aging Resources' allocation is 57.30%. In-Home Services (Adult Day Care, Chore Homemaker, and Personal Care) must be at least 5% of allocations; Aging Resources' allocation is 16.61%. Legal Assistance must be at least 3% of funding allocations; Aging Resources' is 12.32%.

IV. Proposed Services to be Provided Directly

A. Evidence-Based Health Activities - Margaret DeSio explained that there are several evidence-based health programs in our area that we help promote, for example "Better Choices Better Health", "Walk With Ease" and "Stepping On" fall prevention program. When needed, Aging Resources directly provides "A Matter of Balance" (MOB) fall prevention program. We help train coaches and have two coaches on staff. Aging Resources only provides evidence-based health activities directly if there are not community providers available. Aging Resources plans to provide evidence-based health activities directly to help assure the programs are available throughout our area.

B. Counseling - Margaret DeSio explained that Counseling is a service through the Caregiver Program. Counseling assists caregivers in making decisions and solving problems related to their caregiver role. Aging Resources' Caregiver Specialists need to provide this service directly as it is fundamental in appropriately assisting caregivers in making decisions and in determining the other services they need. Aging Resources will provide this service directly because it is fundamental in assisting caregivers and to assure there is adequate counseling available to caregivers.

V. Questions and Comments

One comment was made by Joy Ihle, Polk County Senior Services stating that she appreciates all the work that staff put into the plan. Other comments were not related to the Area Plan but were a discussion of the availability of COVID-19 vaccinations and assistance with unexpected medical bills.

With no additional comments, Margaret DeSio asked participants to contact her if they thought of questions. The Public hearing was adjourned at 1:48pm.

In mid-April it was discovered that at the public hearing the service of Nutrition Counseling was not reviewed as a service that Aging Resources plans to provide directly. After discussion with IDA concerning this oversight, it was decided that Aging Resource would send an email to all participants in the public hearing explaining the plan to provide Nutrition Counseling directly and the reasons for that plan. The email sent April 13, 2021 is printed below. This information is also posted on our website under News and Events.

Dear Participants in the Area Plan Public Hearing,

This is an update on information provided at the March 11, 2021 Public Hearing on Aging Resources' Area Plan for SFY'22-25. As a requirement of the Area Plan certain services are to be discussed at the public hearing if an Area Agency on Aging plans to provide them directly (not by contract). As part of the public hearing held on March 11, 2021 it was discussed that Aging Resources plans to provide some Evidence-Based Health Activities and Counseling to caregivers directly. The service of Nutrition Counseling was left off that list.

Aging Resources plans to hire our current contracted dietician so that she can provide full-time promotion of health through both Nutrition Counseling and Evidence-Based Health Activities. She will be providing Nutrition Counseling directly so that it is readily and adequately available for our consumers. If community registered dietitians are available to work with specific groups of consumers we may also contract for this service.

If you have any questions or comments on this addition to the plan, please contact me. This information is also available on our website.

Have a good week.
Margaret DeSio

Two attendees responded that they feel it is a good idea to have a dietitian on staff.
No other comments.

Governing Body for: Aging Resources of Central Iowa

Updated On: April 1, 2021

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Crystal McIntyre	301 N. Buxton Street Suite 202	Indianola 50125	Warren	(515)691-1029 crystal@warrencountyia.org	12/31/21

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Steve Van Oort	111 Court Ave., Suite 300	Des Moines 50309	Polk	(515)286-3119 steve.vanoort@polkcountyiowa.gov	12/31/21

Secretary

Name	Address	City & Zip	County	Phone & Email	Term Expires
Linda Westergaard	4009 E. 23 rd Street	Des Moines 50317	Polk	(515)988-4288 lindaw@dmgov.org	12/31/21

Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires
Ron Jome	1250 Jade Place	Ogden 50212	Boone	(515)298-1628 janron76@icloud.com	12/31/21

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires
Pamela Myers	2025 Aldrich Ave.	Boone 50036	Boone	(515)291-2259 pammyers823@outlook.com	12/31/22

Name	Address	City & Zip	County	Phone & Email	Term Expires
Kim Chapman	121 N. 9 th St.	Adel 50003	Dallas	(515)993-6850 kim.chapman@dallascountyiowa.gov	12/31/21
Nancy Nichols	6200 EP True Pkwy. #505	West Des Moines 50266	Dallas	(515)238-5597 narnichols@gmail.com	12/31/21
Denny Carpenter	PO Box 944	Newton 50208	Jasper	(641)792-7016 dcarpenter@jasperia.org	12/31/21
Phil Clifton	112 N. John Wayne Drive PO Box 152	Winterset 50273	Madison	(515)462-3225 pclifton@madisoncoia.us	12/31/21
Kylon Schmitt	118 S. 6 th Avenue	Winterset 50273	Madison	(515)468-0695 kyschmitt@gmail.com	12/31/22
Mark Raymie	214 E. Main St.	Knoxville 50138	Marion	(641)828-2231 mraymie@co.marion.ia.us	12/31/21
Don Corrigan	3316 Twana Dr.	Des Moines 50310	Polk	(515)402-2464 donindsm@msn.com	12/31/22
Lisa Heddens	900 Sixth St.	Nevada 50201	Story	(515)382-7210 lheddens@storycountyiowa.gov	12/31/21
Ron Smith	Mary Greeley 1111 Duff Ave.	Ames 50010	Story	(515)239-2415 smith@MGMC.com	12/31/21
C. Jean Laverty	410 North G Street	Indianola 50125	Warren	(515)240-7808 iris_skys@yahoo.com	12/31/21
Robert Mahaffey	2220 E. 32 nd St.	Des Moines 50317	Polk	(515)202-0257 booblmahaffey@gmail.com	12/31/21

Advisory Council

Older Americans Act Section 306(a)(6)(D). Each area agency on aging shall establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

Older Americans Act Code of Regulations, Subpart C, Sec. 1321.57(b) Composition of Council.

The council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the area agency in developing community-based systems of services. The advisory council shall be made up of:

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

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

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

None

Advisory Council for Aging Resources of Central Iowa
Updated on April 1, 2021

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Amy Alden	Home Instead 215 N. Warrior Lane, Suite B	Waukee 50263	Story	(515)233-3539 a.alden@homeinstead.com	06/22	2,4,5,7

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Mike Roberts	1249 W. Larson, Suite B	Knoxville 50138	Marion	(641)828-6397 robertsandassociatesinc1@gmail.com	6/22	2,4,5,7

Secretary

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Shala Harsh	Heartland Senior Services 205 S. Walnut Ave.	Ames 50010	Story	(515)233-2906 sharsh@hsservicesia.com	3/24	2,4,7

Other Members:

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Denny Bock	1727 14 th St.	Boone 50036	Boone	(515)230-0296 onkt7078@yahoo.com	06/23	1,2,5,7
Norman Hill	1249 Java Pl.	Ogden 50212	Boone	(515)290-5322 nvdhill@netins.net	10/23	1,2,5,7
Nancy Johnson	521 S. Fremont St.	Stuart 50250	Dallas	(515)321-6099 nbjminburn@gmail.com	06/23	1,2,5,7
Ruth Bartels	835 NE Boston Pkwy., #3202	Waukee 50263	Dallas	(515)901-9600 ruthbartels1@gmail.com	06/21	1,2,5,7
Kelli Van Manen	Jasper County Nutrition, 2401 First Ave. E.	Newton 50208	Jasper	(641) 792-7102 kvanmanen@jasperia.org	06/23	2,4,5,7

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Roy Smith	2073 Earlham Rd.	Winterset 50273	Madison	(515)468-0542 48smith50@gmail.com	06/22	1,2,4,5,7
Julie Weiss	1863 Summerhill Trail	Winterset 50273	Madison	(515)975-6903 grammyweiss@yahoo.com	06/22	1,2,5,7
Joy Ihle	Polk County River Place 2309 Euclid Ave.	Des Moines 50310	Polk	(515)286-2062 joy.ihle@polkcountytia.gov	06/23	2,4,5,7
Liz Seiser	4600 Crestmoor Drive	Des Moines 50310	Polk	(515) 279-0011 lizseiser@gmail.com	06/22	1,2,5,7
Alice Musselman	10262 SE Vandalia Dr.	Runnells 50237	Polk	(515) 966-2556	06/23	1,2,5,7
Quincy Southers	2824 E. 16 th St. #D335	Des Moines 50316	Polk	(515) 991-4105 q5lawyers@aol.com	06/23	1,2,5,7
Jodene DeVault	Warren County Health Services 301 N. Buxton, Suite 203	Indianola 50125	Warren	(515) 961-1074 jodened@warrencountytia.org	06/23	2,3,5,7
JoAnn McKibben	3909 S. Orilla Rd.	West Des Moines 50061	Warren	(515)229-2166 b.mckibben@mchsi.com	06/21	1,2,5,6,7
Barb McClintock	669 41 st St.	Des Moines 50312	Polk	(515)491-2675 mcclintockbk@gmail.com	06/21	1,2,5,7

LifeLong Links Advisory Council

LifeLong Links Advisory Council for Aging Resources of Central Iowa

Updated On April 1, 2021

Name	Organization	Address	City & Zip	County	Phone & Email
Krista Strait-Higgins	ALS Association Iowa Chapter	3636 Westown Pkwy., Suite 204	West Des Moines, IA 50266	Polk	(515)468-9031 krista@alsaiowa.org
Alyssa DePhillips	American Lung Association	5601 Douglas Ave.	Des Moines, IA 50310	Polk	(515)802-3201 adephillips@lungia.org
Lisa Jenison	Brain Injury Alliance of Iowa	7025 Hickman Rd.	Urbandale, IA 50322	Polk	(515)381-5010 ljenison@biaia.org
Laura Gibson	Central Iowa Center for Independent Living	100 E Euclid Ave., Suite 105	Des Moines, IA 50313	Polk	(515)243-1742 laura@CICIL.org
Lloyd Hughes	Consumer Advocate	341 Pioneer Road	Des Moines, IA 50315	Polk	(515)243-1182
Jami Johns	Disability Rights IOWA	400 E. Court Ave., Suite 300	Des Moines, IA 50309	Polk	(515)278-2502 x 12 jjohns@driowa.org
Hannah Rivas	EveryStep	3000 Easton Blvd.	Des Moines, IA 50317	Polk	(515)558-9957 HRivas@everystep.org
Mark Edge	IA Department for the Blind	524 Fourth Street	Des Moines, IA 50309	Polk	(515) 333-1096 mark.edge@blind.state.ia.us
Tracy Keninger	Easter Seals	PO Box 4002	Des Moines, IA 50333	Polk	(515)289-1933 x2371 tkeninger@eastersealsia.org

Name	Organization	Address	City & Zip	County	Phone & Email
Lisa Wright	Greater Des Moines Habitat for Humanity	2200 E. Euclid Ave., PO Box 716	Des Moines, IA 50303	Polk	(515)471-8686 x127 lwright@gdmhabitat.org
Megan Hartwig	IA Association of Community Providers	7025 Hickman Rd., Suite 5	Urbandale, IA 50322	Polk	(515)270-9495 mhartwig@iowaproviders.org
Jill Avery	IA Dept. of Human Rights	321 E 12 th Street	Des Moines, IA 50319	Polk	(515)242-6334 jill.avery@iowa.gov
Lauren Templeman	IA Dept. of Human Services	2309 Euclid Ave.	Des Moines, IA 50310	Polk	(515)725-2781 ltemple@dhs.state.ia.us
Bob Steben	IA Dept. of Veteran Affairs	Camp Dodge, Bldg. 3465	Johnston, IA 50131	Polk	(515)727-3438 bob.steben@iowa.gov
Julie Bergeson	IA Dept. on Aging	510 E 12 th St., Suite 2	Des Moines, IA 50319	Polk	(515)725-3332 julie.bergeson@iowa.gov
Kelley Rice	IA Vocational Rehabilitation	510 E 12 th Street	Des Moines, IA 50319	Polk	(515)281-4146 kelley.rice@iowa.gov
Sydney Peteresn	Parkinson's I&A Center at UnityPoint DSM	1200 Pleasant St., E-524	Des Moines, IA 50309	Polk	(515)241-6379 sydney.petersen@unitypoint.org
	Senior Health Insurance Information Program SHIIP	601 Locust St., 4 th Floor	Des Moines, IA 50319	Polk	(515)242-5300

Name	Organization	Address	City & Zip	County	Phone & Email
Lynette Plander	AbleUp Iowa	130 S. Sheldon Ave., Suite 201	Ames, IA 50014	Story	(515)292-2972 lynette@iowaable.org

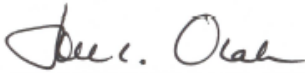
Attachments

Authorized Signatures

Area Agency on Aging Name	Primary Street Address	City & Zip	Type of Agency	Date of AAA Designation
Aging Resources of Central Iowa	5835 Grand Avenue, Suite 106	Des Moines 50312	Non-Profit	April, 1982

Authorized Signatures for Funding Applications and Contracts

Print Name: Joel L. Olah



4/28/21

Signature of Executive Director

Date Signed

Print Name: Crystal McIntyre



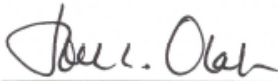
26 April 2021

Signature of Chair, Governing Body

Date Signed

Authorized Signatures for Fiscal Reports

Print Name: Joel L. Olah

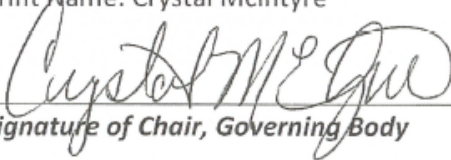


4/28/21

Signature of Executive Director

Date Signed

Print Name: Crystal McIntyre



26 April 2021

Signature of Chair, Governing Body

Date Signed

Print Name: Lester Bascom



4/28/2021

Signature of Fiscal Director

Date Signed

Authorized Signatures for Program Reports

Print Name: Joel L. Olah

Joel L. Olah

Signature of Executive Director

4/28/21

Date Signed

Print Name: Margaret O. DeSio

Margaret O. DeSio

Signature of Contracted Services Director

04/28/2021

Date Signed

Grievance Procedures

A copy of Aging Resources' Grievance Procedures is available on the agency website at www.agingresources.com under "About Us". Persons may also call Aging Resources at (515)255-1310 or (800)747-5352 and request a copy of the Grievance Procedures. Service providers applying for funds are given a copy of the Grievance Procedures as part of the request for proposals and contacting process.

Staffing and Volunteer Information

The following table lists the anticipated number of full and part-time positions at Aging Resources the number of SCSEP beneficiaries employed at Aging Resources and the number of volunteers supporting Aging Resources at the start of the SFY 2022 (7/1/2021).

Position	Total Number
Staff (paid) full-time:	19
Staff (paid) part-time:	2
SCSEP Beneficiaries:	0
AAA Volunteers:	1 regular, 65 for holiday meals

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

Please confirm that the information detailed below is current in the SAMS database system for your agency.

Nutrition Services

Agency staff reviewed the following Nutrition Services information entered into the case management system (Wellsky) and verified that the information is current as of 4/29/2021.

Nutrition Services information to be verified for accuracy includes:

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

Service Providers of OAA Services

Agency staff reviewed the Service Provider information entered into the case management system (Wellsky) and verified that the information is current as of 4/29/2021.

Senior Centers and Focal Points

Agency staff reviewed the Senior Center and Focal Point information entered into the case management system (Wellsky) and verified that the information is current as of 4/29/2021.

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

OR

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

Selecting Senior Centers & Focal Points

Aging Resources identifies facilities as focal points if they provide access, coordination, or information on numerous community services for older adults, with particular attention to those with the greatest economic and/or social need. Focal points must be positioned in a central location and have hours of operation that are convenient and accessible to older adults. Focal points in Aging Resources' area all include congregate nutrition sites and are well known to the community as places for older adults to receive information and services. The focal points are either entities of county governments themselves or are well established and visible centers for older adult services.

Emergency Plan and Plan Development Summary

Aging Resources' staff is involved in a number of activities on an ongoing basis to increase the agency's preparedness for a disaster or emergency. Collaboration with other entities is an essential component of Aging Resources' disaster plan. Our contracted service providers are prepared to communicate regarding areas of need, gaps in service, locations of vulnerable older adults, and other vital information in the event of a disaster. As part of their contract conditions our contractors agree to provide assistance requested by Aging Resources to areas outside their primary service areas in the event of a disaster. Contractors also agree to accept assistance from other contractors if a disaster strikes the contractor's primary service area.

In addition to collaboration with our contracted service partners, Aging Resources has relationships with agencies such as the American Red Cross, county emergency management agencies, and FEMA. Aging Resources is prepared to assist individuals with applications for disaster assistance if the need arises and to provide staff for disaster relief activities.

Aging Resources has relationships with county health departments and community action agencies to help in the provision of information and services following a disaster. A full list of central Iowa emergency management agencies, relief/assistance agencies, hospitals, first responders, and citizen corps are listed in Aging Resources' Emergency Preparedness Plan.

As shown through the COVID-19 pandemic, Aging Resources readily offers any assistance determined necessary by the Iowa Department on Aging, the Iowa Department of Public Health, other state agencies, county health departments, the Governor's Office, or by congressional offices to assist in the emergency.