Heritage Area Agency on Aging
PSA 4

Area Plan on Aging
SFY 2022 – 2025

Effective Dates: July 1, 2022-June 30, 2025
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Indicators & Targets

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Executive Summary

Heritage Area Agency on Aging has enjoyed a rich partnership with Kirkwood Community College (KCC) and functioned as a division of the college since its inception. In recent years, stakeholders increasingly recognized that diverse funding strategies were necessary to continue to provide optimal services to older Iowans in our service area. Consequently, Heritage achieved 501(c)3 status in 2019 to support additional grant and foundation sources of revenue. The partnership with KCC remains strong and supportive, with continued infrastructure support from the college. With non-profit designation, Heritage is also now supported by a Board of Directors and working Board committees. Heritage continues to leverage our relationships with community entities, organizations and businesses to reach, educate and serve underserved populations.

In Goal One, Heritage provides individuals and caregivers with Information and Assistance and Options Counseling as part of the Life Long Links Aging Network to make informed decisions regarding their well-being, independence and health. New strategies and partnerships with our subcontractors and faith communities will support additional referral sites to specifically engage minority and rural community older adults and adults with disabilities, increase volunteerism and access to services. Partnerships with businesses and institutions of higher learning will support additional rural caregiver training, awareness and access to support services. Targeted strategies will reach out to Individuals in rural areas and minority populations with high nutritional risk to increase access to nutrition counseling and education.

In Goal Two, Heritage provides case management to older individuals and caregivers in need of longer term support in addition to funding a variety of home and community based services geared towards keeping older individuals healthy within their community of choice. We will use the Iowa Café model and our own Encore Café and Encore Café Express initiatives to implement a meal voucher program and mobile supplemental food programs that will be expanded into targeted rural areas and underserved minority populations. Our Board’s Outreach Committee will support staff driven information campaigns focused on specific underserved groups including persons of color, non-English speakers, and the LGBT community. Community partnerships will be further developed in rural areas to provide services, such as personal care, homemaker and chore, to allow older adult and adults with disabilities to remain in their home.

In Goal three, Heritage’s EAPA program provides a variety of services to individuals 60 years and older experiencing abuse and neglect. The needs of older low income Iowans experiencing self-neglect will be further supported by the community partnerships in our Multi-Disciplinary Team meetings and additional grant funded programs to target issues such as pest extermination and furniture replacement. Heritage will leverage relationships with the Department of Human Services, community emergency personnel, and businesses to support greater understanding of Elder Abuse and effective referrals. Coordinated marketing strategies in conjunction with IDA and i4a will increase knowledge of signs and prevention of Elder Abuse and specific timely topics such as scams.
Context

Heritage Area Agency on Aging (Heritage) provides and contracts for services in Benton, Cedar, Iowa, Johnson, Jones, Linn, and Washington counties. Based on U.S. Census Bureau, American Community Survey 2018 5-year estimates, report 96,018 persons over the age of 60 live in the PSA, representing 20% of the PSA’s total population. Of the total persons 60 and over 1.8% are minority, 5.7% live in poverty, and 28.2% live in rural areas. Heritage provided services to 9,813 unduplicated individuals 60+ in FY 2020, this is a 39.8% increase in consumers served from FY2019.

Demographics

<table>
<thead>
<tr>
<th></th>
<th>60+ Total Pop.</th>
<th>60+ Minority</th>
<th>60+ Rural</th>
<th>60+ Poverty</th>
<th>65+ Households Lives Alone</th>
<th>65+ with a Disability</th>
<th>18-64 with a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benton</td>
<td>6,216</td>
<td>29</td>
<td>4,161</td>
<td>504</td>
<td>1,102</td>
<td>1,333</td>
<td>1,210</td>
</tr>
<tr>
<td>Cedar</td>
<td>4,882</td>
<td>23</td>
<td>3,438</td>
<td>322</td>
<td>1,092</td>
<td>736</td>
<td>952</td>
</tr>
<tr>
<td>Iowa</td>
<td>4,197</td>
<td>25</td>
<td>3,024</td>
<td>236</td>
<td>832</td>
<td>929</td>
<td>787</td>
</tr>
<tr>
<td>Johnson</td>
<td>23,065</td>
<td>682</td>
<td>4,722</td>
<td>1,416</td>
<td>4,426</td>
<td>4,111</td>
<td>5,394</td>
</tr>
<tr>
<td>Jones</td>
<td>5,426</td>
<td>25</td>
<td>2,705</td>
<td>382</td>
<td>1,158</td>
<td>1,154</td>
<td>886</td>
</tr>
<tr>
<td>Linn</td>
<td>46,698</td>
<td>934</td>
<td>5,701</td>
<td>2,324</td>
<td>9,876</td>
<td>9,508</td>
<td>10,698</td>
</tr>
<tr>
<td>Washington</td>
<td>5,534</td>
<td>35</td>
<td>3,327</td>
<td>352</td>
<td>1,043</td>
<td>1,050</td>
<td>1,126</td>
</tr>
<tr>
<td>Heritage Region</td>
<td>96,018</td>
<td>1,753</td>
<td>27,078</td>
<td>5,536</td>
<td>19,529</td>
<td>18,821</td>
<td>21,053</td>
</tr>
</tbody>
</table>

Although some services were provided to individuals under the age of 60 (n=259), the overwhelming majority of services were provided to individuals over the age 60. Typically, these individuals were female (67%), Caucasian/White (87%), high nutrition risk (61%), over the age of 75 (55%), and living alone (53%) in an urban setting. Although this demographic information is representative of older adults throughout the PSA, it raises concern for Heritage that not enough providers are available to reach a higher number of older adults in the rural settings. Heritage is also committed to identifying better methods of reaching communities of color, older adults of the LGBTQ communities, older adults with increased health risk due to poorer nutrition and social isolation due to the pandemic.

Heritage is also dedicated to strengthening its relationships with individuals with disabilities and service providers for individuals with disabilities. The U.S. Census data projected an estimated 21,053 individuals with disabilities ages 18 to 64. Through LifeLong Links partnerships at the state and local levels with Iowa COMPASS, Centers for Independent Living and University of Iowa Centers for Disabilities and Development it is expected that more individuals under the age of 60 living with a disability will be provided supports and services.

In October 2020, Heritage developed a Service Needs Ranking form and invited feedback and participation from our consumers, volunteers, community partners, staff and public. We
received 92 responses which included 63% urban and 37% rural participants from all seven service counties. Our original service needs ranking form was adapted and used by all other AAAs as a best practice model for the state. Heritage is proud to be a leader in assessing our target population’s service needs.

**Mandatory Services Needs**

Highest ranking mandatory service needs identified in both urban and rural areas included: Homes Delivered Meals, Case Management, and Information and Assistance services. Elder Abuse Prevention and Awareness and Options Counseling ranked higher in our urban areas and Congregate Nutrition and Caregiver Counseling ranked higher in our rural areas.

**Optional Services Needs**

Highest ranking optional service needs identified in both urban and rural areas included: Assisted Transportation, Transportation, Chore Services and Adult Daycare. Homemaker services ranked higher in our urban areas and Personal Care ranked higher in our rural areas.

Participants were also asked to list three top-of-mind issues for older adults, adults living with disabilities and caregivers. Below is a summary of our findings.

**Top-of-Mind Issues**

<table>
<thead>
<tr>
<th>Older Adults</th>
<th>Adults With Disabilities</th>
<th>Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food/Nutrition/Meals</td>
<td>Transportation</td>
<td>Respite Care</td>
</tr>
<tr>
<td>Transportation</td>
<td>Homemaking</td>
<td>Training</td>
</tr>
<tr>
<td>Elder Abuse Assess. &amp; Intervention</td>
<td>Personal Care</td>
<td>Support</td>
</tr>
</tbody>
</table>

Results of the Service Needs Ranking forms were reviewed and discussed within each of our county Task Force on Aging meetings. Board members, community providers and staff were also invited to attend and offer their feedback. Below are common themes discussed across our planning service region.

- Home delivered meals and congregate dining programs continue to be a priority service need and top-of-mind issue for older adults.
- Programs that use volunteers are having a harder time recruiting to provide services such as assisted transportation and home delivered meals.
- Discussed impact of COVID-19 on services and the developing need to address social isolation.
- Family caregivers need more emotional support and awareness of services.

Findings from all the Task Force on Aging discussions were shared within our five focus groups related to Nutrition, Elder Rights, Caregiver, LifeLong Links and Transportation which helped to shape our FY2022-2025 Area Plan gaps and strategies development.

Results from these discussions along with our Area Plan goals have also been incorporated into our Request for Proposal scoring process. We look forward to funding services and building necessary partnerships to address our community’s identified service gaps and needs.
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

Heritage provides **Information & Assistance** services as a part of a statewide LifeLong Links aging network. Older adult, persons living with disabilities and caregivers are provided with a list of service options that are tailored to their specific needs. In FY2020, 6,258 consumers received 10,476 units of Information & Assistance services. Typical consumers are over the age of 60 years (90%), White (91%) and female (74%). Common call topics include: Medicaid, Options Counseling, COVID-19 Basic Needs, Homemaker and Legal Assistance. Individuals who are experiencing a financial or health crisis and are in need of longer term care supports are referred for **Options Counseling** where individuals will receive a more in depth needs assessment, develop a care plan and receive follow-up support. Typical consumers are over the age of 60 years (88%), White (87%), female (66%), and live alone (65%). Heritage also provides **Caregiver Information & Assistance** services where caregivers who are caring for a person aged 60 years and over are provided with service options to help support their caregiver role. In FY2020, 207 caregivers were provided with 396 units of Caregiver Information & Assistance services. Caregivers who are in need of additional support in connecting with services are referred to **Caregiver Options Counseling**. In FY2020, 99 consumers received 274.17 units of service. The majority of caregivers we serve are split in age with 59% aged 60 years or over and 41% aged below 60 years; they are typically White (90%) and female (71%).

Heritage closely monitors the number of consumers with High Nutrition Risk scores on a monthly basis. In FY 2020, 39% or 2,105 consumers receiving Heritage funded services indicated they were at high nutritional risk. A typical consumer with high nutritional risk is White (94%), lives alone (64%), female (62%), and is over the age of 75 years (55%). In FY2020, Heritage provided 2,255 consumers with **Nutrition Education** and 49 consumers with **Nutrition Counseling** services. Heritage relies on our Training & Education and Outreach services to increase awareness of Heritage services within our planning services. In FY2020, Heritage staff implemented 158 **Training & Education** activities that reached 9,587 persons and reached 2,293 consumers with Outreach. In FY2021, Heritage is planning a variety of new strategies to engage with community members which include: developing main referrals sites within each service county, developing relationships with communities of faith to reach minority groups, and increasing online training for our caregivers. All of these efforts could not be completed on our own. We rely on our subcontractors to also provide outreach services and partner with several community providers to create and deliver our online caregiver wellness series. Heritage services combined with our initiatives help to fully engage our consumers in making
informed decisions and exercise self-determination and control about their independence, well-being and health.

Service Needs Ranking results were discussed with Caregiver focus group members December 2020, with the Nutrition focus group in January 2021, and LifeLong Links Advisory Committee in January 2021. Strengthening relationship within our rural counties to reach rural and diverse older adults and caregivers continues to be an important gap for Heritage to address. An emerging trend is the need to increase volunteerism for our transportation and food providers.

**Strategies to Address Service Gaps**

*Gap #1: Rural Older Adults and People with Disabilities in the Heritage Services area need help connecting with Long Term Support Services.*

**Strategies to address service gap.**

- Develop relationships with one to three main referral sites or physical locations such as doctor’s offices, libraries, home health agencies etc, that residents recognize as a source for information within our rural counties and educate staff on the services Heritage offers. This effort will increase the number of rural older adults and persons living with disabilities served by Heritage. Activities include: identify one to three main referral sites (e.g. Public Health Dept., Churches, Hospitals) within each service county, reach out to referrals sites and schedule a virtual or in-person visit, request a chance to educate staff on Heritage services and answer questions, ensure referral sites have enough materials to distribute, and check in with referral sites on a quarterly basis to see if they have any questions or need more materials.

- Develop relationships with one to three communities of faith in underserved areas to educate minorities and rural community members on how to access Heritage services. With the success of working with Immanuel Lutheran church in Washington County which serves as the voucher hub and congregate site soon, this relationship can be easily replicated to others in our region. We can use them as a guidepost to lead us to other faith communities. This effort will increase the number of underserved rural older adults, minorities and caregivers’ serviced by Heritage. Activities: identify communities of faith within each service county, reach out to leadership and schedule a virtual or in-person visit, request an opportunity to educate their communities of faith on the services Heritage offers, ensure communities of faith have enough materials to distribute, and check in with leadership on a quarterly basis to see if they have any questions or need more materials.

- Increase volunteerism within rural area to help meet transportation and food assistance needs. This effort will increase the number of rural older adults who
receive needed services. Activities include: identify volunteer needs within each service county, encourage funded partners to work with United Ways to post volunteer needs online, create education tool on the benefits of volunteering, request Task Forces on Aging and Board Outreach Committee to assist with volunteer recruitment.

**Gap #2: Rural caregivers within the Heritage services area lack training to support their caregiving role.**

**Strategies to address service gap.**

- Increase rural caregiver training opportunities. This effort will increase knowledge of rural caregivers to help support their caregiving role. Activities include: expand “Powerful Tools for Caregivers” courses in rural areas, explore caregiver training topics to post online, and offer annual Caregiver Wellness Series.

- Increase knowledge of services and resources for working caregivers. Activities include: identify and strengthen relationship with one to three businesses, staff will distribute materials to human resource departments and request lunch and learn presentation opportunities.

- Explore how to use dementia care training modules developed in partnership with U of I College of Public Health Building a Bridge program.

**Gap #3: High nutrition risk individuals with the Heritage services area lack sufficient nutrition education and nutrition counseling.**

**Strategies to address service gap.**

- Implement targeted outreach to individuals with high nutrition risk scores. Activities include: compile monthly high nutrition risk score reports, reach out to individuals with high nutrition risk scores and offer information on nutrition education and nutrition counseling. An example of this is Heritage developing a “high nutrition risk conversation kit” for providers and internal staff to start a conversation with the consumer that is at risk. This could offer the chance to begin nutrition counseling and nutrition education to help reduce their risk.

- Develop consumer satisfaction survey after consumer receives high nutrition risk interventions such as nutrition counseling to monitor if this intervention met their needs.

- Expand nutrition education offerings and nutrition counseling to rural areas seeing high growth in nutrition high risk consumers such as Cedar County and other rural areas. Heritage is in conversation with HACAP mobile food outreach program to explore innovative ways of utilizing a registered dietician and the mobile food pantry
to go to the congregate meal site and offer counseling services and additional nutrition education at the location. Not all those in high nutrition risk are comfortable meeting at another location. This “one stop shop approach” can meet the consumer with where they are at, rather than having them come to another location or use technology they are not familiar with. This strategy could also be used with partners in the Mound View, Oakhill Jackson and Wellington Heights neighborhoods in Cedar Rapids where there is a significant high nutrition risk population.

- In Goal 1, Gap #1, Strategy 2, Heritage plans to develop relationships with one to three communities of faith in underserved rural areas. Within this effort Heritage with also include nutrition education materials within presentations to faith based communities to increase outreach to minority populations and rural community members. The example stated above with Immanuel Lutheran Church shows that this model can be successful. Immanuel Lutheran Church is the community hub for vouchers, congregate meals and evidenced based programming.

**Indicators, Performance Measures, & Fiscal Year Targets**

**Indicators & Targets**

<table>
<thead>
<tr>
<th>Progress Indicators</th>
<th>FY Target</th>
<th>Review Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of older rural persons served by Heritage so that the percentage of older rural persons served reflects the percentage of older rural persons within our PSA4 service area.</td>
<td>28%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Increase the number of older minorities served by Heritage so that the percentage of older minorities served reflects the percentage of older minorities who live within our PSA4 service area.</td>
<td>10%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Percentage of referrals from new partnerships.</td>
<td>10%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Number rural caregivers who received Powerful Tools for Caregiver training.</td>
<td>12</td>
<td>Bi-annually</td>
</tr>
<tr>
<td>After an educational event Heritage will use a post-survey to capture the percentage of caregivers with increased knowledge of resources.</td>
<td>80%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Increase the number served by nutrition education.</td>
<td>5%</td>
<td>Bi-annually</td>
</tr>
<tr>
<td>Percentage of consumers with high nutrition risk scores indicating their needs have been met.</td>
<td>75%</td>
<td>Annually</td>
</tr>
</tbody>
</table>
Outcome Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Purpose</th>
<th>FY Target</th>
<th>Review Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of LifeLong Links callers indicating they received the information they were seeking.</td>
<td>To assess and provide information appropriate to the caller's need (from consumer's perspective).</td>
<td>95%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.</td>
<td>To evaluate the success of the service to assist individuals' make informed choices about long-term services and supports.</td>
<td>95%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.</td>
<td>To determine whether consumers who are at risk for poor nutrition and health status receive information so that they have better health enhancing options.</td>
<td>60%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Change in consumers receiving nutrition counseling from previous FY.</td>
<td>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.</td>
<td>6%</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

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.

Heritage provides *Case Management* services to older persons 60 years and over who are in need of in-home supports but not yet eligible for the Elderly Waiver program. In FY2020, Heritage provided 53 consumers with 607 hours of case management services. Typical consumers are ages 60 to 74 years old (55%), White (92%), female (66%), lives alone (85%) and have a high nutrition risk score (81%). Heritage subcontracts with our local service area partners to provide a variety of home and community based service options that help keep persons 60 years and over healthy, independent, safe, and living within their community of choice. Listed below are home and community based services provided in FY2020 by Heritage and our funded partners.

- *Adult Day Care* – 47 consumers received 1,122.25 days of service.
- *Assisted Transportation* – 99 consumers received 1,213 rides.
- **Chore Service** – 89 consumers received 1,106 units of service.
- **Congregate Meals** – 1,211 consumers received 37,001 meals.
- **Emergency Response Systems** – 12 consumers received 65 units of service.
- **Home Delivered Meals** – 2,308 consumers received 311,481 units of service.
- **Materials Aid: Consumable Supplies** – 33 consumers received 1,066 units of service.
- **Material Aid: Other** – 51 consumers received 147 units of service.
- **Transportation** – 217 consumers received 4,741 rides.

Heritage also provides **Caregiver Case Management** services to informal caregivers who care for persons 60 years and over. In FY2020, Heritage provided 10 caregivers with 10.64 hours of case management services. Typical caregivers needing longer term support are typically older, 68% are aged 60 years or over, White (84%) and female (64%). Heritage also provides a variety of informal caregivers supports. Listed below are services provided to caregivers in FY2020 by Heritage and our funded partners.

- **Caregiver Counseling** – 28 consumers received 22 units of service.
- **Caregiver Respite Care: In-Home** – 118 consumers received 4,955.71 hours of service.
- **Caregiver Respite Care: Out-of-Home** – 22 consumers received 4,649.25 hours of service.
- **Caregiver Supplemental Services** – 2 consumers received 28 units of service.

Service Needs Ranking results were discussed with Caregiver focus group members December 2020, with the Nutrition focus group, HSBC – Transportation focus group and LifeLong Links Advisory Committee in January 2020. Emerging gaps that continued to surface within community discussions were concerns on how to address social isolation, provide additional support to rural caregivers and outreach to minority groups.

**Strategies to Address Service Gaps**

**GAP #1: UNDERSERVED OLDER MINORITIES AND PEOPLE OF COLOR WITHIN THE HERITAGE SERVICE AREA LACK ACCESS TO NUTRITIOUS MEALS.**

**Strategies to address service gap.**

- Develop sustainable, innovative nutrition service delivery efforts in underserved portions of the service region, while also focusing on underserved populations such as the minority community and persons of color. Based on U.S. Census and Heritage service data, Heritage has identified which areas within our service area are underserved and has the highest density of minority populations (see data table below). Therefore, a pilot meal voucher program will be implemented in the city of Washington and also in the Wellington Heights, Oakhill Jackson, and Mound View...
neighborhoods of Cedar Rapids, while also developing collaborative partnerships with community partners and exploring potential congregate dining locations.

### Source: U.S. Census (2015-2019)

<table>
<thead>
<tr>
<th>Census Tract</th>
<th>Total Pop</th>
<th>60+</th>
<th>Minority</th>
<th>Poverty</th>
<th>Veterans</th>
<th>Food Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakhill Jackson</td>
<td>27</td>
<td>1,720</td>
<td>23%</td>
<td>33%</td>
<td>26.5%</td>
<td>11%</td>
</tr>
<tr>
<td>Wellington Heights</td>
<td>17</td>
<td>6,228</td>
<td>21%</td>
<td>33%</td>
<td>17.6%</td>
<td>5.70%</td>
</tr>
<tr>
<td>Moundview</td>
<td>13</td>
<td>3,655</td>
<td>17%</td>
<td>21%</td>
<td>17%</td>
<td>8%</td>
</tr>
<tr>
<td>Moundview</td>
<td>18</td>
<td>3,197</td>
<td>22%</td>
<td>13%</td>
<td>12%</td>
<td>9.70%</td>
</tr>
<tr>
<td>Moundview</td>
<td>19</td>
<td>2,549</td>
<td>16%</td>
<td>29%</td>
<td>38.8%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

By offering these programs in underserved areas and areas where there is a higher density of older minorities we expect to reach more rural underserved and minority populations. Heritage has also translated our agency brochure into Spanish and plan to distribute to organizations who work closely with Spanish speaking residents (Catherine McAuley Center, Immaculate Conception Church, Immanuel Lutheran Church). Heritage looks forward to receiving the Intake Form being translated into Spanish for our population from IDA.

- Offer evidenced based programs within the neighborhoods above to encourage health and wellness, introduce to the meal program and offer nutrition education. Heritage is looking to connect with Wellington Heights Community Church to be first test site for evidenced based programming in this community.

- Pursue partnership opportunity with HACAP mobile food outreach program, as stated above, to reach underserved rural population in Benton and Cedar counties. Also plan to distribute supplemental food for low income older adults through the mobile food pantry.

- Work with subcontract nutrition providers to evaluate food costs and opportunities to minimize them. Activities include: hold provider meetings twice a year, evaluate food costs on an annual basis, and discuss ways to minimize costs to providers.

GAP #2: Underserved and underrepresented older adults and caregivers within the Heritage Services area need services, education and advocacy.

**Strategies to address service gap.**

- Work with newly created Board Outreach Committee to assist with developing a multi-year coordinated agency Marketing & Communications Plan. Activities include:
develop a draft plan, review and discuss plan with committee, incorporate additional input within plan, and implement plan.

- Develop communication campaigns to increase awareness of Heritage services among people of color, non-English speaking residents and our LGBTQ communities. Activities include: identify key stakeholders within target populations, strengthen relationships with key stakeholders, explore best way to engage target populations, identify specific needs of each target populations, develop tools specific for target populations, and outreach to target populations.

- Advocate on behalf of older adults through support of n4a, Iowa Department on Aging, i4a and the Older Iowans Legislature advocacy efforts. Activities include: hold community meetings to discuss priority issues and service gaps, elevate issues and services gaps to appropriate entities for further advocacy, stay current on policy agendas connected with AAAs at the state and federal levels, uphold membership for Older Iowans Legislature (OIL), participate in OILs legislative sessions, and participate in AAAs state and federal legislative efforts.

- Expand individual advocacy efforts to prevent pre-mature institutional placement and a successful closure from Case Management. Activities include: increase communication and referrals between internal care programs to ensure that consumers in need of Case Management services are admitted in a timely fashion to ensure that they are receiving support for as long as possible until it is no longer needed, and prompt and appropriate admission to the Case Management program will increase the number of months active in the program to prevent pre-mature institutionalization.

**GAP #3:** Homebound older adults who live alone need social engagement opportunities to lessen the impact of social isolation due to COVID-19.

**Strategies to address service gap.**

- Deliver food boxes, essential household supplies, and pet food to homebound older adults. This ensures our most vulnerable consumers receive human contact and wellness checks on an as needed basis. Heritage will also resume face-to-face home visits in June which will also help to reduce feelings of loneliness and social isolation.

- Offer online service options that increase older adults health and well-being. Activities include: offering online Tai-Chi classes and other evidenced based programs as they become available virtually, collecting consumer demographics through online consumer intake forms, partnering with libraries and other entities to promote classes, work with senior housing complexes to obtain equipment to offer classes via Zoom, and continue to offer nutrition education on-line and continue to
collect viewership. This ensures consumers have safe ways to connect with others to help reduce social isolation.

**GAP #4: Older adults and persons living with disabilities with low income lack affordable and varied services options to remain in their community of choice.**

**Strategies to address service gap.**

- Strengthen community partners (e.g. Access2Independence, Iowa COMPASS, and Habitat for Humanity) to increase referrals to Heritage’s Material Aid: Home Modification service for older adults and persons living with disabilities to remain at home. Heritage will also utilize OAA Intake forms: ADL/IDL data screening tool as a way to target individuals and expand material aid service and home modifications.

- Increase service options for persons in rural areas such as access to chore, homemaker, personal care, adult day and caregiver respite services. Activities include: targeted rural mailing to persons 60 and over living in poverty and educating service providers in rural areas of on Heritage services.

- Work with Iowa Department on Aging, East Central Iowa Counsel of Governments and local transportation providers to remove barriers and/or develop services needed to providing cross county rides throughout service region. Activities include: meet with transportation planning entities and existing transportation providers, identify who and how many are in need of transportation, and develop services to meet cross county transportation needs.

**GAP #5: Rural Caregivers within the Heritage services area lack emotional support, connection to respite care and case management to reduce the stress of caregiving.**

**Strategies to address service gap.**

- Improve access to emotional support and reduce stress for identified caregivers by providing Caregiver Counseling services to underserved rural areas. By establishing referral sites and developing relationships within communities of faith in underserved areas we anticipate increasing in the number of referrals from our underserved rural areas.

- Increase respite care services to rural caregivers. Activities include: distribute information regarding Heritage caregiver services to health care providers (e.g. Hospitals, Doctor Offices, and Public Health Departments) in rural areas and provide training on how to identify a family caregiver and make appropriate referrals to Heritage caregiver services.
Serve caregivers who are needing long term support with caregiver case management services. Activities include: explore a different approach on how to offer caregiver case management services, explore how other AAAs deliver caregiver case management, review service taxonomy with staff, determine when to refer a caregiver for case management services, discuss best practice for delivering caregiver case management, and review examples on how to correctly capture caregiver case management units in WellSky.

**Indicators, Performance Measures & Fiscal Year Targets**

**Indicators & Targets**

<table>
<thead>
<tr>
<th>Progress Indicators</th>
<th>FY Target</th>
<th>Review Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of minorities and people of color served with Heritage services.</td>
<td>10%</td>
<td>Biannual</td>
</tr>
<tr>
<td>Implement a post-survey and capture the percentage of consumer who indicate their social isolation has decreased due to participating in online classes.</td>
<td>80%</td>
<td>Biannual</td>
</tr>
<tr>
<td>Percentage of older adults in Case Management with at least three or more ADLs/IDLs who receive Material Aid: Home Modification services.</td>
<td>50%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Percentage of caregivers receiving at least one session of Caregiver Counseling.</td>
<td>50%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Percentage of cross county rides provided of total rides delivered.</td>
<td>25%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Offer two evidenced-based classes in Wellington Heights and Mound View Neighborhoods.</td>
<td>30 attendees</td>
<td>Biannual</td>
</tr>
</tbody>
</table>

**Outcome Measures**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Purpose</th>
<th>FY Target</th>
<th>Review Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Case Management cases closed because case management service was no longer needed.</td>
<td>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.</td>
<td>75%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.</td>
<td>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.</td>
<td>15</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>
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 provide informal care to care recipients.  
90%  
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.

Heritage’s Elder Abuse Prevention and Awareness Program (EAPA) provides a number of services (listed below) to persons aged 60 years and older who are experiencing emotional, physical, financial abuse, and/or neglect. In FY2020, Heritage provided 115 consumers with 240 units of EAPA Consultation services and 149 consumers (47% OAA funded and 53% VOCA funded) were provided with 2,007.26 hours of EAPA Assessment & Intervention. A typical consumer is between 60-84 years of age (78%), White (82%), female (60%), and lives alone (51%). Additional demographic information is provided below. Most commonly, individuals utilizing the service are experiencing caregiver neglect, self-neglect, and/or financial abuse. Areas of concern continue to be referrals for hoarding, homelessness, and bed bug issues.

Additional services provided by EAPA include:
- Consultation and follow-up with referral source.
- Unscheduled welfare checks.
- Involves law enforcement and other community partners as needed.
- Files reports with DHS as a mandatory reporter.
- Connects consumers to in-home supports.
- Access resources to assist with recovery.

Service Needs Ranking results were discussed with Elder Rights focus group members to further developed gaps and strategies in December 2020 and January 2021. Educating the public and community providers on the types and signs of abuse continues to be an important gaps to address. Another emerging gap to address is educating law enforcement and other community professionals on how to make appropriate referrals to the Elder Rights Program. Heritage is also
concerned about sustainable funding as it would be devastating to lose funding for over half of our Elder Rights program.

**Strategies to Address Service Gaps**

*Gap #1: Older adults in the Heritage service area experiencing elder abuse, neglect, or financial exploitation do not have information to recognize signs of abuse or how to resolve their situations.*

**Strategies to address service gap.**

- Review EAPA consumer serviced data on a quarterly basis to assess if outreach and education efforts are effective and increasing referrals.

- Increase coordinated marketing efforts with i4a, IDA as well as other possible stakeholders. Activities include: advocating for a professionally developed statewide marketing campaign led by IDA, coordinating efforts for Elder Abuse Prevention and Awareness month, and sharing and distributing information on scams and financial exploitation.

- Increase caregiver knowledge on knowing types and signs of abuse as defined by Administration on Community Living. Activities include: presenting on types and signs of abuse to community caregiver groups, developing a tool to communicate information to caregivers and how to get help.

*Gap #2: Older adults with low income in the Heritage service area who are experiencing self-neglect issues (e.g. hoarding, homelessness, and bed bugs) lack resources to overcome their situation.***

**Strategies to address service gap.**

- Use existing multi-disciplinary teams (MDT) coordinated by Heritage Elder Rights Coordinator to discuss resource options for difficult cases and those involving self-neglect and explore strategies to help prevent further abuse.

- Use of both internal client staffing and external MDT meetings to determine best course of action before discharge from program.

- Apply for at least two grants and/or other funding opportunities to secure at least $5,000 for pest extermination, cleaning and organization services, furniture replacement and to meet other identified needs.
**Gap #3: Community professionals lack knowledge on the signs of abuse and the services Heritage has to offer to make appropriate referrals.**

**Strategies to address service gap.**

- Strengthen relationship with DHS make and receive appropriate referrals. Activities include: continuous training opportunities with staff, partnering on community training opportunities, develop a tool on how to make appropriate referrals to Heritage vs. DHS, and coordinating existing multi-disciplinary team meetings and encourage DHS to form new MDTs within our service region.

- Establish partnerships with law enforcement and first responders throughout the seven county region to increase referrals. Activities include: outreach to law enforcement and/or first responders on a quarterly basis (email blasts, postcards with info, zoom meetings, etc.), schedule trainings with staff, deliver training and review how to make appropriate referrals.

- Increase training efforts with other community professionals such as bankers, lawyers, insurance agents, medical professionals, and financial advisors. Activities include: reaching out to community professionals, sharing information about Heritage, scheduling staff presentations, and deliver presentation and review how to make appropriate referrals.

- Develop an Elder Abuse training for community professional that offers CEUs for community professionals. If possible, this could assist professionals in renewing certifications or licensing requirements while providing much needed education on the topic. Activities include: research if and how Heritage could offer CEUs, establish a budget and identify funding sources, and advertise such trainings if possible.

**Indicators, Performance Measures & Fiscal Year Targets**

**Indicators & Targets**

<table>
<thead>
<tr>
<th>Progress Indicators</th>
<th>FY Target</th>
<th>Review Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EAPA Consultation consumers who were satisfied with the information received.</td>
<td>85%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Percentage of consumers served through partnerships with law enforcement and/or first responders</td>
<td>10%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Percentage of consumers served through partnerships with community professionals.</td>
<td>10%</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>
### Outcome Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Purpose</th>
<th>FY Target</th>
<th>Review Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of EAPA Assessment &amp; Intervention consumer cases closed with services no longer needed.</td>
<td>To evaluate resolution rate for a consumer’s abuse, neglect, or exploitation situation.</td>
<td>80%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Percentage of EAPA Consultation consumers whose needs are met through provider referrals for Self-Advocacy.</td>
<td>To evaluate whether consumers are able to use information &amp; referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.</td>
<td>75%</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>
Section 2: Service Projections

FY 2022 Projected Older Americans Act Consumers and Service Units

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Service Units Provided</th>
<th>Consumers Served</th>
<th>60+ Rural</th>
<th>60+ Minority Below Poverty</th>
<th>60+ Below Poverty</th>
<th>SLP Low Income</th>
<th>SLP Moderate Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>01A: Administration</td>
<td>General Aging</td>
<td>Caregiver</td>
<td>847</td>
<td>847</td>
<td>16</td>
<td>5</td>
<td>46</td>
</tr>
<tr>
<td>1: Personal Care</td>
<td>General Aging</td>
<td>90</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>2: Homemaker</td>
<td>General Aging</td>
<td>30</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>3: Chore</td>
<td>General Aging</td>
<td>1,875</td>
<td>105</td>
<td>20</td>
<td>6</td>
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<tr>
<td>4: Home Delivered Nutrition</td>
<td>General Aging</td>
<td>294,219</td>
<td>1,792</td>
<td>349</td>
<td>97</td>
<td>0</td>
<td>1</td>
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<tr>
<td>5: Adult Day Care / Health</td>
<td>General Aging</td>
<td>9,600</td>
<td>74</td>
<td>15</td>
<td>4</td>
<td>1</td>
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<tr>
<td>6: Care Management</td>
<td>General Aging</td>
<td>100</td>
<td>55</td>
<td>10</td>
<td>3</td>
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<tr>
<td>7: Congregate Nutrition</td>
<td>General Aging</td>
<td>55,518</td>
<td>848</td>
<td>94</td>
<td>46</td>
<td>11</td>
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<tr>
<td>8: Nutrition Counseling</td>
<td>General Aging</td>
<td>100</td>
<td>50</td>
<td>10</td>
<td>3</td>
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<td>1</td>
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<tr>
<td>9: Assisted Transportation</td>
<td>General Aging</td>
<td>1,510</td>
<td>136</td>
<td>26</td>
<td>7</td>
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<tr>
<td>10: Transportation</td>
<td>General Aging</td>
<td>9,320</td>
<td>225</td>
<td>44</td>
<td>12</td>
<td>3</td>
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<td>11: Legal Assistance</td>
<td>General Aging</td>
<td>706</td>
<td>275</td>
<td>54</td>
<td>15</td>
<td>4</td>
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<tr>
<td>12: Nutrition Education</td>
<td>General Aging</td>
<td>10,000</td>
<td>2,000</td>
<td>390</td>
<td>108</td>
<td>26</td>
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<tr>
<td>13: Information &amp; Assistance</td>
<td>General Aging</td>
<td>6,000</td>
<td>1,350</td>
<td>361</td>
<td>100</td>
<td>24</td>
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<td>Senior Living Program</td>
<td>847</td>
<td>165</td>
<td>46</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>14: Outreach</td>
<td>General Aging</td>
<td>2,000</td>
<td>2,000</td>
<td>399</td>
<td>108</td>
<td>26</td>
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<tr>
<td>A01: Materials Home &amp; Med/Repair</td>
<td>General Aging</td>
<td>50</td>
<td>50</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>1</td>
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<tr>
<td>B01: Health: Promote Non Evidence-Based</td>
<td>General Aging</td>
<td>50</td>
<td>50</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>1</td>
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<tr>
<td>B04: Emergency Response System</td>
<td>General Aging</td>
<td>100</td>
<td>15</td>
<td>3</td>
<td>1</td>
<td>1</td>
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<tr>
<td>B09: Behavioral Health Support</td>
<td>General Aging</td>
<td>15</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>B07: Health Promotion: Evidence-Based</td>
<td>General Aging</td>
<td>15</td>
<td>3</td>
<td>1</td>
<td>1</td>
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<tr>
<td>C07: EAPA Consultation</td>
<td>General Aging</td>
<td>100</td>
<td>100</td>
<td>20</td>
<td>5</td>
<td>3</td>
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<tr>
<td>Senior Living Program</td>
<td>75</td>
<td>15</td>
<td>4</td>
<td>1</td>
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<tr>
<td>C08: EAPA Assessment &amp; Intervention</td>
<td>General Aging</td>
<td>75</td>
<td>75</td>
<td>15</td>
<td>4</td>
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<td>1</td>
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<tr>
<td>C09: EAP Training &amp; Education</td>
<td>General Aging</td>
<td>5</td>
<td>500</td>
<td>98</td>
<td>27</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Senior Living Program</td>
<td>15</td>
<td>5,000</td>
<td>975</td>
<td>270</td>
<td>65</td>
<td>1</td>
<td>1</td>
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<tr>
<td>D01: Training &amp; Education</td>
<td>General Aging</td>
<td>15</td>
<td>5,000</td>
<td>975</td>
<td>270</td>
<td>65</td>
<td>1</td>
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<tr>
<td>Senior Living Program</td>
<td>120</td>
<td>23</td>
<td>6</td>
<td>2</td>
<td>1</td>
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<tr>
<td>E06: Options Counseling</td>
<td>General Aging</td>
<td>25</td>
<td>25</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>F06: Materials: Ass Tech Durable Med/Equip</td>
<td>General Aging</td>
<td>25</td>
<td>25</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>G02: CG Counseling</td>
<td>Caregiver</td>
<td>30</td>
<td>30</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>1</td>
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<tr>
<td>CG4: CG Information Services</td>
<td>Senior Living Program</td>
<td>3</td>
<td>500</td>
<td>98</td>
<td>27</td>
<td>1</td>
<td>1</td>
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<tr>
<td>CG7: CG Home Delivered Nutrition</td>
<td>Caregiver</td>
<td>3</td>
<td>500</td>
<td>98</td>
<td>27</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>C08: CG Options Counseling</td>
<td>Senior Living Program</td>
<td>120</td>
<td>23</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Service Description</td>
<td>Caregiver 30</td>
<td>100</td>
<td>20</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
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</tr>
<tr>
<td>CG10: CG Information &amp; Assistance</td>
<td>Caregiver 30</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CG11: CG Support Groups</td>
<td>Caregiver 600</td>
<td>200</td>
<td>59</td>
<td>16</td>
<td>1</td>
<td>65</td>
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</tr>
<tr>
<td>CG12: CG Training</td>
<td>Caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CG13: CG Congregate Nutrition</td>
<td>Caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CG14: CG Emergency Response System</td>
<td>Caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CG15: CG Supp Svcs: Consumable Supplies</td>
<td>Caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CG16: CG Supp Svcs: Other</td>
<td>Caregiver 50</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CG17: CG RespiteCare: In-Home</td>
<td>Caregiver 18,937</td>
<td>105</td>
<td>20</td>
<td>6</td>
<td>1</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>CG24: CG RespiteCare: Out-of-Home (Day)</td>
<td>Caregiver 8,120</td>
<td>76</td>
<td>15</td>
<td>4</td>
<td>1</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>CG25: CG Respite Care: Out-of-Home (Overnight)</td>
<td>Caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CG26: CG Respite Care: Other</td>
<td>Caregiver</td>
<td></td>
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<td>GC3: GC Counseling</td>
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<td>GC4: GC Information Services</td>
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<td>GC5: GC Home Delivered Nutrition</td>
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<td>GC6: GC Support Groups</td>
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<td>GC7: GC Training</td>
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<td>GC10: GC Supp Svcs: Consumable Supplies</td>
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<td>GC15: GC Supp Svcs: Other</td>
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<td>GC16: GC RespiteCare: In-Home</td>
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<td>GC24: GC RespiteCare: Out-of-Home (Day)</td>
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<td>GC25: GC Respite Care: Out-of-Home (Overnight)</td>
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<td>GC26: GC Respite Care: Other</td>
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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:

<table>
<thead>
<tr>
<th>Services:</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Projection</th>
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</thead>
<tbody>
<tr>
<td>Persons Served - Older Adult</td>
<td>#</td>
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<tr>
<td>Projected Title IIIB Expenditure - Older Adults</td>
<td>Amount</td>
</tr>
<tr>
<td>Projected Other - State Expenditure - Older Adults</td>
<td>Amount</td>
</tr>
<tr>
<td>Projected Other - Non-State Expenditure - Older Adults</td>
<td>Amount</td>
</tr>
<tr>
<td>Projected Program Income Expended - Older Adults</td>
<td>Amount</td>
</tr>
<tr>
<td>Persons Served - Caregivers of Older Adult</td>
<td>#</td>
</tr>
<tr>
<td>Projected Title IIIE Expenditure - Caregivers Older Adult</td>
<td>Amount</td>
</tr>
<tr>
<td>Projected Other - State Expenditure - Caregivers Older Adult</td>
<td>Amount</td>
</tr>
<tr>
<td>Projected Other - Non-State Expenditure - Caregivers Older Adult</td>
<td>Amount</td>
</tr>
<tr>
<td>Projected Program Income Expended - Caregivers Older Adult</td>
<td>Amount</td>
</tr>
<tr>
<td>Persons Served - Older Relative Caregivers</td>
<td>#</td>
</tr>
<tr>
<td>Projected Title IIIE Expenditure - Older Relative Caregivers</td>
<td>Amount</td>
</tr>
<tr>
<td>Projected Other - State Expenditure - Older Relative Caregivers</td>
<td>Amount</td>
</tr>
<tr>
<td>Projected Other - Non-State Expenditure - Older Relative Caregivers</td>
<td>Amount</td>
</tr>
<tr>
<td>Projected Program Income Expended - Older Relative Caregivers</td>
<td>Amount</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Projection</th>
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</thead>
<tbody>
<tr>
<td>Persons Served - Caregivers of Older Adults</td>
<td>#</td>
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<tr>
<td>Does AAA intend to use the funding sources listed below to provide respite services for Caregivers of Older Adults through vouchers?</td>
<td></td>
</tr>
<tr>
<td>OAA Title III E federal funds</td>
<td>Y or N</td>
</tr>
<tr>
<td>Other - State Expenditure</td>
<td>Y or N</td>
</tr>
<tr>
<td>Other - Non-State Expenditure</td>
<td>Y or N</td>
</tr>
<tr>
<td>Program Income Expended</td>
<td>Y or N</td>
</tr>
<tr>
<td>Persons Served - Older Relative Caregivers</td>
<td>#</td>
</tr>
<tr>
<td>Does AAA intend to use the funding sources listed below to provide respite services for Older Relative Caregivers through vouchers?</td>
<td></td>
</tr>
<tr>
<td>OAA Title III E federal funds</td>
<td>Y or N</td>
</tr>
<tr>
<td>Other - State Expenditure</td>
<td>Y or N</td>
</tr>
<tr>
<td>Other - Non-State Expenditure</td>
<td>Y or N</td>
</tr>
<tr>
<td>Program Income Expended</td>
<td>Y or N</td>
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</table>
# Service Coverage & Wait List Information

## Information & Service Assistance Services

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

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<thead>
<tr>
<th>Mandatory Services</th>
<th>Benton</th>
<th>Cedar</th>
<th>Iowa</th>
<th>Johnson</th>
<th>Jones</th>
<th>Linn</th>
<th>Washington</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>EAPA Assessment &amp; Intervention</td>
<td>X</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>EAPA Consultation</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Information &amp; Assistance</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Legal Assistance</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Options Counseling</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assistance: Information &amp; Assistance (Family Caregiver)</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Assistance: Case Management (Family Caregiver)</td>
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<td>X</td>
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<td>X</td>
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<tr>
<td>Counseling (Family Caregiver)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Options Counseling (Family Caregiver)</td>
<td>X</td>
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## Optional Services

<table>
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<tr>
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<tbody>
<tr>
<td>Assistance: Information &amp; Assistance (Older Relative Caregiver)</td>
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<tr>
<td>Assistance: Case Management (Older Relative Caregiver)</td>
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<tr>
<td>Counseling (Older Relative Caregiver)</td>
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<tr>
<td>Options Counseling (Older Relative Caregiver)</td>
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### Nutrition & Health Promotion Services
An "X" indicates the service is offered in the county listed.

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<tr>
<th>Mandatory Services</th>
<th>Benton</th>
<th>Cedar</th>
<th>Iowa</th>
<th>Johnson</th>
<th>Jones</th>
<th>Linn</th>
<th>Washington</th>
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<tbody>
<tr>
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### Optional Services
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<tbody>
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<td>Home Delivered Meal (Family Caregiver)</td>
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### Services to Promote Independence
An "X" indicates the service is offered in the county listed.

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<td>Training (Older Relative Caregiver)</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Service with Waiting List</th>
<th>Typical Number of Individuals on Waiting List</th>
<th>Average Waiting List Time</th>
<th>Waiting List Prioritization Criteria</th>
</tr>
</thead>
</table>

[Describe how members of the public may obtain your agency's wait list policy.]
Section 3: Quality Management

There are currently four main strategies to our overall quality management efforts:

1. **Quality Assurance and Improvement Program.** The purpose of the Quality Assurance and Improvement Program (QAIP) is to provide a formal process by which Heritage evaluates and identifies any need for improvement or adjustment in agency operations, service delivery, and/or community impact. Below are measures that are taken to insure our agency and subcontractors are reporting information accurately, providing quality services and meeting our performance measures.
   - Reports on the number of missing intakes, assessments, activities and service delivery units are compiled on a monthly basis to ensure staff and subcontractors have completed all reporting requirements in WellSky.
   - Management team reviews progress towards consumers served, units delivered, subcontract spenddown, and performance outcomes on a monthly basis. Quarterly percentages of 25%, 50% and 75% are used as benchmarks to determine if an adjustment to allocation/service delivery is needed.
     - Based on quarterly benchmarks, if service providers are projected to over spend or under deliver on units we follow-up with providers to understand if an adjustment needs to be made with their allocation.
     - If a service provider is needing additional funding to account for an increase in service delivery needs or is needing less funding due to decreased service needs, Heritage is able to shift the funding to where it’s needed most.
     - Any adjustments that are made are reviewed by the entire management team and approved by the Executive Director before taking action.
   - Staff reviews service trends and community engagement activities on a quarterly basis to assess to modify outreach efforts and increase service utilization in underserved areas.
   - Heritage mails out participant satisfaction surveys on an annual basis for activities carried out under the area plan. Results are reviewed and improvements to services are made as needed.

2. **Statewide Collaborations.** Heritage has been working with state partners to improve consistency in quality measures through i4a and Iowa Department on Aging quarterly conversations and workgroups.

3. **Internal Controls.** Heritage has assigned Contract Monitors and Grant Managers. The contract monitor is responsible for the monitoring and assessing of the program and subcontractor compliance and performance. This includes written monitoring reports at least quarterly, obtaining participant views and an on-site assessment report at least annually. The role of a Grant Manager is to ensure that Heritage fulfills all obligations of the grant through program activity coordination and achieving grant deliverables.

4. **Focus Groups.** Heritage established Area Plan focus groups to help program leadership, management, Advisory Council and the Board to further address aspects of the area plan as well as activities, goals, and measures to address service gaps.
Section 4: Public Input

Heritage announced the development of the FY 2022 – FY2025 Area Plan on our website, Facebook page and through Public Notice (Iowa City Press Citizen and Cedar Rapids Gazette). Notice was also emailed to all Heritage Board Members, Task Force Members, Advisory Council Members, Key Partner Agencies and State House and Senate Members in our region.

A Public Hearing was held on Wednesday, January 20th, 2021 at 10:00 a.m.

Additionally, we offered the option of receiving written comments from the community. The form to provide written comments was emailed to all those receiving notice via email as described above. The form was not required to be used in written comments. One written comment was received.

Area Plan focus groups have been established and provide input as previously described. The Area Plan was also discussed in detail with the Board of Directors and the Advisory Council.
Public Hearing Information

Below is a copy of Heritage’s Public Hearing Policy

POLICY & PROCEDURES

Subject: Public Hearings

Date of Adoption: 09/2008
Date of Revision: 05/14/2021
Date of Review: 05/14/2021

Policy:
Heritage Area Agency on Aging will provide required notification and conduct at least one public hearing on the multiyear area plan, including priority services and direct service waivers. Heritage will also hold a public hearing regarding all amendments specified.

Procedures:
1. Heritage’s Director or the director’s designee will chair a public hearing for the purpose of receiving the views of public officials and of the general public prior to submission of the multiyear area plan to the Iowa Department on Aging.

2. Heritage will select a reasonable time and a barrier-free place which provides older persons, public officials and other interested parties reasonable opportunity to participate.

3. Heritage will publish advance notices of the public hearing on the Area Plan at least ten (10) days prior on the Heritage website www.heritageaaa.org and in local papers in the seven county region. The notice will include language about notifying Heritage if any ADA accommodations are needed.

4. In the event that direct service waivers are being considered, notice of the public hearing shall be published thirty (30) days in advance on the Heritage website www.heritageaaa.org and in local papers in the seven county region.

5. Heritage will provide advance notice to agency advocates, volunteers and subcontractors and other entities so as to receive the best possible review of the plan.

6. Heritage will also allow for written comments on the Area Plan to be submitted and shall be read at any hearing if available. All written comments will be considered with the same value as those received at a hearing.
NOTICE OF PUBLIC HEARING ON MULTI-YEAR AREA PLAN FOR BENTON, CEDAR, IOWA, JOHNSON, JONES, LINN AND WASHINGTON COUNTIES

To older persons, public officials and other interested parties, pursuant to Iowa Administrative Code Chapter 17 – 6.2(7)a.(2):

The public is notified and invited to attend a public hearing being conducted by Heritage Area Agency on Aging regarding the Fiscal Years 2022 - 2025 Area Plan for the seven county region (Benton, Cedar, Iowa, Johnson, Jones, Linn and Washington counties).

The purpose of the public hearing is to gather input and comments from interested parties, including priority services. A public hearing will be conducted on:

Wednesday, January 20, 2021 from 10:00 – 11:00 a.m. via Zoom virtual meeting. Information on how to obtain login information will be posted on Heritage Area Agency on Aging's website on January 1, 2021 at: www.heritageaaa.org

Agenda:
1. Call to order
2. Purpose of hearing
3. Public Comments on Priority Services
   Title III-B Priority Services are located within the service categories of Access, In-Home and Legal. The minimum percentage (%) of Title III-B funding required to be expended within each category are: 1) Access Services (10%), which includes Information and Assistance, Assisted Transportation, Outreach, Case Management, and Transportation, 2) In-Home Services (5%), which includes Adult Day Care/Health, Personal Care, Chore, Homemaker, and 3) Legal Services (3%), which includes: Legal Assistance.
   a. Written comments
   b. Other comments
4. Services under consideration to be provided as Direct Services by Heritage
5. Adjournment

The Area Plan will guide Heritage for the period of State Fiscal Years 2022 – 2025. Comments are also welcomed in the written form of choice or by utilizing a form provided on the Heritage website at www.heritageaaa.org. Written comments should be sent to Heritage Area Agency on Aging, Attention Barb Werning, 6301 Kirkwood Blvd. SW, Cedar Rapids, Iowa 52404. The public is invited and encouraged to provide feedback and participate in both the virtual public hearing opportunity and/or provide written comment.

List of groups to whom the notice was sent and dates:
- The following pages include lists of groups and dates the notice was sent to.
Notice of Public Hearing on Multi-Year Area Plan

December 6, 2020

NOTICE OF PUBLIC HEARING ON MULTI-YEAR AREA PLAN FOR BENTON, CEDAR, IOWA, JOHNSON, JONES, Linn and Washington Counties

To the public, public officials, and other interested parties, pursuant to Iowa Administrative Code Chapter 17 – 527A (2):

The public is notified and invited to attend a public hearing being conducted by Heritage Area Agency on Aging regarding the Fiscal Years 2022 – 2028 Area Plan for the seven county region (Benton, Cedar, Iowa, Johnson, Jones, Linn and Washington counties).

The purpose of the public hearings is to gather input and comments from interested parties, including priority services. A public hearing will be conducted on Wednesday, January 20, 2021 from 10:00 – 11:00 a.m. via Zoom virtual meeting. Information on how to obtain login information will be posted on Heritage Area Agency on Aging’s website at www.heritageaaa.org.

Agenda:

1. Call to order
2. Purpose of hearing
3. Public Comments on Priority Services
   a. Title I-B Priority Services are located within the service categories of Assist. In Home and Legal. The minimum percentage (N) of Title I-B funding required to be expended within each category are: 1) Assist. Services (10%), which includes Information and Assistance, Assisted Transportation, Outreach, Case Management, and Transportation; 2) In Home Services (5%), which includes Adult Day Care, Health, Personal Care, Chore, Homemaker, and b) Legal Services (5%), which includes Legal Assistance.
   a. Written comments
   b. Other comments
4. Services under consideration to be provided as Direct Services by Heritage
5. Adjourn
Dear Board of Directors,

Attached you will find the minutes and agenda for our meeting next Thursday, December 10th at 2:00. The Board packet will be emailed on Monday.

If you are unable to attend please let me know.

Thank you!

Sjonna Brunt
Operations Coordinator

Heritage Area Agency on Aging | 6301 Kirkwood Boulevard SW | Cedar Rapids, IA 52404
319.398.7633 | 800.332.5934 x 7633 | Fax: 319.398.7619 | www.heritageaaa.org | Find us on Facebook!

The Heritage Area Agency on Aging does not discriminate based on age, color, creed, familial status, gender identity, marital status, mental disability, national origin, physical disability, race, religion, sex, sexual orientation, or political affiliation in its employment practices or the provision of services except where it is a requirement of law.

This email message and its attachments may contain confidential information that is exempt from disclosure under Iowa Code chapters 22, 136A, and other applicable law. Confidential information is for the sole use of the intended recipient. If you believe that you have received this transmission in error, please reply to the sender, and then delete all copies of this message and any attachments. If you are not the intended recipient, you are hereby notified that any review, use, retention, dissemination, distribution or copying of this message is strictly prohibited by law.
The following message was sent to Task Force on Aging member within our seven county region...

From: Harrison March  
Sent: Thursday, December 3, 2020 10:01 AM  
To: Harrison March <Harrison.March@kirkwood.edu>  
Subject: Invitation to Public Hearing on Multi-Year Area Plan

Good morning—

Heritage AAA management asked me to pass along the public notice of the Area Plan hearing that’ll be held in January. Whereas recent Task Force meetings sought to get feedback and background info on the results of those surveys from the fall, this meeting’s purpose is to gather more broad input on service priorities for the next Area Plan.

Normally this meeting would be a larger in-person affair, but you know... 2020 *big shrug* The meeting is open to the public, so please share with anyone you think may be interested.

The meeting will be **Wednesday, Jan. 20 from 10 am – 11 am via Zoom.** The Zoom link/call-in info will be shared in early January. I’ve attached two items here:

1. The full public notice, which is also on our website
2. A written comment form, which is at the bottom of that notice on our website as well

As always, give me a call or send a message with any questions. Thanks and have a nice Thursday,  
Harrison March (he/him/his)  
Community Engagement Coordinator

---

**Heritage Area Agency on Aging**  
6301 Kirkwood Blvd SW | Cedar Rapids, IA 52404  
319-310-7755 | [HeritageAAA.org](http://HeritageAAA.org) | [Connect with us on Facebook!](http://Connect with us on Facebook!)

Heritage Area Agency on Aging does not discriminate based on age, color, creed, familial status, gender identity, marital status, mental disability, national origin, physical disability, race, religion, sex, sexual orientation, or political affiliation in its employment practices or the provision of services except where it is a requirement of law.

This email message and its attachments may contain confidential information that is exempt from disclosure under Iowa Code chapters 22, 139A, and other applicable law. Confidential information is for the sole use of the intended recipient. If you believe that you have received this transmission in error, please reply to the sender, and then delete all copies of this message and any attachments. If you are not the intended recipient, you are hereby notified that any review, use, retention, dissemination, distribution or copying of this message is strictly prohibited by law.
This message was sent to Heritage Subcontract partners and includes an attachment with a copy of the Public Hearing Notice.

From: Kellie Elliott-Kapparos <Kellie.Elliott-Kapparos@kirkwood.edu>
Sent: Wednesday, December 02, 2020 11:58 AM
To: Amy Keltner <amy.keltner@uweci.org>; Angela Broughton-Romain <abroughtonromain@siowalaw.org>; Angelica Vannatta <angelica.vannatta@uweci.org>; Ashley Hansen <ashley.hansen@cedarcounty.org>; Brenda Hollinger <bhollinger@abbe.org>; Hollie Kane <senior.dining@centralcityia.gov>; Hollie Kane <hollie.kane@kwwatelecom.net>; Jamie Walker <jwalker@cedarcounty.org>; Jane Drapeaux <jdrapeaux@HACAP.ORG>; Janine Subner <auditor@co.jones.ia.us>; Jeanette Wells <communitycenter@netins.net>; Jim McGoldrick <jimc@hacap.org>; JMGoldrick@hacap.org>; Karen Johnson <karen.johnson@tipton.k12.ia.us>; Karen LaFrenz <kcf@windstream.net>; kcf@hacap.org>; Karen LaFrenz <kcf@windstream.net>; Kathy Horan <khoran@abbe.org>; Lauri Mitchell <lmitch@abbe.org>; Lindsay Glynn <lsg@abbehealth.org>; Lisa Tallman <jcsd@co.jones.ia.us>; Lynda Hansen <lhansen@siowalaw.org>; Mike Barnhart <mbarnhart@horizonsfamily.org>; Mitch Finn <mfinn@HACAP.ORG>; Mitchell Finn <mfinn@HACAP.ORG>; Nicole McAlexander <nicole.selcc@gmail.com>; Nicole McAlexander <nicole.selcc@gmail.com>; Peg Moses <Peg.Moses@horizonsfamily.org>; Sarah Peters <sarah.peters@uweci.org>; Sarah Peters <sarah.peters@uweci.org>; Shelly Annis <director@centralcityia.gov>; Sofia MeHaffey <smehaffey@horizonsfamily.org>; Sue Sutton <ssutton@abbe.org>; Tracy Lawes <tlawes@wesleylife.org>; Tracy Lawes <tlawes@wesleylife.org>; Wayne Parizek <hcwp@wpm.com>; Wayne Parizek <bcwp_wparizek@yahoo.com>; bcwp_wparizek@yahoo.com; Barb Werning <Barb.Werning@kirkwood.edu>; Jill Sindt <jill.sindt@kirkwood.edu>; Eugenia Kendall <eugenia.kendall@kirkwood.edu>; Brad Franzwa <Brad.Franzwa@kirkwood.edu>; Kellie Elliott-Kapparos <Kellie.Elliott-Kapparos@kirkwood.edu>
Cc: Barb Werning <Barb.Werning@kirkwood.edu>; Jill Sindt <jill.sindt@kirkwood.edu>; Eugenia Kendall <Eugenia.Kendall@kirkwood.edu>; Brad Franzwa <Brad.Franzwa@kirkwood.edu>; Kellie Elliott-Kapparos <Kellie.Elliott-Kapparos@kirkwood.edu>

Subject: Public Hearing Announcement
Importance: High

Hello,

Attached is information on an upcoming Public Hearing being held by Heritage Area Agency on Aging in regards to the development of the FY22-25 Area Plan.

Thank you,
Kellie

Kellie Elliott-Kapparos
Integrated Services Director
AFFIDAVIT OF PUBLICATION

State of Wisconsin

County of Brown, ss.:

The undersigned, being first duly sworn on oath, states that the Iowa City Press Citizen, a corporation duly organized and existing under the laws of the State of Iowa, with its principal place of business in Iowa City, Iowa, the publisher of

Iowa City Press Citizen

newspaper of general circulation printed and published in the City of Iowa City, Johnson County, Iowa, and that an advertisement, a printed copy of which is attached as Exhibit "A" and made part of this affidavit, was printed and published in Iowa City Press Citizen on the following dates:

<table>
<thead>
<tr>
<th>Ad No.</th>
<th>Start Date:</th>
<th>Run Dates:</th>
<th>Cost:</th>
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<td>0004494505</td>
<td>12/17/20</td>
<td>12/17/2020</td>
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Copy of Advertisement
Exhibit "A"

Subscribed and sworn to before me by said affiant this 17th day of December, 2020

NANCY HEYRMAN
Notary Public
State of Wisconsin
NOTICE OF PUBLIC HEARING ON MULTI-YEAR AREA PLAN FOR BENTON, CEDAR, IOWA, JOHNSON, JONES, Linn AND WASHINGTON COUNTIES

To older persons, public officials and other interested parties, pursuant to Iowa Administrative Code Chapter 17 - 63.1(1)(a)(2).

The public is notified and invited to attend a public hearing being conducted by Heritage Area Agency on Aging regarding the Fiscal Years 2022 - 2025 Area Plan for the seven county region (Benton, Cedar, Iowa, Johnson, Jones, Linn and Washington counties).

The purpose of the public hearing is to gather input and comments from interested parties, including priority services. A public hearing will be conducted on:

Wednesday, January 20, 2021 from 10:00 a.m. - 11:30 a.m. via ZOOM virtual meeting. Information on how to obtain video information will be posted on Heritage Area Agency on Aging's website on January 1, 2021 at: www.heritageiaaa.org

Agenda:
1. Call to order
2. Purpose of hearing
3. Public Comments on Priority Services

The 11-8 Priority Services are located within the service categories of Access, In-Home and Legal. The minimum percentage (%) of Title 11-8 funding required to be expended within each category are:

1. Access Services (16%), which includes Information and Assistance, Transportation, Outreach, Case Management, and Transition;
2. In-Home Services (3%), which includes Adult Day Care, Health, Personal Care, Chore, Homemaker, and Legal Services (3%) which includes: Legal Assistance.

a. Written comments
b. Other comments
4. Services under consideration to be provided as Direct Services by Heritage
5. Adjournment

The Area Plan will guide Heritage for the period of State Fiscal Years 2022 - 2025. Comments are also welcomed in the written form of choice or by utilizing a form provided on the Heritage website of www.heritageiaaa.org. Written comments should be sent to Heritage Area Agency on Aging, Attention: UDR, 3610 20th St, Cedar Rapids, IA 52404. The public is invited and encouraged to provide feedback and participate in both the virtual public hearing opportunity and provide written comment.
PROOF OF PUBLICATION

I, Zaak Kucharski, do state that I am the publisher of THE GAZETTE, a daily newspaper of general circulation in Linn and Johnson, in Iowa. A digital copy is provided for the notice that was published in THE GAZETTE in the issue(s) of 12/9/2020.

The reasonable fee for publishing said notice is $36.14.

By

STATE OF IOWA,
Counties of Linn and Johnson

This instrument was acknowledged by Zaak Kucharski before me this 9th day of December, 2020.

Notary Public in and for the State of Iowa

VICTORIA NEY
Commission Number 828436
My Commission Expires September 8, 2023
NOTICE OF PUBLIC HEARING ON
MULTI-YEAR AREA PLAN FOR
BENTON, CEDAR, IOWA,
JOHNSON, JONES, Linn AND
WASHINGTON COUNTIES

To all persons, public officials and
other interested parties, pursuant to
Iowa Administrative Code Chapter 17 -
6.217(a)(2).

The public is notified and invited to
attend a public hearing being
conducted by Heritage Area Agency on
Aging regarding the Fiscal Years 2022 -
2025 Area Plan for the seven county
region (Benton, Cedar, Iowa, Johnson,
Jones, Linn and Washington counties).
The purpose of the public hearings are
to gather input and comments from
interested parties, including priority
services. A public hearing will be
conducted on:
Wednesday, January 20, 2021 from
10:00 - 11:00 a.m. via Zoom virtual
meeting. Information on how to obtain
login information will be posted on
Heritage Area Agency on Aging's
website on January 1, 2021 at:
www.heritageaaa.org

Agenda:
1. Call to order
2. Purpose of hearing
3. Public Comments on Priority
   Services
   Title III-B Priority Services are located
   within the service categories of
   Access, In-Home and Legal. The
   minimum percentage (%) of Title III-B
   funding required to be expended within
   each category are: 1) Access Services
   (10%), which includes Information and
   Assistance, Assisted Transportation,
   Outreach, Case Management, and
   Transportation, 2) In-Home Services
   (10%), which includes Adult Day
   Care/Health, Personal Care, Chore,
   Homemaker, and 3) Legal Services
   (2%), which includes: Legal
   Assistance.
   a. Written comments
   b. Other comments

4. Services under consideration to be
   provided as Direct Services by

5. Adjournment

The Area Plan will guide Heritage for
the period of State Fiscal Years 2022 -
2025. Comments are also welcomed in
the written form of choice or by
utilizing a form provided on the
Heritage Area Agency on Aging’s
website at www.heritageaaa.org. Written
comments should be sent to Heritage
Area Agency on Aging, Attention Barb
Werning, 6301 Kirkwood Blvd. 5W,
Cedar Rapids, Iowa 52404. The public
is invited and encouraged to provide
feedback and participate in both the
virtual public hearing opportunity
and/or provide written comment.
Public Hearing
Area Plan Fiscal Year 2022-2025
Wednesday, January 20, 2021 from 10:00 – 11:00 a.m.

Via Zoom Virtual Meeting
Join from PC, Mac, iOS or Android:
https://kirkwood.zoom.us/j/98062036140
Or join by phone:
+1 301 715 8592
Meeting ID: 980 6203 6140

Agenda:

1. Call to order
2. Purpose of hearing
3. Public Comments on Priority Services
   Title IIIB Priority services are located within the service categories of Access, In-Home and Legal. The minimum percentage (%) of Title IIIB funding required to be expended within each category are: 1. Access (10%), which includes Assisted Transportation, Case Management, Information and Assistance, Outreach, and Transportation. 2. In-Home (5%), which includes Adult Day Care/Adult Day Health, Chore, Homemaker, and Personal Care. 3. Legal (3%), which includes Legal Assistance.
   a. Written comments
   b. Other comments
4. Services under consideration to be provided as Direct Services by Heritage
5. Adjournment
Services under consideration to be provided as Direct Services by Heritage Area Agency on Aging for the Fiscal Year 2022 - 2025 Area Plan

Case Management
Congregate Meals
EAPA Consultation
EAPA Assessment & Intervention
EAPA Training & Education
Emergency Response System
Health Promotion: Evidence Based
Health Promotion: Non-Evidence Based
Home Delivered Meals
Homemaker
Information & Assistance
Material Aid
Nutrition Counseling
Nutrition Education
Options Counseling
Outreach
Personal Care
Training & Education
Caregiver Case Management
Caregiver Counseling
Caregiver Information & Assistance
Caregiver Information Services
Caregiver Options Counseling
Caregiver Respite Care
Caregiver Supplemental Services

Written comments will be accepted until the Area Plan is submitted, however, please submit by 2/1/21 for most opportunity to be considered.
The public is invited to make comment in written form or by attending virtual public hearing. A public hearing is scheduled on Wednesday, January 20, 2021 from 10:00 – 11:00 a.m. virtually via Zoom meeting (see public notice on website for more details www.heritageaaa.org).

Name: _____________________________ Phone: _____________________

Address: ______________________________________________________________________________

City: _____________________________ State: _____ Zip: ________________

Please share what you believe are the critical needs of older adults in your community.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please do not hesitate to enclose additional pages if the form does not allow you enough space.

Thank you for participating!

Mail completed form to:
Heritage Area Agency on Aging
Attn: Barb Werning
6301 Kirkwood Blvd. S.W.
Cedar Rapids, IA  52404
Heritage Area Agency on Aging
January 20th, 2021 10:00
Area Plan Public Hearing Minutes
Attendees: Barb Werning, Eugenia Kendall, Jill Sindt, Bob Welsh, Shirley Geadleman, and Ashley Hansen

Barb Werning, Executive Director of Heritage Area Agency on Aging called the Public Hearing to order at 10:00 a.m.

The purpose of the Public Hearing was stated, “Title IIIB Priority services are located within the service categories of Access, In-Home and Legal. The minimum percentage (%) of Title IIIB funding required to be expended within each category are: 1. Access (10%), which includes Assisted Transportation, Case Management, Information and Assistance, Outreach, and Transportation. 2. In-Home (5%), which includes Adult Day Care/Adult Day Health, Chore, Homemaker, and Personal Care. 3. Legal (3%) which includes Legal Assistance.

Barb reported that Heritage has not received any written comments regarding the Area Plan to this date. She then called for any comments from those participating in the Public Hearing.

Bob Welsh shared two comments, 1) regarding Access, he considered Options Counseling to be the most important service. People need to know their options and he has been impressed that this is a program that helps people access their needs and be able to select what service best meets their needs. Recommends putting this service as a top priority and 2) things it’s important to direct funding to services that help individuals remain in their homes. Individuals need access to home modifications to allow them to remain in their home as long as possible. Starts within assessment of home to determine what is needed such as grab bars and other needed modifications.

Barb thanked Bob for his comments and asked if there were any other comments.

Shirley Geadleman commented that we need to talk with the legislature and communicate what funding is needed to help people make home modifications in order to remain in their homes.

Barb thanked Shirley for her comments and asked if there were any other comments.

Shirley stated she was glad to hear that Heritage has been using mailings as a way to reach older individuals in need who may not have access to technology.

Barb thanked Shirley for her comment.

Barb then read a list services that Heritage is considering as direct services for this Area Plan including:

- Case Management
- Congregate Meals
- EAPA Consultation
Bob Welsh clarified that some of the services mentioned will also be provided by subcontract agencies such as Home Delivered Meals and Congregate Meals.

Barb stated that that was correct.

Shirley stated churches have been reaching people by using other methods such as online and T.V. and that Heritage could explore partnering with churches to reach more people.

Bob requested adjourning the meeting. Barb explained that Heritage is required to continue with meeting until 11:00 a.m. but that he is welcome to leave the meeting if he has finished with sharing his comments.

He thanked everyone and left the hearing.

Shirley stated that social isolation is an important issue and anything Heritage can do to address it is important. She shared that a group she is involved within in Cedar Co. is writing letters to persons in nursing homes to help with social isolation and has helped residents to become more social with others.
Barb thanked Shirley for her comment and stated that the Public Hearing is be open for public comments until 11:00 a.m. and welcomes any additional comments from participants.

Shirley stated that she is so lucky she is still able to drive a car even if she doesn’t go anywhere in particular, it’s just good to know she is able to get out and see the town whenever.

Shirley stated she is reviewing her notes regarding gaps in services and was wondering about a statement that referred to Heritage partnering with Iowa Department on Aging and Iowa Department of Transportation and wondered what that was referring to.

Barb explained that the Iowa Department on Aging is focusing on Transportation and Housing needs and is working with the Iowa Department of Transportation. She then asked Eugenia if she had any other comments to share regarding this effort.

Eugenia explained that the Iowa Department on Aging is interested in expanding volunteer transportation services throughout the state and within our region and we want to remain in conversation with them as they continue to explore and develop services.

Barb stated that transportation has been a top of mind issue within our county conversations.

Shirley shared that it has been more difficult to receive funding for this service than in previous years.

Shirley stated that she would be hanging up now.

Barb and Eugenia thanked her for attending.

The public hearing adjourned at 11:00 a.m.
Governing Body for: Heritage Area Agency on Aging.
Updated On: April 5, 2021

**Chair**

<table>
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<tr>
<th>Name</th>
<th>Address</th>
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<th>County</th>
<th>Phone &amp; Email</th>
<th>Term Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sr. Susan O'Connor</td>
<td>292 Northpointe Dr. NE #302</td>
<td>Cedar Rapids 52402</td>
<td>Linn</td>
<td>319-533-7366 <a href="mailto:soconnor@mercywmw.org">soconnor@mercywmw.org</a></td>
<td>2022</td>
</tr>
</tbody>
</table>

**Vice Chair**

<table>
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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Ro Foege</td>
<td>900 2nd Street SE #401</td>
<td>Cedar Rapids 52401</td>
<td>Linn</td>
<td>319-560-1357 <a href="mailto:rofoege@mac.com">rofoege@mac.com</a></td>
<td>2023</td>
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**Secretary**

<table>
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<tr>
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<tr>
<td>Scott Olson</td>
<td>6467 Quail Ridge Dr. SW</td>
<td>Cedar Rapids 52404</td>
<td>Linn</td>
<td>319-360-5295 <a href="mailto:scott@scotteolson.com">scott@scotteolson.com</a></td>
<td>2021</td>
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**Treasurer, (if separate officer)**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Keith Stamp</td>
<td></td>
<td>Monticello Iowa</td>
<td></td>
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**Other Members**

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Gary Bierschenk</td>
<td>404 Trout St SE</td>
<td>Blairstown 52209</td>
<td>Benton</td>
<td>319-558-7537 <a href="mailto:gbierschenk@co.benton.ia.us">gbierschenk@co.benton.ia.us</a></td>
<td>2021</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
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</tr>
<tr>
<td>Steve Agne</td>
<td>597 200th Street</td>
<td>Tipton</td>
<td>Cedar</td>
<td>319-538-7537</td>
<td><a href="mailto:steveagne@yahoo.com">steveagne@yahoo.com</a></td>
</tr>
<tr>
<td>Vicki Pope</td>
<td>2885 F Avenue</td>
<td>North English</td>
<td>Iowa</td>
<td>319-655-7633</td>
<td><a href="mailto:popeii@netins.net">popeii@netins.net</a></td>
</tr>
<tr>
<td>Pat Heiden</td>
<td>913 S Dubuque St.</td>
<td>Iowa City</td>
<td>Johnson</td>
<td>319-530-2023</td>
<td><a href="mailto:pheiden@co.johnson.ia.us">pheiden@co.johnson.ia.us</a></td>
</tr>
<tr>
<td>John Schlarmann</td>
<td>21461 Prairie Hill Rd.</td>
<td>Monticello</td>
<td>Jones</td>
<td>319-480-0694</td>
<td><a href="mailto:john.schlarmann@jonescountyiowa.gov">john.schlarmann@jonescountyiowa.gov</a></td>
</tr>
<tr>
<td>Stacey Walker</td>
<td>935 2nd St. SW</td>
<td>Cedar Rapids</td>
<td>Linn</td>
<td>319-356-5222</td>
<td><a href="mailto:Stacey.walker@linncounty.org">Stacey.walker@linncounty.org</a></td>
</tr>
<tr>
<td>Richard Young</td>
<td>PO Box 889</td>
<td>Washington</td>
<td>Washington</td>
<td>319-521-4000</td>
<td><a href="mailto:ryoung@co.washington.ia.us">ryoung@co.washington.ia.us</a></td>
</tr>
<tr>
<td>Michael Barnhart</td>
<td>PO Box 127 107 Hubbell Street</td>
<td>Martelle</td>
<td>Jones</td>
<td>319-512-9098</td>
<td><a href="mailto:mbarbhant@horizonsfamily.org">mbarbhant@horizonsfamily.org</a></td>
</tr>
<tr>
<td>Michelle Buhman</td>
<td>429 4th Avenue</td>
<td>Iowa City</td>
<td>Johnson</td>
<td>319-356-5222</td>
<td><a href="mailto:michelle-buhman@iowacity.org">michelle-buhman@iowacity.org</a></td>
</tr>
<tr>
<td>Rose Rennekamp</td>
<td>2312 Deer Run NE</td>
<td>North Liberty</td>
<td>Johnson</td>
<td>319-297-7222</td>
<td><a href="mailto:rose.rennekamp@gmail.com">rose.rennekamp@gmail.com</a></td>
</tr>
<tr>
<td>Matt Piersall</td>
<td>2132 Cottage Grove Meadows SE</td>
<td>Cedar Rapids</td>
<td>Linn</td>
<td>319-338-3870</td>
<td><a href="mailto:mpiersall@piersalllaw.com">mpiersall@piersalllaw.com</a></td>
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<tr>
<td>Sarah Martinez</td>
<td>1924 California Ave</td>
<td>Iowa City</td>
<td>Johnson</td>
<td>319-444-7036</td>
<td><a href="mailto:SarahMartinez@access2independenc.e.org">SarahMartinez@access2independenc.e.org</a></td>
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<tr>
<td>Dusti Winkie</td>
<td>1614 8th Avenue</td>
<td>Belle Plaine</td>
<td>Benton</td>
<td>319-512-9098</td>
<td><a href="mailto:winkiedk@gmail.com">winkiedk@gmail.com</a></td>
</tr>
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</table>
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:

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

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

[None, all composition criteria are satisfied.]
Advisory Council for: Heritage Area Agency on Aging  
Updated on: April 5, 2021

### Chair

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tr>
<td>Stephanie Humphries</td>
<td>201 Summerland Ridge Rd NE</td>
<td>Cedar Rapids, 52402</td>
<td>Linn</td>
<td>319-826-6608 <a href="mailto:stephanie.humphries@rahcr.com">stephanie.humphries@rahcr.com</a></td>
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### Vice Chair

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<tr>
<td>Lindsay Glynn</td>
<td>417 Shetland Dr. NW</td>
<td>Cedar Rapids, 52404</td>
<td>Linn</td>
<td>319-560-3508 <a href="mailto:lglynn@abbehealth.org">lglynn@abbehealth.org</a></td>
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### Secretary/Secretary Treasurer

<table>
<thead>
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<tr>
<td>Sjonna Brunt</td>
<td>6301 Kirkwood Blvd SW</td>
<td>Cedar Rapids, 52404</td>
<td>Linn</td>
<td>319-398-7633 <a href="mailto:sjonna.brunt@kirkwood.edu">sjonna.brunt@kirkwood.edu</a></td>
<td>staff</td>
<td>NA</td>
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</table>

### Treasurer (if separate officer)

<table>
<thead>
<tr>
<th>Name</th>
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### Other Members:

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<tr>
<td>Marcia Taylor</td>
<td>6470 12th Avenue</td>
<td>Dysart, 52224</td>
<td>Benton</td>
<td>319-231-7983 <a href="mailto:kmtaylor@fctc.coop">kmtaylor@fctc.coop</a></td>
<td>2021</td>
<td>2,5,7</td>
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<tr>
<td>Joyce Brunssen</td>
<td>1461 64th Street</td>
<td>Dysart</td>
<td>Benton</td>
<td>319-640-1432 <a href="mailto:Joycebrunssen@gmail.com">Joycebrunssen@gmail.com</a></td>
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</tr>
<tr>
<td>Shirley Geadelmann</td>
<td>1730 170th Street</td>
<td>Clarence</td>
<td>Cedar</td>
<td>563-452-4183</td>
<td><a href="mailto:welcometipton@prairiehillsliving.com">welcometipton@prairiehillsliving.com</a></td>
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<tr>
<td>Shari Slaton</td>
<td>219 S. Cedar Street</td>
<td>Tipton</td>
<td>Cedar</td>
<td>563-886-1584 <a href="mailto:welcometipton@prairiehillsliving.com">welcometipton@prairiehillsliving.com</a></td>
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<tr>
<td>Ed Dunbar</td>
<td>308 East Burlington Street</td>
<td>Iowa City</td>
<td>Johnson</td>
<td>319.541.1721 <a href="mailto:eddunbar@msn.com">eddunbar@msn.com</a></td>
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<tr>
<td>Lynne Cannon</td>
<td>920 Highwood St</td>
<td>Iowa City</td>
<td>Johnson</td>
<td>319-338-4437 <a href="mailto:lcannon920@gmail.com">lcannon920@gmail.com</a></td>
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<tr>
<td>Angela Roemerman</td>
<td>27 Wakefield Court</td>
<td>Iowa City</td>
<td>Johnson</td>
<td>319-430-6663 <a href="mailto:angela-roemerman@uiowa.com">angela-roemerman@uiowa.com</a></td>
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<tr>
<td>Dora Lorenc</td>
<td>1232 20th Avenue Street</td>
<td>Cedar Rapids</td>
<td>Linn</td>
<td>319-366-5224 <a href="mailto:doralorenc37@gmail.com">doralorenc37@gmail.com</a></td>
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<tr>
<td>Art Staed</td>
<td>2141 Coldstream Ave NE</td>
<td>Cedar Rapids</td>
<td>Linn</td>
<td>319-899-4365 <a href="mailto:art.staed@legis.iowa.gov">art.staed@legis.iowa.gov</a></td>
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<td>Barb Young</td>
<td>5320 Kessler Rd NW</td>
<td>Cedar Rapids</td>
<td>Linn</td>
<td>319-360-6062 <a href="mailto:bafy431@yahoo.com">bafy431@yahoo.com</a></td>
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<td>NancyLee Siebenmann</td>
<td>336 Trailridge Rd SE</td>
<td>Cedar Rapids</td>
<td>Linn</td>
<td>319-365-4117 <a href="mailto:siebenmannN@usa.redcross.org">siebenmannN@usa.redcross.org</a></td>
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<tr>
<td>Elizabeth Koehn</td>
<td>PO Box 515</td>
<td>Wellman</td>
<td>Washington</td>
<td>319-646-5816 <a href="mailto:ehkoehn13@yahoo.com">ehkoehn13@yahoo.com</a></td>
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<td>Sofia Mehaffey</td>
<td>819 5th Street SE</td>
<td>Cedar Rapids</td>
<td>Linn</td>
<td>319.573.9773 <a href="mailto:smeaffey@horizonsfamily.org">smeaffey@horizonsfamily.org</a></td>
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<tr>
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<tr>
<td>John Brandt</td>
<td>Community Volunteer</td>
<td>4027 Lakeview Dr. SW</td>
<td>Cedar Rapids IA 52404</td>
<td>Linn</td>
<td>319-632-1741 <a href="mailto:brandtjekm@outlook.com">brandtjekm@outlook.com</a></td>
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<tr>
<td>Eugenia Kendall</td>
<td>Heritage AAA</td>
<td>6301 Kirkwood Blvd. SW</td>
<td>Cedar Rapids IA 52404</td>
<td>HAAA Region</td>
<td>319-398-7676 <a href="mailto:eugenia.kendall@kirkwood.edu">eugenia.kendall@kirkwood.edu</a></td>
<td></td>
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<tr>
<td>Terry Bergen</td>
<td>Linn County – Mobility</td>
<td>625 31st Ave SW</td>
<td>Cedar Rapids IA 52404</td>
<td>Linn</td>
<td>319-892-5172 <a href="mailto:terry.bergen@linncounty.org">terry.bergen@linncounty.org</a></td>
<td></td>
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<tr>
<td>Jorden Cullen</td>
<td>HomeChoice Senior Care</td>
<td>1415 Blairs Ferry Rd. Ste B</td>
<td>Marion IA 52302</td>
<td>Linn</td>
<td>319-363-2721 <a href="mailto:jordan@homechoiceseniorcare.com">jordan@homechoiceseniorcare.com</a></td>
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<tr>
<td>Sarah Martinexz</td>
<td>Access 2 Independence</td>
<td>601 2nd Ave. SE</td>
<td>Cedar Rapids, IA 52242</td>
<td>HAA Region</td>
<td>319-343-1120 <a href="mailto:ed@access2independence.org">ed@access2independence.org</a></td>
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<tr>
<td>Tom Hardecopf</td>
<td>Linn Co. LIFTS</td>
<td>625 31st Ave SE</td>
<td>Cedar Rapids, IA 52404</td>
<td>Linn</td>
<td>319-892-5171 <a href="mailto:tom.hardecopf@linncounty.org">tom.hardecopf@linncounty.org</a></td>
<td></td>
</tr>
<tr>
<td>Kathy Horan</td>
<td>Aging Services, Inc.</td>
<td>317 7th Ave SE Ste 302</td>
<td>Cedar Rapids, IA 52401</td>
<td>Linn</td>
<td>319-398-3644 <a href="mailto:khoran@AbbeHealth.org">khoran@AbbeHealth.org</a></td>
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<tr>
<td>Mike Lightbody</td>
<td>Iowa COMPASS</td>
<td>Home Office</td>
<td>Nebraska</td>
<td>HAAA Region</td>
<td>319-353-8778 <a href="mailto:michael-lightbody@uiowa.edu">michael-lightbody@uiowa.edu</a></td>
<td></td>
</tr>
<tr>
<td>Jena Maloney</td>
<td>UnityPoint Health-St. Luke's Hospital</td>
<td>1026 A Ave NE</td>
<td>Cedar Rapids, IA 52406</td>
<td>HAAA Region</td>
<td>319-369-7305 <a href="mailto:jena.maloney@unitypoint.org">jena.maloney@unitypoint.org</a></td>
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</tr>
<tr>
<td>Courtney Sand</td>
<td>Brain Injury Alliance of IA</td>
<td>1527 S Gilbert St</td>
<td>Iowa City, IA 52240</td>
<td>HAAA Region</td>
<td>319-466-7455 <a href="mailto:melissa@biaia.org">melissa@biaia.org</a></td>
<td></td>
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<tr>
<td>Lisa Nelson</td>
<td>Heritage Specialty Care</td>
<td>200 Clive Dr SW</td>
<td>Cedar Rapids, IA 52404</td>
<td>Linn</td>
<td>319-396-7171 <a href="mailto:lnelson@careinitiatives.org">lnelson@careinitiatives.org</a></td>
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<tr>
<td>Kari Kreel</td>
<td>Mercy Home Care</td>
<td>2740 1st Ave. NE</td>
<td>Cedar Rapids, IA 52402</td>
<td>HAAA Region</td>
<td>319-398-6579 <a href="mailto:kkreel@mercyicare.org">kkreel@mercyicare.org</a></td>
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<tr>
<td>Lucia Herman</td>
<td>MHDS East Central Iowa Region</td>
<td>PO Box 427</td>
<td>Anamosa, IA 52205</td>
<td>HAAA Region</td>
<td>319-462-4457 <a href="mailto:lherman@co.jones.ia.us">lherman@co.jones.ia.us</a></td>
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<tr>
<td>Joanna Shade</td>
<td>Marengo Memorial Hospital</td>
<td>300 W May St</td>
<td>Marengo, IA 52301</td>
<td>Iowa</td>
<td>319-642-8063 <a href="mailto:jshade@marengohospital.org">jshade@marengohospital.org</a></td>
<td></td>
</tr>
<tr>
<td>Don Tyne</td>
<td>Linn County Veteran Affairs</td>
<td>1240 26&lt;sup&gt;th&lt;/sup&gt; Ave St. SW</td>
<td>Cedar Rapids IA 52404</td>
<td>Linn</td>
<td>319-892-5162 <a href="mailto:donald.tyne@linncounty.org">donald.tyne@linncounty.org</a></td>
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<tr>
<td>Shannon Jamison</td>
<td>Goodwill of the Heartland</td>
<td>1441 Blairs Ferry Rd NE</td>
<td>Cedar Rapids IA 52402</td>
<td>Linn</td>
<td>319-739-5011 <a href="mailto:sjamison@goodwillheartland.org">sjamison@goodwillheartland.org</a></td>
<td></td>
</tr>
<tr>
<td>Kelly Neuroth</td>
<td>The ARC of East Central Iowa</td>
<td>680 2&lt;sup&gt;nd&lt;/sup&gt; St. SE Suite 200</td>
<td>Cedar Rapids IA 52401</td>
<td>Linn</td>
<td>319-385-0487 <a href="mailto:KNeuroth@arceci.org">KNeuroth@arceci.org</a></td>
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<tr>
<td>Jo Bridgewater</td>
<td>Linn Co. Veterans Affairs</td>
<td>1240 26&lt;sup&gt;th&lt;/sup&gt; Ave. Ct. SW</td>
<td>Cedar Rapids IA 52404</td>
<td>Linn</td>
<td>319-892-5169 <a href="mailto:jo.bridgewater@linncounty.org">jo.bridgewater@linncounty.org</a></td>
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Attachments

Authorized Signatures

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<thead>
<tr>
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<th>City &amp; Zip</th>
<th>Type of Agency</th>
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<tr>
<td>Heritage Area Agency on Aging</td>
<td>6301 Kirkwood Blvd. SW</td>
<td>Cedar Rapids, IA 52404</td>
<td>Non-Profit</td>
<td>July, 1 2019</td>
</tr>
</tbody>
</table>

Authorized Signatures for Funding Applications and Contracts

Print Name: [Barb Werning]

Signature of Executive Director Date Signed

Print Name: [Sr. Susan O'Connor]

Signature of Chair, Governing Body Date Signed

Authorized Signatures for Fiscal Reports

Print Name: [Barb Werning]

Signature of Executive Director Date Signed

Print Name: [Sr. Susan O'Connor]

Signature of Chair, Governing Body Date Signed

Print Name: [Jen Sloan]

Signature of Fiscal Coordinator Date Signed
Authorized Signatures for Program Reports

Print Name: [Barb Werning]

Signature of Executive Director

Date Signed: 4/20/21

Print Name: [Kellie Elliott-Kapparos]

Signature of Integrated Services Director

Date Signed: 4/22/21
**Grievance Procedures**

Heritage will resolve complaints of employees, program participants served under the multiyear area plan, applicants to provide services, service providers, subcontractors or any other agency, organization or individual directly aggrieved by action of Heritage. Heritage procedures shall comply with relevant statutes, regulations, or rules and shall contain at least the procedures included in IAC[17]-6.10(231)5.

Heritage has a formal policy available upon request to anyone in the community. This policy is posted in the entry of each of our buildings, posted on Heritage’s website and given to consumers as a part of their initial service enrollment packet.

Staff are trained the following:

- Heritage will treat all consumers with dignity, respect and concern regardless of the means in which they come in contact with Heritage staff (ex. Phone, Office Visit or Home Visit). As an Area Agency on Aging/Aging and Disability Resource Center, all reasonable and allowable efforts will be made to provide consumers with assistance, respond to needs in a timely manner, and provide service in a streamlined “no wrong door” mode of operation. Heritage is dedicated to the safety and well-being of staff and consumers.

- It is regrettable, but there are circumstances when communication with a consumer can deteriorate to the point where staff perceive they cannot get through to the individual or a consumer can begin shouting or become verbally abusive. In these situations, intervention as soon as reasonably possible by a member of the management team or their designee is warranted.

Additionally, Heritage provides a number of services that fall under HIPPA rules. HIPAA covered program consumers receive the Heritage Right to Privacy Practices which outlines their rights and how to request their rights, copies of the medical information and how to file a complaint among other things. These consumers have to sign a receipt of receiving this document.

Below is a copy of the Heritage Resolving Complaints and Grievances Policy:

**POLICY & PROCEDURES**

**Subject: Resolving Complaints/Grievances**

Date of Adoption: 09-2008  
Date of Revision: 05-14-2021  
Date of Review: 05-14-2021
Policy:
Heritage Area Agency on Aging will resolve complaints of employees, program participants served under the multiyear area plan, applicants to provide services, service providers, subcontractors or any other agency, organization or individual directly aggrieved by action of Heritage. Heritage procedures shall comply with relevant statutes, regulations, or rules and shall contain at least the procedures included in IAC [17]6.10(5).

Procedures:
7. Complaints involving employment discrimination, sexual harassment or employee complaints will use the procedures please refer to section 1.6 Complaint and Compliance Procedures within the Heritage Employee Handbook.

8. All subcontractors of Heritage will be required to comply with the complaint resolution requirements by provision in its contract with Heritage. Aggrieved parties served by a subcontractor will be referred to that subcontractor and its grievance procedure.

9. Other parties aggrieved by action of Heritage may include program participants or applicants to services provided directly by agency staff, applicants to provide services, service providers, subcontractors or any other agency, organization or individual directly aggrieved by action of Heritage.

10. The following procedure will apply to other parties aggrieved by action of Heritage who do not apply above:
   
   a. The complainant shall report in writing to Heritage an alleged violation of law or perceived unfair treatment within fifteen (15) days of its occurrence.

   b. Heritage will provide for resolution of the complaint within thirty (30) business days of the official filing.

   c. Heritage will acknowledge the complaint in writing within three (3) business days of the official filing.

   d. A member of the Management Team or other designee of the Director who is familiar with the program/project/activity in which the grievance occurred, if not named directly or indirectly in the complaint, will contact the complainant within 3 (three) business days of the official filing to arrange a meeting within seven (7) business days following the official filing to listen and attempt to resolve the matter informally. If the grievance is resolved, Heritage will ask the complainant to sign confirmation that he/she agrees the matter is resolved.

   e. If the matter is not resolved, the complainant may request a hearing by the Director to be held within ten (10) business days following the informal meeting. Notice of
the hearing will be sent to the complainant by return receipt mail within three (3) business days after the request for hearing.

f. The Director will hold the hearing. The complainant may bring witnesses and the Director will hear the story and have opportunity to ask questions. The Director will consider the complaint in accordance with prevailing laws and regulations and reach a decision. The Director will send written notification of the outcome of the hearing to the complainant by return receipt mail within five (5) business days of the hearing.

g. The complainant may elect to appeal the decision of the Director to Iowa Department of Aging pursuant to the Iowa Department of Aging's rules and regulations.

11. Heritage Director or designee will forward notification to the Iowa Department on Aging within fifteen (15) days of the original filing when allegations of discrimination occur.
Staffing and Volunteer Information

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

<table>
<thead>
<tr>
<th>Position</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff (paid) full-time:</td>
<td>22</td>
</tr>
<tr>
<td>Staff (paid) part-time:</td>
<td>0</td>
</tr>
<tr>
<td>SCSEP Beneficiaries:</td>
<td>0</td>
</tr>
<tr>
<td>AAA Volunteers:</td>
<td>78</td>
</tr>
</tbody>
</table>
Nutrition Services, Service Providers, and Senior Center/ Focal Points

Please confirm that the information detailed below is current in the WellSky 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 04/02/2021.

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 04/02/2021.

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 04/02/2021.

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
[Insert summary on process agency uses to identify and select facilities as focal points in the agency's PSA.]
Emergency Plan and Plan Development Summary

Policy:
Heritage Area Agency on Aging will quickly assess and respond to emergency or disaster situations that impact older adults in Benton, Cedar, Iowa, Johnson, Jones, Linn and Washington counties as required in [17]6.9(231) and 6.10(8).

Procedures:
Heritage’s Role – Prior to and after a natural disaster or other safety-threatening situation, Heritage will plan and coordinate with other public and private entities for safe and timely continuity of service and the restoration of normal living conditions for older individuals. This shall include:

- a. Alerting older individuals of the impending danger;
- b. Assessing the needs of older individuals after the event occurs; and
- c. Ensuring that identified needs are met through collaboration with other agencies.

To further this purpose, Heritage shall:
- a. Include in the procedures manual established as required in this chapter procedures to respond to emergency or disaster situations;
- b. Include in the development and training plan methods of training for staff, contractors, and other interested parties in response to emergency or disaster situations; and
- c. Include in contracts provisions for responding to emergency or disaster situations including, but not limited to, shifting funds from one activity to another or from one contractor to another.

Services. As a part of emergency response, Heritage may plan, coordinate and provide services funded under the programs consistent with responsibilities of an Area Agency on Aging.

Key Partners: Local/county/state emergency management offices (EMA), Public Health, FEMA, Homeland Security, Linn Area Partners Active in Disaster (LAP-AID) and Johnson County Community Organizations Active in Disaster (JCCOAD) and a variety of other community groups, both volunteer and professional.

Types of Emergencies/Disasters: Heritage AAA’s Disaster/Emergency Plan is purposefully flexible to allow for this plan to be appropriate and meaningful for all situations such as: public health emergencies, natural disasters, nuclear emergencies, economic situations and/or emergencies related to a terrorist attack.

Emergency or Disaster Plan Contents:
I. Chronology of Response
II. Disaster Response & Recovery
III. Agency Personnel Considerations
IV. Emergency/Disaster Drills
V. Emergency Management Contacts by County
VI. Other Important Contact Information for Heritage Director or Acting Director’s Use only
I. Chronology of Response

a. Planning & Preparation – Heritage works within the community to plan for emergencies with subcontractors, community organizations, emergency officials and other key partners. Heritage actively works to improve the personal preparedness plans of staff, clients, and subcontractors through a variety of projects and training. Heritage continually evaluates this plan and requires all subcontractors to have a plan and provide Heritage a copy.

b. Disaster is declared by local, state, or federal official.

c. Heritage Director or designee contacts Emergency Management Agency (EMA) Coordinator/Director or appropriate key partner in affected county/ies and provides a reminder of the HAAA resources and expertise that are available to assist senior citizens and populations we serve affected by the disaster.

d. If the EMA Coordinator or other key partner, such as those represented at the Emergency Operations Center (EOC) requests Heritage assistance, the Heritage Director or designee notifies the Chair of Heritage’s Board of Directors of potential needs.

e. The Heritage Director or designee informs all staff and relevant subcontractors of the Heritage role in disaster response.
   i. The expectations of staff and/or duty assignments for each staff member may occur at this time or at any point in the response as the situation develops.
   ii. The activation of subcontractors' plan may occur at this time or at any point in the response as the situation develops.

Communication Strategy:

a. Staff and subcontractors may be activated by Heritage via telephone, email and/or media alert. Subcontractors may also self-activate. This activation process is discussed with subcontractors at the annual mandatory meeting, included in the Heritage contract and discussed at the annual contract review.

b. The initial contact with staff and subcontractors will always include as clear of a message as possible that addresses:
   o emergency scenario and status,
   o what is currently being done by the aging network,
   o expectations,
   o 24 hour emergency contact information for Heritage,
   o and other information as appropriate.

c. Coordination of response from Heritage will be from the office located on the Kirkwood Community College campus unless the facility is impacted. If the traditional office is unavailable, disaster response headquarters will be established in conjunction with Kirkwood Community College, the Emergency Management Coordinator or other key partners as needed and appropriate.

I. Disaster Response & Recovery

ALERT & NOTIFICATION

Working Hours – Notification

a. Upon notification, by radio, phone call, or by any other reliable means that a disaster has struck, or is about to strike, whoever from the staff has been so notified is responsible for immediately informing the Director of Heritage.
b. This step of notifying the Director has priority over any other agency business. Regardless of where the Director is or what activity he/she is engaged in, the Director is to be notified immediately and without hesitation.

c. In the event the Director cannot be reached, the Program Director is to be notified of the situation, and will assume the duties of the Director until he/she can be notified and is able to assume direct control.

d. In the event of the unavailability or incapacity of the Director and the Program Director, the following succession order shall be followed until a staff member is capable of assuming control of the agency. All staff members included in this emergency succession plan, shall have a copy of this plan and appropriate contact information. It is the staff’s responsibility to maintain and be able to locate this information immediately during an emergency.
   - Director
   - Program Director
   - Fiscal Director
   - Senior Manager
   - Operations Coordinator
   - Community Engagement Coordinator

e. The Director, or whoever by virtue of the process described above is acting as the Director regarding disaster response, shall notify the Chair of Heritage’s Board of Directors when possible of the situation and shall keep him/her informed of all steps planned or undertaken by Heritage in response to the situation.

f. At this point, the Director or acting director will determine whether or not immediate response is required. This can be determined by contacting the Emergency Management Coordinator in the affected county(ies) and/or any impacted key partners or subcontractors.

g. He/she may elect to notify appropriate staff, subcontractors, and/or other key partners using the Communication Strategy described above.

After Hours - - Notification

a. Upon notification by any reliable means of a disaster within Benton, Cedar, Iowa, Jones, Johnson, Linn and Washington counties, any employee of Heritage shall alert the Director of the situation by calling him/her at home regardless of the hour.

b. At this point, the Director or acting director will determine whether or not immediate response is required. This can be determined by contacting the Emergency Management Coordinator in the affected county(ies) and/or any impacted key partners or subcontractors.

c. He/she may elect to notify appropriate staff, subcontractors, and/or other key partners using the Communication Strategy described above, or may elect to wait until normal working hours.

d. The above procedure applies during weekends, holidays, and after five on weekdays.

Additional Staff & Alert Notification

a. The Director will assess as best he/she can the extent of the area involved in the response, and shall implement staff notification procedures based on his/her assessment of need.

Staff Meeting

a. Staff shall be called together at the discretion of the Director to determine appropriate actions. Directions may also be made via other communications depending on the nature of the disaster and safety of staff.
b. At this time, if known, the Director will inform the staff of the location of any Disaster Recovery Centers (DRCs) in the region, and will establish the appropriate staffing for the DRCs and/or Heritage programs.

c. Any and all resources available to Heritage may be reallocated or staff duties may be reassigned temporarily to meet special disaster needs of older adults and other populations we serve.

d. Formal staff meetings for the purpose of debriefing or of emotional support in nature may be called at the discretion of the Director. Staff are encouraged to support each other and maintain employee morale throughout the crisis with informal debriefings and/or general support.

ASSESSMENT OF NEED

Immediate Response

a. The Director, in cooperation with the Emergency Management Coordinator and/or other appropriate emergency officials (Iowa Department on Aging (IDA), Administration on Aging, EMA, FEMA, Homeland Security), will assess the impact of the disaster upon older adults and populations we serve within the affected area and will instruct appropriate staff and volunteers to determine:

b. Numbers and general location of senior citizens.

c. Urgent and special needs of the elderly and populations we serve.
   i. Needs such as shelters (meal sites, churches, senior centers, volunteers’ homes,...), food, transportation, and legal assistance with private and governmental agencies (utilities, welfare services, disaster relief service...).

d. Availability and accessibility of services.
   i. Are roads clear? Traffic permitted? Is it safe to use private cars of volunteers? Are LIFTS, SEATS and/or other public transportation in operation?

e. Geographic scope of disaster: Director will need to establish amount of damage to seniors, type of senior impacted (frail, low-income, rural), and information on impact of other populations we serve.

f. The next step will be to weigh the needs of seniors impacted in disaster area against agency resources and to begin the recovery process as soon as possible.

Issues to consider:

- What urgent needs are not being met?
- What needs can HAAA and subcontractors address immediately?
- What is the best way with available systems to communicate information to impacted older adults and other populations we serve?
- Do resources need to be redirected?
- What barriers exist and how can they be removed to get services to seniors as soon as possible?
- Ways to prevent the spread of the disaster impact?
- Long term recovery steps needed?

g. Director will maintain periodic communication with key partners to offer assistance until the emergency resolves and/or all agency resources are depleted or inaccessible. Communication can occur through phone, email or physical meeting.
h. The Director may determine that it is necessary to call a meeting with all subcontractors for the purpose of communication, debriefing or recovery planning.

Recovery
a. Heritage will be involved in the community recovery as resources allow and the need exists. The Director will make staff assignments as appropriate.
b. The Director will periodically evaluate current efforts in the recovery process to determine if the unmet needs have changed and if the current strategies are effective and to the most benefit of impacted older adults and the aging network.

Issues to consider:
- What current needs have not been met? Barriers?
- Is the impact of the disaster spreading to other areas and negatively affecting the aging network service delivery?
- What if any of those needs or negative impact can Heritage and subcontractors realistically address?
- Are the current communication strategies working for older adults and partners?
- Do resources need to be redirected?
- Long term recovery steps needed?
- When should handoffs or a scaling back of efforts occur?
- How can we better respond or plan for the next emergency?

III. Agency Personnel Considerations

a. Staff will be trained on the Heritage plan annually. Staff are encouraged to communicate this plan with their family and develop their own family preparedness plan.
b. In the event of a disaster, the Director or designee will coordinate the agency’s response to disaster. The recovery planning shall begin as soon as possible, if not simultaneous.
c. Employees of Heritage are expected to assist in relief efforts under the supervision of the Director or designee regardless of normal working hours.
   i. Salaried personnel will not be compensated beyond their normal salary for additional hours of work in the course of relief efforts.
   ii. Hourly employees will be paid overtime for additional work hours or given time off the job to compensate for overtime within the same week.
         1) Classified employees will meet with the Director following the completion of all relief efforts to determine compensatory time.
         2) Compensatory time will be taken with the approval of the Director.
   iii. Any time spent on disaster related activities should be tracked. Time can be noted on a timesheet or time log. Staff are responsible to begin this practice without instruction. Staff will be provided a specific and defined tracking tool as soon as possible. Any staff expenses related to the disaster should also be specially noted, for example mileage expenses to disaster site.
   iv. Refusal by a full-time or part-time employee to comply with instructions from the Director will result in a Performance Development Plan (PDP) and may constitute grounds for termination of employment.
   v. Staff listing: all staff are expected to print the staff contact list and have available to them and reprint as updates are completed. It is considered best practice to attach
that list to this plan and keep on your person because an emergency usually will impact office access for a period of time. Examples of “on your person” include, a copy in your car, your purse or bag, or at home.

IV. Emergency/Disaster Drills

Heritage will participate in emergency/disaster drills when notified by the Iowa Department on Aging (IDA) or other governing unit, implement our plan, and report our action back to IDA as requested.

12. Heritage receives a phone call from the IDA or other governing unit informing of the drill. The initial phone call is forwarded to the Director or Associate Director.

13. In the event that the Director or Associate Director is not available, a drill notification call is to be directed to the Senior Manager, or another member of the management team. This individual will serve as the Drill Organizer. Under no circumstances, should such a call be put into the voice mail system.

14. The Drill Organizer will take careful notes from IDA or other governing unit to clearly understand the details of the drill so as to be able to determine what action steps to take if it were a real scenario.

15. Heritage will use its disaster plan to determine how to proceed.

16. The Goal: To communicate the drill to Heritage staff and any subcontractors that would be impacted, asking subcontractors to communicate as they would do given the chosen scenario. Everyone provides a written summary of their response to the Drill Organizer, who compiles them into a summary report and forwards it to IDA or other governing unit as requested.

a. Heritage must first consider which subcontractors would be impacted directly or indirectly by the disaster. These are put on a list that can be divided between staff for contacting. These calls should be divided amongst staff other than Office Coordinator(s) because in a real emergency they would most likely be fielding many incoming calls and taking appropriate action as instructed by the appropriate authorities.

b. A clear and concise message is crafted/typed to share with staff and subcontractors that communicates the scenario.

c. Depending on the number of phone calls needed, staff will set aside their work as necessary to assist with phone calls. Staff who do not assist in contacting local agencies will be told what they would do in the event that this event were real.

d. Everyone involved documents their activity related to the drill and forwards it to the Drill Organizer, who prepares a report for IDA or other governing unit as requested.

e. The purpose of the drill is to be a learning activity. HAAA should use this opportunity to coach staff and subcontractors who are not prepared to respond to develop a plan for future use.

17. Heritage will use the drill experience to evaluate its disaster/emergency plan and make revisions as appropriate.

V. Emergency Management Agencies Coordinators By County

In case of disasters such as severe weather, tornadoes, chemical spills etc., please contact them immediately at any time day or night. If for some reason there is no answer (telephone lines are inoperable due to weather) contact the State Emergency Management Office at (515) 281-3231. This number is answered 24 hours a day.
Benton – Scott Hansen, Coordinator  
Bus: (319) 472-4519 Fax: (319) 472-5451  
Benton Co Emerg Mgmt Agcy  
213 2nd Avenue E-mail: bentoncountyema@fmtcs.com  
Vinton, IA 52349

Cedar – Jodi Freet, Coordinator  
Bus: (563) 886-3355 Fax: (563) 886-2095  
Cedar Co Emerg Mgmt Agcy  
400 Cedar St E-mail: ema@cedarcounty.org  
Tipton, IA 52772

Iowa - Josh Humphrey, Coordinator  
Bus: (319) 642-3151 Fax: (319) 642-3826  
Iowa Co Emerg Mgmt Agcy  
785 Cherry Ave. E-mail: jhumphrey@iowacosheriff.org  
Marengo, IA 52301

Johnson – Dave Wilson, Coordinator  
Bus: (319) 356-6761 Fax: (319) 338-0028  
Johnson Co Emerg Mgmt Agcy  
4529 Melrose Avenue E-mail: dave.wilson@jecc-ema.org  
Iowa City, IA 52246

Jones – Brenda Leonard, Coordinator  
Bus: (319) 462-4386 Fax: (319) 462-5302  
Jones Co Emerg Mgmt Agcy, Jones Co Courthouse  
500 W. Main St. E-mail: ema@co.jones.ia.us  
Anamosa, IA 52205

Linn - Steve Okonek, Coordinator  
Bus: (319) 892-6501 Fax: (319) 398-5316  
Linn Co Emerg Mgmt Agcy  
6301 Kirkwood Blvd. SW E-mail: steve.okonek@linncounty-ema.org  
Cedar Rapids, IA 52404

Washington – Marissa Reisen, Coordinator  
Bus: (319) 653-7794 Fax: (641) 622-2139  
Washington Co Emerg Mgmt Agcy  
2175 Lexington Blvd., Bldg 3 E-mail: mreisen@co.washington.ia.us  
Washington, IA 52353

VI.  Other Important Contact Information for Heritage Director Only

Staff listing:  all staff are expected to print the staff contact list and have available to them and reprint as updates are completed. It is considered best practice to attach that list to this plan and keep on your
person because an emergency usually will impact office access for a period of time. Examples of “on your person” include, a copy in your car, your purse or bag, or at home.

**Kirkwood Community College**: Jim Choate, Vice President of Administration
319-398-5555
(If unable to reach Jim Choate, and the emergency is extreme and will require significant HAAA involvement and/or additional funds, contact Dr. Lori Sundberg, Kirkwood Community College President, at 319-398-5501)

**Iowa Department on Aging**:  
Linda Miller, Director  
515-725-3333  
1-800-532-3213  
linda.miller@iowa.gov

**2-1-1 Program**  
Melissa McCoy, United Way of Central Iowa  
515-246-6555  
UWCJ211@unitedwaydm.org

**Linn Area Partners Active in Disaster (LAP-AID)**  
Julie Stephens, LAP-AID Chair  
Linn County Public Health  
319-892-6023  
julie.stephens@linncounty.org

**Johnson County COAD**  
Patti Fields, VP for Impact &Engagement  
United Way of Johnson & Washington Counties  
1150 5th Street, Suite 290  
Coralville, IA 52241  
(319) 338-7823  
patti.fields@unitedwayjwc.org