

IOWA STATE PLAN ON AGING

Federal Fiscal Years 2022-2025

2022-2026 GOALS & OBJECTIVES

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

GOAL 1: The Iowa Aging Network will support older Iowans, Iowans with disabilities, and caregivers as they make informed decisions and exercise self-determination and control about their independence, well-being, and health.

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

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

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

Trends & Identified Service Gaps

Iowans who connect with LifeLong Links often require a variety of services and supports to address their expressed need, including services that are outside the scope or current capacity of OAA services. The most frequent call topics to LifeLong Links continue to be inquiries about insurance counseling (Medicaid/Medicare), home-delivered nutrition, homemaker services, and transportation.

In SFY2020, Iowa Area Agencies on aging saw dramatic increases in consumers seeking information and assistance, due in large part to the COVID pandemic and multiple natural disasters. In SFY 2020, 27,657 consumers received information and assistance services compared to 18,453 in SFY 2019. While the increase in funding and flexibility allowed Iowa's aging network to meet consumer needs, the pandemic

and disasters did expose potential capacity issues in the system.

In SFY 2020, Iowa's AAAs reached 2.6 percent of the potential population of Iowans who are minorities compared to 5.5 percent in SFY 2019.

The service reach to Iowa's rural consumers was 6.8 percent of the rural 60+ population, which is a slight increase from SFY 2019.

Objectives and Strategies to Address Service Gaps

Objective 1.1: Enhance Iowa's Aging and Disability Resource Center (ADRC) No Wrong Door system.

- Create and administer a rapid assessment tool in conjunction with the Administration for Community Living to survey existing workforce conducting care coordination, person-centered planning and emerging workforces assisting with COVID-19 in order to leverage state resources, identify populations seeking transitional supports and services and the capacity of those supports and services.
- Improve relationships among community partners.
- Explore using shared intake forms, where practical, across the network.
- Increase opportunity for increased cross-training opportunities, including best practices on referrals.
- Develop shared strategies and methods to mitigate social isolation.
- Encourage innovative services and/or service delivery models to address barriers and service gaps.

Objective 1.2 Ensure statewide access to resources and options for informed decision making and self-determination continues during natural disasters, pandemics, or other emergencies.

- Improve the ability of AAAs to adapt service delivery and provide virtual services when needed.
- Encourage technology-centered training to improve access to technology and comfort with use of technology.
- Develop innovative approaches to providing virtual services to individuals who lack technology tools.

Objective 1.3: Improve or maintain self-determination outcomes for ADRC consumers.

- Review program quality and outcome data quarterly to determine the AAAs' progress toward achieving ADRC performance targets and compliance with area plans.
- Develop performance standards for ADRC services.
- Provide training on benefits/resource planning, working with individuals with disabilities, serving individuals living with Alzheimer's disease or related disorders, or other topics as determined by quarterly performance reviews.
- Facilitate quarterly collaborative technical assistance workgroup that consists of AAA s representatives.

Performance Measures and Outcomes

PERFORMANCE MEASURE

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

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

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

At the end of FY2020, IDA developed a Nutrition Counseling Best Practices Guide. IDA is providing individual technical assistance to AAAs to improve their Nutrition Counseling screen and intervene processes throughout 2022-2025. IDA also developed a partnership with ISU Extension in 2019 to provide nutrition education.

The AAAs receive funding from the Department of Public Health for its SNAP-Ed program called Fresh Conversations. In this program, the AAAs assist in the effort to increase fruit and vegetable consumption by offering nutrition education on the health benefits of eating fruits and vegetables, distributing produce boxes in high-need areas, promoting a “double-up bucks” incentive that allows recipients to double the amount of fruit and vegetables purchased with their EBT card, and developing strategies to identify unserved food insecure seniors and connect them with the meal program or other food sources. IDA and Iowa’s AAAs are expanding the program to include virtual and Spanish formats. In addition, several of the AAAs have established partnerships with local food banks and local providers to target services to older lowans.

Trends & Identified Service Gaps

In SFY 2020, over 13,000 older Iowans received nutrition education. Of those, 48 percent were assessed to be at high nutrition risk.

While the average number of nutrition education sessions received per consumer was four, thirty-six percent received only one session.

Last year, 81 individuals received nutrition counseling, yet more than 11,000 meal consumers were at high nutrition risk. The number of older Iowans who receive nutrition counseling has traditionally been low. The AAAs have the capacity to increase the number of older Iowans who receive this service.

Objectives and Strategies to Address Service Gaps

Objective 1.4: Improve the reach of nutrition education and counseling to older Iowans at high nutrition risk.

- Consult with the AAAs on implementing an automated process to identify consumers whose intake or assessment responses show high nutrition risk indicators and refer them to additional service interventions, such as nutrition counseling or options counseling.
- Provide technical assistance to the AAA nutrition directors on developing effective outreach materials to improve awareness and benefits of nutrition counseling services targeting consumers at high nutrition risk or those who have been underserved, including minorities and those in poverty.
- Evaluate and expand partnerships with the Department of Public Health's SNAP-Ed program and food banks in reaching older Iowans at risk for food insecurity and malnutrition.

Objective 1.5: Improve or maintain nutrition education and counseling outcomes for nutrition consumers.

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

Performance Measures and Outcomes

Performance Measures and Outcomes

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

Goal 2: Iowa Aging Network will enable older lowans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

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

The congregate nutrition program gives older lowans the opportunity to eat a nutritious meal, interact with neighbors, friends, and meal provider staff, and learn about ways they can improve or maintain their health and well-being. More than 340 meal sites are available statewide that offer, on average, one meal a day five days a week in a community setting. In SFY 2020, over 13,000 older lowans received a meal at one of these meal sites. Most of these individuals were over seventy and, on average, received forty meals each over the year.

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

Ensuring that older lowans have access to nutritious meals is not the only factor that helps them remain in their residence or community of choice. Having the opportunity to interact with people in their community or with a meal delivery driver is an important part of ensuring the health and well-being of meal program consumers. Social isolation can lead to increased risk for mental and physical illness, loss of independence, and greater risk of dying from loneliness. Living alone is a well-documented risk factor for social isolation and functional status measured by difficulties in the activities of daily living has a bi-directional association with social isolation and loneliness.

Other Initiatives and Activities

Several additional publicly and privately funded initiatives focus on serving older lowans who are food insecure. The AAAs annually distribute U.S. Department of Agriculture (USDA)-funded Senior Farmers

Market Nutrition Program vouchers to seniors whose reported income is below 130 percent of poverty. In SFY 2020, 18,350 seniors received a voucher.

State funds were used to revitalize congregate nutrition services throughout the state. AAAs applied for Congregate Nutrition Mini Grants to start pilot projects. Pilot projects awarded include plans to retrofit existing sites to cafe-style sites with salad bars and choice menus, partnerships with local licensed foodservice establishments, and marketing and outreach campaigns.

IDA contracted with the Iowa Food Bank Association during the COVID19 pandemic to provide senior food boxes and bags to older Iowans. IDA and the Iowa Food Bank Association plan to assist the AAAs and Food Banks in creating strong partnerships the next couple of years through a series of facilitated conversations.

IDA, in partnership with Elderbridge AAA, received an ACL Innovations in Nutrition grant 2020-2023 to pilot The Iowa Cafe restaurant partnership pilots in 16 counties. The statewide expansion of The Iowa Cafe project will begin 2020-2021 utilizing Consolidated Appropriation Act funds. The project has support from the Office of the Lieutenant Governor and The Iowa Economic Development Authority.

Trends & Identified Service Gaps

Congregate meal participation continues to decline. Iowa served 13,427 congregate meal consumers in SFY 2020, which is an 18 percent decline from the previous year. Evidence of consumer decreases occurred prior to COVID-19 closure of senior centers and congregate meal sites; however, the percent decrease may have been lower as innovative pilot programs to address participation were halted as well.

Participation in the home-delivered meal program increased by 95 percent from SFY 2019 to 2020, due in large part to the COVID-19 pandemic, with 18,230 individuals served in SFY 2020. The provision of food boxes and other consumable supplies increased significantly as the Iowa aging network and partner agencies addressed transportation and food access barriers for older Iowans.

Food insecurity contributes to functional decline, social isolation, depression, and loss of independent living.^{xxxiii} Iowa's AAAs have made a concerted effort over the past several years to provide meals to older Iowans at high nutrition risk. The percentage of congregate meal consumers who are at high nutrition risk has increased steadily, with 31 percent of SFY 2020 congregate meal consumers at high nutrition risk, compared to 22 percent in SFY 2016 and 17 percent in 2011. Home-delivered meal recipients saw a slight decline in the percentage who are at high nutrition risk, down to 48 percent in SFY 2020 from 55 percent in SFY 2016, likely due to the increase of consumers receiving home delivered meals instead of congregate meals as a result of the pandemic.

Based on consumer intake responses, a high percentage of meal consumers may be experiencing or are at risk of social isolation. Fifty-five percent of those who participated in the congregate meal program indicated that they live alone and fifty-three percent reported difficulty with one or more Instrumental Activities of Daily Living (IADLs). Fifty-nine percent of those who received home-delivered meals indicated that they live alone and more than thirty-nine percent reported difficulty with one or more Activities of Daily Living (IADLs).

Objectives and Strategies to Address Service Gaps

Objective 2.1: Revitalize Iowa's Congregate and Home-delivered Nutrition programs.

- Increase participation in congregate and home delivered nutrition programs through program innovation mini grants and manage contracts.
- Develop restaurant partnership program and infrastructure with support of the Office of the Governor.
- Manage partnership contract with Iowa Food Bank Association and look for opportunities to expand.
- Ensure successful outcomes for the ACL Nutrition Innovations Grant with Elderbridge AAA.
- Continue partnership with the Iowa Department of Public Health (IDPH) to provide the Fresh Conversations nutrition education program each month at meal sites across the state.
- Conduct routine surveys of meal participants to identify nutrition education topics of interest and gauge effectiveness of materials in helping to understand content.

Objective 2.2: Increase participation in congregate and home-delivered meal programs for Iowans at risk of social isolation.

- Provide technical assistance to the AAA nutrition directors on identifying new population groups and traditionally underserved consumers and implement pilot projects to attract new individuals to meal sites.
- Develop a standardized meal participant satisfaction survey and community survey and develop strategies based on the survey to increase meal participation.
- Promote congregate meal program as a health promotion service to health care providers, hospital discharge planners, third party payers, and caregivers.
- Work with AAA nutrition directors to develop an outreach strategy and referral process focused on healthcare and social services systems/transitional care service providers.

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

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

Objective 2.4: Develop a menu of services to combat social isolation that can be delivered across the state.

- Explore technology methods for keeping individuals connected [to what?].
- Research effects [of what?] on our consumers and supporting data.
- Implement a multi-county RSVP program to provide phone reassurance and companionship to individuals at risk of social isolation.

Performance	Measures	and	Outcomes
PERFORMANCE MEASURE		EXPECTED OUTCOME	

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

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

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

Trends & Identified Service Gaps

The AAAs have an opportunity to reach a new consumer base with OAA-funded and fee-for-service case management services.

Most Iowans who received case management services last year were over 70 years old and female. Case management consumers have been more racially and ethnically diverse than those in other OAA service groups.

Nearly 30 percent of consumers reported two or more impairments related to personal care activities, like bathing, walking or dressing, and 77 percent reported having difficulty performing two or more routine independent living activities, like doing chores, managing medications, or preparing meals.

More than sixty percent of case management consumers served were at high nutrition risk, thirty-eight percent reporting they do not always have enough money to buy the food they need.

Objectives and Strategies to Address Service Gaps

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

- Collaborate with AAAs to define a new consumer base and target populations for outreach, including fee-for-service consumers, older Iowans who are at risk for institutionalization or

Medicaid spend-down, and at risk caregivers..

- Provide technical assistance to the AAA case management coordinators on developing effective referral sources and processes for case management services, targeting older Iowans who are at risk for institutionalization or Medicaid spend-down.

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

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

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

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

Performance Measures and Outcomes

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

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

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

assistance, transportation or assisted transportation, and adult day services.

Trends & Identified Service Gaps

Many private organizations that offer home and community-based services were impacted by the transition to Medicaid managed care. The availability and variety of these service providers are shifting as they adjust to the changes in their funding structure. This uncertainty in the service provider landscape impacts the ability of the AAAs to plan for, contract with, and refer consumers to organizations that can meet their support and service needs.

The IDA does not have a process to determine whether or to what extent OAA funds are utilized to replace or supplement home and community-based services for those individuals who are waiting for Medicaid waiver eligibility determination or service initiation for those who are eligible.

More Iowans living in urban areas received OAA home-based services, such as chore and homemaker, than rural Iowans. It is not known whether this trend is the result of a lack of need or lack of providers in Iowa's rural areas.

Objectives and Strategies to Address Service Gaps

Objective 2.7: Expand access to home modifications programs to ensure safe home environments for aging Iowans.

- Develops a network of local and statewide providers to create a State Program Hub for home modifications.
- Create a process for coordination and connectivity of available home modification resources.
- Pilot evidence-based CAPABLE program in 5 Iowa counties.
- Create an infrastructure to sustain and grow CAPABLE across Iowa.

Objective 2.8: Expand supports to non-Medicaid eligible Iowans who are transitioning back home from a stay in a skilled facility or hospital.

- Expand the scope and reach of the current pilot project.
- Further develop relationships with hospitals and community service organizations to increase referral.
- Develop a consultation project with the University of Iowa to find a sustainable funding source to further expand services.

PROVIDING OPPORTUNITIES FOR HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES

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

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

Evidence-Based Health Activities

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

Oral Health Initiatives

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

Trends & Identified Service Gaps

In SFY 2020, 302 consumers participated in evidence-based health promotion activities.

Evidence-based health activity programs can be costly to provide, and voluntary contributions by program participants have been low, as nearly ninety percent of participants are living in poverty or at risk of poverty.

Objectives and Strategies to Address Service Gaps

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

- Research highest utilized, highest impact evidenced based programs and compare to Iowa's programs
- Provide recommendations to adopt or adjust Iowa's programs.
- Provide guidance and operational alignment to evaluate processes for improving healthcare quality and safety and taking into consideration the social determinants of health.
- Collaborate with and provide technical assistance to the AAAs and community-based organization on integrating these programs into their systems.
- Consult with the AAAs on implementing an automated process to identify and refer consumers whose intake or assessment responses indicate they may benefit from health promotion-disease prevention services.
- Provide technical assistance to the AAAs in promoting falls prevention programs and generating referrals from medical providers with assistance from the IDPH fall prevention grant.
- Collaborate with Falls Prevention Coalition partners to increase awareness of and participation in falls prevention programs by participating in meetings and symposia and communicating information and opportunities to the AAAs.
- Collaborate with IDPH-Oral Health Bureau and the LifeLong Smiles Coalition in connecting seniors with oral health resources and dental care in I-Smile Silver counties and encourage project expansion to areas with congregate meal sites that have a high percentage of consumers who indicate they have tooth or dental problems that make it difficult to eat.

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

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

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

In 2018, ACL completed a multi-year evaluation of OAA funded caregiver support programs to determine whether they are part of an integrated long-term services and support system and whether the programs are meeting the goals of supporting the diverse needs of informal caregivers. ACL found that these programs and services are among the few publicly funded programs for caregivers and in, some states, the only program available to caregivers of older adults. The report found only one-third of states used a common, interagency caregiver assessment and just over half offered non-OAA funded caregiver programs. A rigorous outcome evaluation of these programs concluded that caregiver services effectively address caregiver burden and caregiver confidence in comparison to a caregiver control group. Further, the caregiver study found that an ideal level of service intervention is needed to achieve service effectiveness. These evaluations point to a need for interagency coordination and to the importance of ensuring adequate respite and other in-home, direct support services to at risk caregivers.

Iowa's family caregivers and older relative caregivers caring for grandchildren or adults with a disability can obtain information, referrals, and access to support services for themselves and their care recipient through LifeLong Links, utilizing the LifeLong Links website or through individualized assistance from a Family Caregiver Specialist. A typical family caregiver served by Iowa's AAAs is female, age 62, with a daughter/daughter-in-law or wife relationship to her care recipient. They most commonly seek information on resources and service providers in their local area, disease-specific information, and emotional support through counseling or support groups.

Trends & Identified Service Gaps

The AAAs served 4,209 family caregivers in SFY 2020, which represents 1 percent of the estimated Caregiver population in Iowa. Of those, 84 percent received information and access assistance, 9 percent received respite services, and 20 percent received counseling, support group, and/or training.

The AAAs served 97 grandparent-older relative caregivers in SFY 2020, which represents 0.69 percent of this population in Iowa. Of those served, 58 percent received information & access assistance, 8 percent received respite services, and 34 percent received counseling, support group, and/or training.

All counties in Iowa are represented in the caregiver data. Of the caregivers receiving respite, 6 percent were minorities and 20 percent lived in a rural area. Most caregivers lived in the Des Moines metro area.

Objectives and Strategies to Address Service Gaps

Objective 2.10: Develop a menu of services targeted to the specific needs of caregivers that can be implemented consistently across Iowa.

- Create a program specific to caregivers of persons most at risk of institutionalization.
- Tailor programming to target high-risk caregivers.
- Develop a consistent process for caregivers receiving respite services across the state.
- Develop recommendations for caregivers caring for someone with Alzheimer’s Disease or related dementia[s].

Objective 2.11: Improve outcomes for caregiver consumers.

- Review program quality and outcome data quarterly to determine each AAA’s progress toward achieving its Family Caregiver program performance targets and compliance with its area plan.
- Develop performance standards for caregiver services.
- Participate in a national caregiving initiative *Helping States Support Families Caring for an Aging America* with the Center for Health Care Strategies [CHCS] to strengthen caregiver capacity
- Identify areas for technical assistance and training opportunities through the quarterly data reviews.
- Facilitate a quarterly technical assistance workgroup that consists of AAA family caregiver representatives.
- Participate in the IDPH BOLD [Building Our Largest Dementia Infrastructure] Coalition to develop Iowa’s strategic plan for dementia.

Objective 2.12: Increase capacity of the AAAs to provide comprehensive services to caregivers, particularly for caregivers at risk of experiencing significant stress or other factors that negatively impact their caregiver role.

- Provide technical assistance to the AAAs on utilizing effective outreach materials and approaches to increase awareness and benefits of caregiver support targeting at-risk caregivers, those caring for individuals living with dementia, and those who have been underserved, including rural Iowans.
- Evaluate the extent and type of needs for older relative caregiver services and work the AAAs to identify methods of serving these caregivers and develop strategies to reach this population.
- Consult with the AAAs on implementing an automated process to identify caregivers whose intake or assessment responses indicate they may be at risk for experiencing significant stress, reduced employment, and/or developing health issues, and refer them to additional service interventions, such as options counseling, respite, evidence-based health programs, or other OAA services.
- Provide technical assistance on implementing a sliding scale, fee-for-service structure and identifying potential revenue generating product lines for caregiver services, such as evidence-based programs for caregivers, case management services for care recipient, and benefits and financial planning.

Performance Measures and Outcomes

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

Caregiver Role	
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GOAL 3:

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

PROMOTING AWARENESS AND PREVENTION OF ELDER ABUSE

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

Trends & Identified Service Gaps

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

Objectives and Strategies to Address Service Gaps

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

- Develop consistent training for prosecutors, law enforcement officials, and victim services providers related to identifying and addressing elder abuse and navigating the elder abuse system.
- Identify the training needs by region through collaborations with the Attorney General’s Office, Iowa Coalition on Domestic Violence, AAAs, and other stakeholders.
- Assist in the organization and sponsorship of an Elder Abuse Training for county attorneys/prosecutors.
- Assist in the organization of the Abuse in Later Life Cross Training for Victim Services Providers.
- Contribute to the organization of the Elder Abuse Training for Law Enforcement Providers.
- Create and foster Community Collaboration Response Teams (CCRTs) that provide support to navigating the adult abuse system and provide consultation in, and the review of, policies and procedures addressing elder abuse and abuse in later life.
- Replicate the victim services and the law enforcement trainings, rotating training sessions among locations within each AAA region.

Objective 3.2: Improve EAPA consumer outcomes.

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

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

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

Objective 3.4: Encourage the AAAs to expand capacity utilizing an entrepreneurial non-profit business model.

- Provide technical assistance on implementing a sliding scale, fee-for-service structure and identifying potential revenue generating product lines for prevention services, such as Powerful Tools for Caregivers, Mediation, Geriatric Case Management, and Representative Payee services.
- Implement reporting requirements for identifying and tracking service gaps, causes for those gaps, and geographic distribution of service gaps.
- Provide technical assistance and training on utilizing service data to demonstrate need and impact to potential funders and to identify potential markets.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage Of EAPA Consultation Consumers Whose Needs Are Met through Provider Referrals for Self-Advocacy	Iowans seeking information and referrals will have appropriate information to self-advocate in resolving a situation involving abuse, neglect, or exploitation situation.

Percentage Of EAPA Assessment & Intervention Consumer Cases Closed with EAPA Services No Longer Needed

Older Iowans experiencing abuse, neglect, or exploitation will have their situation resolved with assistance from an AAA Elder Rights Specialist.

ENSURING HIGH-QUALITY LEGAL ASSISTANCE FOR OLDER IOWANS

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

Legal assistance providers identified 869 consumers statewide with unmet needs in SFY 2016, estimating their need requiring approximately 2,413 units (hours) of service. Providers indicated that emerging trends include an increasing number of cases related to Medicaid, often due to Elderly Waiver terminations or other problems that have arisen since Iowa's transition to Medicaid managed care; as well as an increasing number of cases related to hoarding, self-neglect, and other elder abuse-related problems, such as financial exploitation or emotional abuse by relatives and friends.

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

Trends & Identified Service Gaps

Of cases processed in SFY 2016, 25 percent related to housing issues, with 11 percent of those relating to landlord/tenant issues.

Six percent were homeowners.

Of cases processed in SFY 2016, 23 percent related to health issues, with the vast majority (20 percent) being Medicaid managed care-related issues.

Of the remaining cases processed in SFY 2016, 8 percent related to issues with wills and estates; 8 percent related to powers of attorney; 6 percent related to collections; 4 percent related to guardianship issues; and the remaining 26 percent of cases were evenly distributed across a range of issues.

Objectives and Strategies to Address Service Gaps

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

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

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

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

Performance Measures and Outcomes

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

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

The Office of Public Guardian (OPG) serves Iowans aged 18 and over who have an impairment that affects their decision-making capacity and who do not have another person or entity willing or able to serve as guardian or conservator. The OPG also provides education and training to professionals and the general public on topics related to its services and issues impacting its target population.

Previously called the Office of Substitute Decision Maker (OSDM), the office had been established to provide guardianship, conservatorship, healthcare power of attorney, financial power of attorney, and representative payee services of last resort to Iowans in need of a substitute decision maker. Services were provided directly through a single, centralized statewide office, and the office was limited to a caseload of no more than 20.

In SFY 2018, legislation was enacted by the Iowa General Assembly that changed both the office’s name and its service delivery model. The OPG now focuses on guardianship and conservatorship services, which are provided by local offices of public guardian. The OPG contracts with a private provider to serve as the local office of public guardian.

This change in delivery model has allowed the OPG to serve more consumers. In SFY 2017, the last year under the prior model, the office was serving as guardian or conservator for 13 individuals. In SFY 2018, the office served 49 consumers. Most recently, in SFY 2020, the office served a total of 71 consumers.

Additionally, the office processed 45 applications for services and conducted 10 outreach events reaching 584 attendees. The OPG currently serves as guardian and/or conservator for 60 individuals across the state, who range in age from their early 20s to their mid-90s. All consumers have significant impairments in their decision-making capacity resulting from one or more of the following: intellectual/developmental disability, dementia, mental illness, or brain injury. These individuals typically require a guardian or conservator to consent to necessary medical treatment, make decisions regarding their living arrangements and necessary services, and manage their finances. The OPG's service delivery approach is based upon the principle of participant direction and adheres to the National Guardianship Association's Ethical Principles and Standards.

Trends & Identified Service Gaps

- The OPG is limited as to the number of individuals for whom it can serve as guardian and conservator. Although there is no longer a cap on the office's caseload, the office is operating at capacity for the number of consumers that can be served with current fiscal resources. The office has a waiting list, and available funding for guardianship services remains essentially unchanged.
- The OPG receives frequent requests for information and education about guardianship and conservatorship and alternatives. Many medical providers, nursing facilities, home-and-community-based service providers, substitute decision makers, and the general public lack basic information about these topics.
- The OPG often receives service requests for individuals who have some level of impairment in their decision-making capacity but do not meet the legal standard for guardianship or conservatorship. Due to a lack of recognized alternatives to guardianship, many of these individuals must either make do without appropriate decision-making support or are subjected to guardianships and conservatorships that are unnecessary and overly restrictive of their rights.

Objectives and Strategies to Address Service Gaps

Objective 3.7: Explore strategic partnerships to more effectively identify and serve individuals most in need of public guardianship services.

- Work with public and private sector entities to identify appropriate alternatives to public guardianship and to develop a data-driven approach to identifying those individuals best served by public guardianship services.

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

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

Objective 3.9: Increase access to less restrictive alternatives to guardianship and conservatorship.

- Develop materials and trainings to encourage the use of limited guardianship and conservatorship, powers of attorney and healthcare advance directives, and supported decision making agreements as alternatives to full guardianship and conservatorship.

Performance Measures and Outcomes

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

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

The primary role of the Long-Term Care Ombudsman Program is advocacy – or serving as the voice for residents and tenants residing in long-term care settings and Medicaid managed care members who receive long-term supports and services. Advocacy, consultation, empowerment and education are important tools in preventing the violation of rights; ensuring that residents, tenants, and families know what steps to take when questions or issues arise; looking into complaints and improving quality of life for those living in long-term care. COVID-19 has impacted how advocacy services are provided to residents/tenants of long-term care. The COVID-19 impacts on advocacy services show the increased need for layered advocacy for residents/tenants in long-term care settings in the state of Iowa.

Long-Term Care Consultation & Complaint Resolution

Consultations with residents, tenants, families, and staff often focus on residents’ rights; the role of long-term care ombudsmen; nursing facility and assisted living services and care issues; and involvement of family and friends. Consultation does not involve looking into or working to resolve a complaint.

The OSLTCO, with resident/tenant permission, or the permission of the resident/tenant legal decision maker, identifies, looks into and resolves complaints made by or on behalf of residents or tenants of long-term care facilities that adversely affect their health, safety, welfare, or rights. Complaint issues are tracked and reported to identify common concerns and to develop materials, strategies, and policy recommendations to address them.

The most frequent reasons residents/tenants or their decision makers reached out to the OSLTCO was related to the following:

Rights. Residents and tenants residing in long-term care facilities do not lose any rights just by virtue of being admitted to a long-term care facility. Residents/tenants are allowed to direct their own care and have choice, privacy, and the ability to exercise their rights. These rights are provided by law and guaranteed to each and every person who resides in a long-term care facility or assisted living program.

Care Issues. Individuals contacted the OSLTCO to raise awareness of care concerns and to request assistance in resolving those concerns.

Discharge. When a resident/tenant would like to remain in the long-term care facility of their choosing, but the facility would like them to leave, it is an involuntary discharge situation. Residents/tenants facing an involuntary discharge are afforded rights under state and federal law. The OSLTCO can provide guidance and assistance to residents/tenants finding themselves in these situations.

Medicaid Managed Care Consultation & Complaint Resolution

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

Trends & Identified Service Gaps

The OSLTCO is evolving to a layered advocacy concept. This entails a strong self-directed advocacy component, a robust volunteer ombudsman program and local long-term care ombudsman so that the program can meet the advocacy need where the resident/tenants have a comfort level. In the past, the focus has mainly been on the local long-term care ombudsman layer. This has frequently resulted in the volunteer ombudsman program sometimes being short changed in staff and resources, and has also resulted in the self-directed advocacy level mostly being overlooked.

Objectives and Strategies to Address Service Gaps

Objective 3.9: Develop strong self-directed advocacy component to OSLTCO.

- Outreach to established Resident Councils within long-term care settings to provide support to enhance quality of life in long-term care settings.
- Develop educational materials for establishing and supporting resident councils in long-term care facilities.
- Empowerment Specialist will assist residents to establish Resident Councils in the long-term care facilities in which they reside.
- Educate long-term care facilities regarding regulations and requirements for working with resident councils to resolve quality of life issues impacting residents and tenants of long-term care.

Objective 3.10: Develop robust volunteer ombudsman program.

- Identify and implement recruitment plans to garner interest in volunteering with the OSLTCO.
- Implement ACL training certification requirements for Volunteer Ombudsman Program Coordinator to use in training volunteer ombudsman.
- Develop continuing education offerings to keep volunteer ombudsman apprised of the latest changes and improved techniques for advocating for residents of long-term care.

Objective 3.11: Local Long-Term Care Ombudsman Program

- Encourage innovation in providing advocacy for residents/tenants of long-term care.
- Increase Local Long-Term Care Ombudsman's use of technology to communicate with residents making full use of the expanded availability of technology for residents provided by CMP grants to facilities.
- Develop and implement a satisfaction survey for residents and tenants that have used local long-term care ombudsman services.

Objective 3.12: Managed Care Ombudsman Program

- Encourage managed care members to have ongoing communication with their MCO, and assist those members needing assistance.
- Develop and implement a satisfaction survey for managed care members that have used managed

care ombudsman services.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Change in Number of Established Resident Councils	Number of established Resident Councils in long-term care facilities will increase.
Change in number of Residents Satisfied with Resident Councils.	The number of residents satisfied or very satisfied with how resident councils are functioning will increase.
Change in Number of cases addressed via telephone and Technology.	The number of cases and program activities addressed via telephone and technology will increase.
Percentage of Managed Care Complaints Resolved	Medicaid managed care members who receive long-term supports and services understand their rights and that their issues are resolved.
Number of Consumers Satisfied with Services	The number of consumers who are satisfied or very satisfied with services received will increase.

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