

Signed Verification of Agency Compliance

(AAA) accepts full authority and responsibility to develop and administer the FY2018-SFY 2021 Area Plan on Aging in accordance with all requirements of the Older Americans Act as amended through P.L. 114-144 (2016), state laws, rules, and procedures. The Parties agree that Area Plan is incorporated herein by this reference as if fully set forth in this Agreement. The AAA verifies that the following conditions are and will continue to be met:

1. The AAA agrees it will comply with the Area Plan Assurances. These assurances are available at <https://www.iowaaging.gov/about/area-agencies-aging/area-plans-aging/area-plan-aging-guidance>. The Parties agree that Area Plan Assurances are incorporated herein by this reference as if fully set forth in this Agreement.

2. The AAA agrees it will comply with the Procurement Terms and Conditions for Services as set forth by the Iowa Department of Administrative Services. These Procurement Terms and Conditions for Services are available at <https://das.iowa.gov/procurement/terms-and-conditions>. The Parties agree that Procurement Terms and Conditions for Services are incorporated herein by this reference as if fully set forth in this Agreement.

3. The AAA agrees it will comply with the Department of Human Services Standard Terms and Conditions related to Federal Financial Assistance. These Standard Terms and Conditions related to Federal Financial Assistance are available at <https://www.iowaaging.gov/about/area-agencies-aging/area-plans-aging/area-plan-aging-guidance>. The Parties agree that Standard Terms and Conditions related to Federal Financial Assistance are incorporated herein by this reference as if fully set forth in this Agreement.

4. The AAA agrees it will comply with the requirements of Iowa code chapter 8F. These Terms are available at <https://www.iowaaging.gov/about/area-agencies-aging/area-plans-aging/area-plan-aging-guidance>. The Parties agree that 8F Terms and Conditions related to Federal Financial Assistance are incorporated herein by this reference as if fully set forth in this Agreement.

5. The AAA agrees it will comply with the process and procedures described in the reporting manual. The Reporting Manual is available at <https://www.iowaaging.gov/about/area-agencies-aging/area-plans-aging/area-plan-aging-guidance/area-agency-aging-reporting>. The Parties agree the Reporting Manual is incorporated herein by this reference as if fully set forth in this Agreement.

By accepting this authority and responsibility, the area agency agrees to develop and administer the Area Plan for a comprehensive and coordinated system of service and to serve as the advocate and focal point for all Iowans 60+ years of age in the area agency's planning and service area.

The Area Plan on Aging reflects input from a cross section of service providers, consumers, and caregivers that are representative of all areas and culturally diverse populations in the planning and service area; its contents are true, accurate, and incorporate the comments and recommendations of the Area Agency's Advisory Council and has been reviewed and approved by the Area Agency's Governing Body. It is acknowledged that intentional misrepresentation or falsification may result in the termination of financial assistance.

The Advisory Council has reviewed and commented on the SFY2018-SFY2021 Area Plan on Aging, and hereby submits the Area Plan to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

TYPE NAME OF ADVISORY COUNCIL SIGNER

ADVISORY COUNCIL SIGNATURE

The Governing Body has reviewed and approved the SFY2018-SFY2021 Area Plan on Aging, and hereby submits the Area Plan to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

TYPE NAME OF GOVERNING BODY SIGNER

GOVERNING BODY SIGNATURE

The Executive Director has reviewed and approved the SFY2018-SFY2021 Area Plan on Aging, and hereby submits the Area Plan to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

TYPE NAME OF EXECUTIVE DIRECTOR

EXECUTIVE DIRECTOR SIGNATURE

Elderbridge Agency on Aging PSA #1

Area Plan on Aging SFY 2018 – 2021



Effective Dates: July 1, 2017-June 30, 2021

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Executive Summary

Elderbridge Agency on Aging's mission is to empower older Iowans and adults with disabilities to live with dignity and independence. This SFY 2018-2021 Area Plan exemplifies our mission by reinforcing common goals, identifying gaps, and pinpointing strategies needed to carry out our vision.

Elderbridge experienced opportunities and challenges during FY 2016 and 2017. Changes impacting both older Iowans and the agency include; the Iowa Medicaid System transitioning to Managed Care. As a result of this transition, Elderbridge experienced a 25% staff turnover, losing personnel to higher paying MCO jobs and lost significant Medicaid revenue. Challenges encountered has forced Elderbridge to do more with less. At times we have struggled due to lack of personnel compounded by more service referrals.

In FY 2017, Elderbridge received a 3-year grant from the Victim of Crime Act (VOCA) which allowed Elderbridge to hire two more Elder Rights staff and eliminate the program's waiting list. Also, the Iowa Legislature allocated \$1,000,000 to the Lifelong Links Program. Elderbridge received a percentage of these funds as did the other five area agencies on aging.

Through our expertise, leadership, and commitment, Elderbridge plans to increase our revenue through new opportunities and partnerships, implement cost-savings plans of action, incorporate Lean principles, and expand services across our PSA that best support our mission.

Goals established in this plan include protecting older Iowans against abuse and exploitation, helping Iowans with disabilities and caregivers make informed decisions and exercise self-determination, and assisting Iowans to remain in their home and community.

In order to identify and select service gaps, Elderbridge gathered data and input from staff, Board, Advisory Councils, providers, and constituents. The following strategies were then developed to address the identified gaps: **Increase staff training** to prepare new ERP and LLL staff. More training is needed due to the scope of elder abuse and the complexity of problems consumers are requesting assistance with. **Build and strengthen partnerships** with community providers and form new collaborations to share limited resources and identify additional sources of funding. **Increase public awareness** through a variety of marketing efforts to improve visibility and subsequently increase the service usage of our programs. **Expand caregiver services** such as access assistance and options counseling in identified targeted counties that have received minimal services. Caregiver support groups and seminars and conferences will also be planned. **Increase food security** by developing partnerships, providing emergency meals, and working with congregate meal sites to increase meal participation. **Nutrition counseling** is also requested as a direct service for high nutrition risk seniors. **Fund material aid** by identifying funding through corporate and foundation donors, increasing grant writing, and expanding fundraising efforts.

This plan will be used as our blueprint for the next four years, focusing on addressing the needs of our consumers through quality service, healthy partnerships, and business acumen.

Context

Elderbridge Agency on Aging (Elderbridge) was established in 1974 and is the largest aging organization geographically in the state of Iowa. We serve a 29-county region and operate from an administrative office in Mason City and from satellite offices in Fort Dodge, Spencer and Carroll. Our primary service area (PSA) by county includes Audubon, Buena Vista, Carroll, Calhoun, Cerro Gordo, Clay, Crawford, Dickinson, Emmet, Floyd, Franklin, Greene, Guthrie, Hamilton, Hancock, Humboldt, Kossuth, Lyon, Mitchell, O'Brien, Osceola, Palo Alto, Pocahontas, Sac, Sioux, Webster, Winnebago, Worth, and Wright. General Elderbridge consumer demographics include: 43% of consumers served are 80+; 57% live alone; 67% of those served are female; and 41% served are rural. The total number of individuals served in our PSA in SF16 was 11,135 in general aging services. Elderbridge also served 673 caregivers at varied ages. The total individuals served are 11,808.

There are over 107,000 people over the age of 60 in the Elderbridge service area, which is 25% of its total population. This target population is scattered throughout 16,190.5 square miles but 33% concentrated in the counties of Cerro Gordo, Webster, Sioux, Dickinson, and Carroll. Cerro Gordo, Webster, and Carroll counties are regional hubs for retail, health care, housing, and services.

Emerging trends seen impacting older adults in the Elderbridge (PSA) include an increase in consumers living in poverty or homelessness and consumers with mental health issues or those who lack family support. Iowa Legal Aid data also reveals the following trend-financial exploitation of older adults by their children, other family members and caretakers. The exploitation is discovered by Legal Aid when the older adult is denied Medicaid because of transfers of assets. The process for approving elderly waiver benefits is averaging three to four months, and people are being denied benefits for invalid reasons. Medicaid applicants are being told that they must have Miller Trusts in advance when they apply or otherwise they will not be financially eligible. The Miller Trust is only necessary at the time the individual will actually be receiving Medicaid.

LifeLong Links (LLL) has seen an increase in requests for help in completing the Elderly Waiver application from seniors unable to afford health insurance premiums or copays. LLL is also seeing an increase in younger female caregivers, primarily in their 40s and 50's who are working, and caring for their parent(s) while caring for their own family.

Other emerging trends include caregivers needing more emotional support and caregiving spouses exhausted with their own health issues who are unable to care for their loved one. Plus, there is an increase in caregivers asking for help to get aging parents into assisted living or nursing homes. They are also seeking financial assistance to pay for long term care, equipment or other material aid.

Emerging trends seen in our Nutrition Program include a greater emphasis on achievable, dietary behavior modification and an increase by younger consumers (especially Baby Boomers) for valid, healthy eating information. 16,000 sessions were provided for Nutrition Education

during FY16. Other trends include the closing of meal sites and the lack of volunteers at meal sites.

Case Management is seeing more complex health care consumers who need supports to remain safe at home. Many consumers still have limited access to transportation, mental health outreach, and chore services. These services are especially limited in rural counties. Emerging trends in Home and Community Based Services (HCBS) are the growing demand for in home services with stagnant or decreasing funding streams. HCBS are reporting waiting lists due to lack of funding and a shortage of additional staff willing to work flexible hours for low pay.

Finally, economic uncertainty is a developing trend for those who are living longer with limited resources available to meet their growing needs, some whom have chronic disease.

In addition to looking at the emerging trends and other issues impacting older adults living in our planning and service area, Elderbridge underwent a series of activities to assess needs of our consumers. Staff participated in a needs assessment pre-planning survey that looked at Elderbridge services that addressed the following goals of protecting rights and preventing abuse, supporting individual self-determination and control, and ensuring access to long term services and supports. Desired and current outcomes and desired and current reach of services addressing the goals were identified in this process. The same needs assessment pre-planning survey was also conducted with the Elderbridge Board of Directors and Advisory Council. This input was integrated in the gaps and strategies sections of the Area Plan.

In response to needs identified in our communities, Elderbridge implemented the Stepping On and Home Meds programs, both evidence-based programs. Stepping On is a falls prevention program and HomeMeds is a home-based medication safety intervention. Case Managers and select Lifelong Links staff have been trained to complete a medication screen on consumers identified as high risk for medication related issues. Once complete, this screen is evaluated by a pharmacist who then follows up with the prescribing physician who addresses any concerns with their patient. Both programs support our continued dedication to healthy aging and preservation of independence.

Data obtained from I4A, indicates that 95% of Iowa's aging population is not on Medicaid. With over 650,000 people aged 60 years and older, baby boomers are aging and these numbers continue to grow. This demographic shift will bring Elderbridge more opportunities and challenges in the very near future.

Elderbridge has also been looking at new business opportunities to reduce reliance on state and federal funding and to work on building our business acumen. Elderbridge is preparing to offer a fee for service model for non-and pre-Medicaid consumers, as well as evidence based programs. We will continue to pursue grants and other funding prospects to sustain and enhance service provision to our target population. We remain committed to our mission of empowering older Iowans to live with dignity, well-being and independence.

Section 1: 2018-2021 Goals and Strategies

Goal 1: 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 1.

The agency utilizes a combination of service provision, advocacy, and partnerships to protect and enhance the rights of older Iowans and to prevent their abuse, neglect and exploitation. The information below summarizes current and planned activities to achieve this goal.

Federally-funded Older Americans Act Services and State-funded Elder Services ELDER ABUSE PREVENTION AND AWARENESS PROGRAM.

The program serves any individual 60 years of age or older who are at risk of abuse, neglect or exploitation. The program emphasizes empowerment through relationship building and trust. The Elder Rights Specialists (ERS) advocates and partners with seniors, their friends, service providers and when appropriate, their family. Strategies are developed to reduce risk of harm and increase quality of life. Elderbridge has four full time and one part time ERS covering our 29 county service area. Each Specialist is assigned specific counties. Referrals are assigned by the Team Lead. According to data obtained in FY 2016, the Elder Rights Program provided 200 hours of consultation to 51 consumers and 1,575 hours of assessment and intervention to 56 consumers. These 56 consumers received an average of 28 hours each. 57% of consumers served were female and 43% male. The top two counties for referrals were Cerro Gordo and Clay counties. The top two reasons for referral or intervention type were financial exploitation and self-neglect. Common issues or emerging trends include an increase in consumers that are living in poverty or homelessness, have mental health issues or lack family support to advocate on their behalf.

Performance Measures. The following performance measures are utilized to determine effectiveness of service in meeting goal:

Measure	Purpose: Evaluate Agency's Ability...
Percentage of EAPA Consultation consumers whose needs are met through provider referrals.	To provide information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.
Percentage of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed.	To resolve consumer's abuse, neglect, or exploitation situation.

LEGAL ASSISTANCE.

Elderbridge provides funding to Iowa Legal Aid to provide legal advice, counseling, and representation to those 60 and over. Legal assistance is delivered differently in each of our offices. In Mason City, Legal Aid is located in the same building as Elderbridge. Staff assist consumers in completing an application and drop it off at the Legal Aid office. In Fort Dodge, a legal aid representative comes to the Elderbridge office the 1st Thursday of each month. Consumers there are served on a first come first serve basis. At the Elderbridge offices in

Spencer and Carroll, consumers are given a phone number to contact Legal Aid on their own. Data from Legal Aid indicate the following common issues and emerging trends in the last year. 1. Financial exploitation of older adults by their children, other family members and caretakers. Legal aid generally finds out about this when the older adult is denied Medicaid because of transfers of assets. 2. The process for approving elderly waiver benefits has substantially slowed down, and people are being denied benefits for invalid reasons. 3. Medicaid applicants are being told that they must have Miller Trusts far in advance of the time when they apply or otherwise they will not be financially eligible for Medicaid. The Miller Trust is only necessary at the time the individual will actually be receiving Medicaid.

Services / Initiative Funded Through Other Sources

In June, Elderbridge was notified of a grant award from the Victim of Crime Act (VOCA) called “New Initiatives.” Funding allowed Elderbridge to hire two additional Elder Rights staff and eliminate the program’s waiting list. The additional staff are located in the Fort Dodge and Mason City offices. Performance measures include tracking types of victimization, classification of individuals including; homelessness and mental health issues or if they are a veteran or have a disability.

Collaborations/Partnerships to support Goal 1

The ERS serve as a resource to coworkers. They network and collaborate with multiple community providers and the public. Regular safety meetings have been established at offices in Mason City and Spencer focusing on at-risk consumers over 60. Participants include; Law enforcement, DHS, public health, Mercy Hospital, Veteran Affairs programs, Ombudsman, Consumer Counseling, County Social Services and more. The Specialists are also involved in outreach efforts by providing presentations on elder abuse, mandatory reporter training and also participate in Senior Fairs, SALT (Seniors and Law Enforcement Together), and various other events. They also plan and coordinate annual activities for World Elder Abuse Awareness Day.

Strategies to Address Service Gaps

Methods used to identify gaps in service include; the Iowa Aging Program Reporting System (IAPRS), the Iowa Department of Human Services (DHS) dependent abuse statistical report from January 1, 2016 to December 31, 2016, assessments completed on Elder Abuse Prevention and Awareness (EAPA) consumers, feedback from EAPA staff and their comfort level in working with consumers. Comments from consumers calling or visiting Elderbridge offices and comments from community providers.

SERVICE GAP #1 FINANCIAL EXPLOITATION AND SELF-NEGLECT OF OLDER IOWANS CONTINUES TO RISE. STAFF ARE UNDERTRAINED.

According to the Iowa Department of Human Services (DHS) there were a total of 7,167 referrals to DHS in 2016. 2,266 were accepted for evaluation to determine if dependent adult abuse occurred and 4,504 reports were rejected because the allegation did not fit the definitions of abuse found in the Iowa Code. Finally, there were 397 referrals that were open cases that intake had not been accepted or rejected. The total financial exploitation referrals

received were 1,316. DHS accepted 333 cases or 25%. Self-neglect referrals received were 1,857. DHS accepted 626 or 33.7%. It is unknown what the status is of the remaining 983 financial exploited referrals or the 1,231 self –neglect cases reported to DHS during that period. In the Elderbridge Elder Rights program, 23% of the intervention types identified were financial exploitation and 43% were self-neglect categories of abuse. Iowa Legal Aid data has also identified financial exploitation as an emerging trend. Elderbridge is also tracking other data from ERS cases. What we are finding is that nearly 95% of self-neglecting consumers experienced child abuse or other trauma as a child or an adult. Many have depression or other mental illnesses. Due to the nature and the complexity of working with victims of elder abuse, staff comfort level and confidence is needed through additional training.

Strategies to address service gap.

Over the next four years Elderbridge:

- Will explore financial exploitation, self-neglect, and mental health training opportunities for ER staff through a variety of resources including; the IDA, Iowa Attorney General’s Office, the Department of Justice and the National Clearing House of Abuse in Later Life.
- ER staff will complete CADER Core Courses including; issues in aging and disabilities, disability networks, consumer control, choice and direction in options counseling, assessment, and mental health training.
- ER staff will study and test to become certified “Information & Referral Specialists for Aging and Disability” (CIRS-AD).
- ER staff will participate in Motivational Interviewing. They will learn methods that work on facilitating and engaging motivation to prompt changed behavior with the consumers served.
- Will reach out to DHS supervisors to inquire about what happens to rejected abuse referrals and discuss a potential process of servicing those cases that do not meet DHS dependent adult criteria.
- Will contact Legal Aid to request presentations to educate all staff on services provided.
- Will contact the Office of Substitute Decisions Making and request training on their role and how they can assist with cases.
- Will visit with Legal Aid staff to explore the possibility of a referral system or a point of contact for consumers coming through LLL and/or referrals to the ER program and how best to access their services.

SERVICE GAP #2 VETERAN SERVICES, FINANCIAL INSTITUTIONS, DHS, AND LAW ENFORCEMENT In SELECT COUNTIES ARE UNAWARE OF THE ELDER RIGHTS PROGRAM.

The Elderbridge Elder Rights program was implemented in one of our four offices in 2013. Shortly thereafter, another specialist was hired and assigned to a second office. The program has shown slow, measured growth. Over the next two years Elderbridge attempted to bring

more public awareness to the EAPA program in the communities we serve by offering presentations and public outreach. That increase in awareness has caused us to struggle at times due to lack of personnel compounded by more referrals. In FY 2015-16 Elderbridge experienced a 25% staff turnover, including two elder rights specialists leaving for higher paid managed care positions. Elderbridge was initially unable to replace two elder rights positions, meanwhile referrals continued and as a result a waiting list had to be implemented. During this same time public awareness of the program was put on hold. In FY 2017, Elderbridge received funding from the Victims of Crime Act (VOCA) which allowed the hiring of two additional Elder Rights staff and our waiting list ended. EAPA program data indicates that there were 12 counties with zero EAPA consultations. More public awareness is needed. Staff will increase specific county EAPA awareness. This increase in awareness will likely result in an increase of referrals from counties that have not previously referred consumers to the EAPA Program.

Strategies to address service gap.

Over the next four years Elderbridge strategies include:

- Training the new Elder Rights staff to provide community presentations.
- ER Staff will provide ER program presentations for veteran organizations and financial institutions to include banks and/or credit unions, DHS and Law Enforcement.
- ER Staff will also contact Veteran Services, Banks, and Credit Unions, DHS, and Law Enforcement to offer topic specific training on elder abuse, Senior Medicare/Medicaid Patrol, fraud and scams.
- ER staff will target 3 specific counties in the PSA the first year for presentations to include Audubon, Buena Vista, and Calhoun. ER staff will continue with 3 counties each year thereafter that have not referred consumers to the EAPA program.
- Elderbridge will update the ER brochure and other media material's to further educate others on the ER program and Elder Abuse.
- Elderbridge will work with Legal Aid to help distribute their brochures and the ER brochure to locations that seniors and/or adults with disabilities frequently visit.
- Elder Rights staff will plan and coordinate local World Elder Abuse Awareness Day activities to prompt community awareness.
- ER staff will contact DART, SART and local military planning specialists to increase awareness of services and partner on providing presentations and training when able to.
- ER staff will explore possibility of starting a SALT (seniors and Law Enforcement Together) in Spencer and Ft. Dodge service area.

SERVICE GAP #3 MULTIDISCIPLINARY (MDT) MEETINGS WITH COMMUNITY AGENCIES TARGETED AT 60 YEARS OR OLDER IS LIMITED OR NON-EXISTENT

Department of Human Services MDT meetings are few and address child abuse and dependent adult abuse at the same meeting. The purpose of a Safety Meeting is to address specific needs

of older Iowans, collaborate, consult and consider options for the consumer's health and safety. This includes discussing difficult scenarios, brainstorming, sharing resources and supports. Elderbridge has a new ER Specialist in the Ft. Dodge Office. Agencies in the Ft. Dodge area will benefit from regular participation in Safety Meetings to generate options and ideas to alleviate consumer problems and concerns in their respective areas. Safety meetings have been successfully established in Mason City and Spencer offices as previously stated in the Collaboration/Partnership section of Goal 1. Continued and growing communication is critical to healthy partnerships.

Strategies to address service gap.

Over the next four years Elderbridge strategies include:

- ER staff in Fort Dodge will explore and invite potential providers (law enforcement, DHS, housing, etc.) who would be willing to participate in a regular safety meeting.
- ER staff in Fort Dodge will attend and observe the operation of the Spencer and Mason City safety meetings.
- ER staff in Fort Dodge will set a date for a safety meeting then develop an invitation letter and distribute it to all potential participants.
- ER staff in Fort Dodge will have participants sign in, present the ER program, explain how participants can work together and develop a continued agenda.
- ER staff in Fort Dodge will request email addresses of participants and follow-up with a summary of each safety meeting and will distribute news of any training opportunities to the group.
- ER staff will develop networks and reciprocal relationships with community providers, coworkers, and with the Mental Health and Disability Service (MHDS) regions, banks and credit unions.
- ER staff in Fort Dodge will, after several successful safety meetings, explore the possibility of a safety meeting in the Carroll office.

Goal 2: Iowa Aging Network will work with older Iowans, Iowans with disabilities, and caregivers as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.

Agency programs and services that address goal 2.

The agency utilizes a combination of service provision, advocacy, and partnerships to ensure older Iowans, Iowans with disabilities, and caregivers have appropriate and adequate information and referrals so that they are able to make informed decisions, and exercise self-determination and control about their independence, well-being, and health. The information below summarizes current and planned activities to achieve this goal.

Federally-funded Older Americans Act and State-funded Elder Services

LIFELONG LINKS

Lifelong Links (LLL) operates in our 29 county service area. LLL is a single point of entry for consumers, caregivers and others in our communities seeking information and resources on home and community based services. LLL consist of; Information, Referral, and Assistance, Options Counseling, and Caregiver Services. Iowans either call or visit one of our four Elderbridge offices to receive assistance. If a consumer is homebound or lacks transportation, LLL personnel will go to the consumers home to provide assistance. LLL team members received more than 3,500 calls in fiscal year 2016, serving 1,950 consumers and provided 250 consumers with 570 hours of assistance in planning for long term independent living.

Information & Referral / Access Assistance.

When a person calls Elderbridge, LLL answers the phone. The call is initially handled by one of our two Information, Referral, and Assistance Specialists (IR&A), who listen and gather facts from the caller. They complete an intake form and conduct a short assessment on need and their current situation. The IR&A will then provide available resources to the caller in their home community. The call for assistance will then end. If the IR&A determines that further services are needed, the IR&A will refer the consumer to an Options Counselor, Elder Rights Specialist, Case Manager, or to other outside agencies. Examples of further services needed that a caller might request help with may include; emergency financial assistance, elder abuse, or questions about caregiver options. Some common topics and emerging trends include; helping seniors and adults with disabilities set up services such as a Lifeline, home delivered meals, homemaker services or assistance with completing a food application.

Options Counseling.

Elderbridge has 4 Options Counselors (OC) who provide more in-depth resource navigation and planning for long term supports and services. They may also help a consumer problem solve issues related to long term care, housing concerns, and address financial setbacks, as just a few examples. Some common topics and emerging trends include an increase in evictions and homelessness, seniors and adults with disabilities experiencing a crisis that leave them unable to afford monthly bills, or they are unsure whether they should go back

to work if they're on disability because their disability income is too low. In addition, OC have seen an increase in request for help in completing the Elderly Waiver application from seniors unable to afford health insurance premiums or copays. There has also been an increase in caregivers asking for help to get aging parents into assisted living and nursing homes. They request assistance with the process to better understand their role and financial responsibilities. During this last FY there has been an increase in referrals directly from County Social Services (MHDS), Department of Human Services (DHS), Legal Aid, hospitals and other providers.

Performance Measures. The following performance measures are utilized to determine effectiveness of service in meeting goal:

Measure	Purpose: Evaluate Agency's Ability...
Percentage of LifeLong Links callers indicating they received the information they were seeking.	To assess and provide information appropriate to caller's need (from consumer's perspective).
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	To conduct an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports.

NUTRITION EDUCATION

Nutrition Education is delivered by a combination of methods, including: monthly nutrition education pages, brochures and where possible, in-person delivery of information by qualified personnel. The primary method is delivery to congregate and home delivered clients through the agency's network of meal sites. These are our typical consumers. In FY 2016, Elderbridge served 2,186 Home Delivered Meal Consumers. 45% were at high nutrition risk. This same year, Elderbridge served 5,655 congregate meal consumers. 15% of these consumers were at high nutrition risk. Nutrition education topics include: recommendations outlined in the Dietary Guidelines for Americans, food preparation, food safety, supplements, exercise, and food interactions with medications. The presented information is reviewed by the Agency's Registered Dietitian or is taken from an accredited source. Emerging trends are the emphasis on achievable, dietary behavior modification and the increasing desire by younger consumers (especially Baby Boomers) for valid, healthy eating information. 16,254 nutrition education sessions were complete in FY 2016. Through these efforts we helped keep seniors in our service area healthy and independent.

NUTRITION COUNSELING

Nutrition Counseling has not been offered in the PSA previously. However the process of delivery is as follows: Nutrition Counseling is provided by a referral to the agency's registered dietitian. A typical consumer would be someone identified through the Iowa Department of Aging (IDA) consumer intake form as being at high nutritional risk and/or identified and referred to us for counseling by a health professional, case worker or family member as someone who could benefit from nutrition counseling.

Performance Measures. The following performance measures are utilized to determine effectiveness of service in meeting goal:

Measure	Purpose: Evaluate Agency's Ability...
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	To ensure those at risk for poor nutrition and health status receive information so that they have better health enhancing options.
Change in consumers receiving nutrition counseling from previous FY (percentage and number).	To ensure those at risk for poor nutrition and health status receive counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.

OUTREACH / TRAINING & EDUCATION / CAREGIVER INFORMATION SERVICES

Elderbridge provides outreach in many communities through a variety of methods and service delivery. Print materials, such as our monthly newsletter, with articles important to seniors, adults with disabilities and caregivers is one such method. Articles may focus on changes in social security, free tax resources, investing in long term care insurance, or participating in world elder abuse awareness activities or other Elderbridge events. Other outreach activities include staff participation in senior fairs, health fairs, and SALT Forums along with presentations to civic groups and assisted living residents. Elderbridge maintains a website, Facebook page, and a Twitter account for outreach. Elderbridge staff members also do numerous radio, television and newspaper interviews each year for additional outreach communication. Staff have also provided training and education on mandatory reporter, preparing for retirement and other evidence based trainings. Typical consumers for this training vary, depending on the topic. Hospital settings and assisted living facilities have requested training for their staff. Topics of interest have been LLL, the prevention of elder abuse, SHIIP (Senior Health Insurance Information Program) and more. Elderbridge Caregiver Specialists have assisted other staff in planning and delivery of caregiver conferences and events, including providing guest speakers and hosting open houses to support caregivers. Elderbridge staff in our Spencer and Mason City Offices have been facilitating a monthly caregiver support group. Caregivers have an opportunity to express their concerns and are offered resources and support. The group meeting is well attended and has filled a service gap that was not previously available in the community.

Services / Initiative Funded Through Other Sources

The agency receives United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP) funding through the Iowa Department of Public Health (IDPH) to conduct the Fresh Conversations program. The program is conducted monthly by trained facilitators at select congregate meal sites with oversight by a qualified program coordinator. The program uses a group participation model with emphasis on helping participants implement informed, healthy choices into their diets. Through the efforts of the Elderbridge dietitian, the “Fresh Conversations” program has now been implemented at 21 congregate meal sites. The program is a nutrition education and behavior modification program funded by the United States Department of Agriculture through the Iowa Department of Public Health. In

fiscal year 2016, approximately 190 older adults participated and received 1,293 units of service.

Collaborations/Partnerships to support Goal 2

LLL staff regularly attend monthly Elder Rights Safety meetings in Mason City and Spencer. They have become more knowledgeable of service providers in the area dealing with at risk seniors. LLL staff also have established relationships with Iowa Legal Aid in the Mason City and Fort Dodge offices. LLL staff in Mason City are a part of the Aging Services Coalition which focuses on resources available to North Iowa area seniors. In Fort Dodge, LLL staff attend a monthly resource meeting to share resources and provide community updates. New relationships continue to develop to improve referral capacity, including increased cooperation with the Mercy Care Coordination Program and Unity Point. The LLL Advisory Council continues to meet quarterly and Mental Health and Disability Services (MHDS) regional staff members are on the council. Staff make presentations explaining LLL to groups throughout the service area when possible. Staff from Elderbridge are also part of an advocacy committee that involves staff members from the other five Area Agencies on Aging in Iowa. The meetings focus on promoting community awareness of the aging and disability network and educating stakeholders on matters affecting the aging population.

Strategies to Address Service Gaps

Methods used to identify gaps in service include; data obtained from the Iowa Aging Program Reporting System (IAPRS), Elderbridge annual report, comments made from LLL and Nutrition program staff, concerns expressed by consumers, and comments made by community providers.

SERVICE GAP #1 LIFE LONG LINKS STAFF ARE UNDERTRAINED

In FY 2016 Elderbridge experienced a 25% staff turnover, losing personnel to higher paying Managed Care Organizations. Elderbridge lost five full time LLL employees as a result. It has been an on-going challenge to hire and retain quality staff due to difficulty competing with wages and benefits offered by the for-profit sector. Elderbridge's new Options Counselors and LLL staff have received in-house training and have job-shadowed more experienced staff members. Staff still needs more training to feel confident and comfortable with the diversity of consumers and the problems they are requesting assistance with. Further, more consumers are coming to LLL for assistance with Medicaid Waiver and SNAP applications instead of going to DHS.

Strategies to address service gap.

Over the next four years LLL staff will receive the following training:

- LLL staff will participate in training to learn how to respond to and help consumers with mental health issues. (Mental Health First Aid and subsequent mental health trainings)
- LLL staff will participate in CADER core courses on-line, including; issues in aging and disabilities, disability networks, consumer control, choice and direction in options counseling, assessment, and mental health training.

- LLL staff will study and test to become certified “Information & Referral Specialists for Aging and Disability” (CIRS-AD).
- LLL staff will participate in Motivational Interviewing. Learning methods that work on facilitating and engaging motivation to prompt changed behavior with the consumers served.
- LLL staff will participate in disability benefits and social security trainings.
- Elderbridge will coordinate with DHS to have a Point of Contact or procedure to resolve consumer questions about DHS applications.

SERVICE GAP #2 MENTAL HEALTH AND DISABILITY AGENCIES, DHS, AND LAW ENFORCEMENT ARE UNAWARE OF ALL SERVICES OFFERED THROUGH LLL.

LLL has received a great deal of attention since being implemented in 2014. In FY 2016, Elderbridge provided 36 LLL presentations. Most of these presentations were done by a VISTA volunteer. When the VISTA’s contract ended in November 2015, presentations dropped off significantly. There were two months when there were no presentations provided. Our public awareness activities have primarily been focused in the counties and communities where our four offices are located. County data in our PSA suggest that we are not reaching all of the potential consumers in our service area. For example, many of our services are funneled through LLL and then referred to other Elderbridge programs or referred to other providers in the community. According to FY 2016 data obtained from IAPRS there were two counties, Audubon and Lyon, where options counseling was not provided. Five other counties had one consumer receiving options counseling compared to Cerro Gordo which provided 60 consumers and Clay County provided 32 consumers respectively. Many residents of our smaller communities in rural counties have little or no knowledge of LLL or other programs Elderbridge provides. Finally, there are many service provider agencies that have limited knowledge about how LLL help consumers they are serving and how LLL can partner with agencies. With a target group and an increase in presentations we anticipate an increase in referrals, service deliveries, number of consumers served and an increase in requests for Information and Service Presentations.

Strategies to address service gap.

Over the next four years Elderbridge will:

- Increase LLL articles in our monthly Renaissance newsletter.
- Increase presentations for Mental Health and Disability Agencies, DHS and Law Enforcement.
- Develop and implement an outreach and marketing plan.
- Distribute LLL brochures to all our meal sites, doctor offices, housing complexes, and other locations in our PSA where seniors and adults with disabilities congregate.
- Identify target counties including; Audubon, Calhoun, Crawford, Emmet and more to deliver LLL presentations to increase awareness and encourage referrals to contact LLL.

- Plan and set up a process of educating service providers on LLL.
- Increase LLL visibility on social media sites.
- Request to participate in multidisciplinary meetings that DHS conducts on the same population LLL serves.

SERVICE GAP #3 HIGH NUTRITION RISK CONSUMERS ARE NOT RECEIVING SERVICES THAT ADDRESS THEIR RISKS.

Nutrition Counseling has not been offered by Elderbridge as a direct service in the PSA. In FY 2016, data obtained by IAAPS indicates that 23% or 2,514 consumers completing nutrition screens were at high nutrition risk. Prior data also indicates the agency has not been effective in reaching those consumers that would benefit and utilize nutrition counseling, such as the 41% of whom take three or more different prescribed or over the counter drugs daily. Nutrition Counseling is a provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medication use or chronic illnesses. Elderbridge has a licensed registered dietitian on staff and is requesting to provide Nutrition Counseling as a direct service. Information on this service has been added to the public hearing notice of the area plan. This will allow interested parties to ask questions and participate. Further, we will continue to provide limited nutrition counseling through a contract dietitian.

Strategies to address service gap.

Over the next four years Elderbridge will:

- Market nutrition counseling through our monthly newsletter.
- Plan and deliver nutrition counseling presentations.
- Develop print materials to distribute where seniors gather.
- Increase nutrition counseling visibility on social media sites.
- Develop and implement a strategy to engage caregivers, case workers and health professionals to help in identifying, referring and encouraging individuals that could benefit, to seek out nutrition counseling.

Elderbridge's licensed registered dietitian will:

- Provide nutrition counseling for consumers requesting assistance with chronic health conditions, high blood pressure, cardiovascular disease, diabetes and more.
- Provide nutrition counseling preventive services on; recognizing and dealing with food allergies, weight management, meal planning, shopping on a fixed budget and more as requested.
- Work with the senior nutrition work group to create a trigger identifier for at risk seniors to notify LLL of seniors who can benefit from other Elderbridge services.
- Will provide high risk consumers receiving counseling with follow-up risk questions at subsequent visits to determine if health has improved.

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

Agency programs and services that address goal 3.

The agency utilizes a combination of home and community-based service provision, advocacy, and partnerships to enable older Iowans to remain in their own residence and community of choice with high quality of life for as long as possible. The information below summarizes current and planned activities to achieve this goal.

Federally-funded Older Americans Act and State-funded Elder Services

CASE MANAGEMENT

The Elderbridge Agency on Aging provides Case Management services to approximately 500 aged 60+ consumers annually in the 29 county service area. Thirteen Elderbridge Case Managers are strategically located in five offices throughout our large geographic region and each carry a caseload of 45-55 consumers. 74% of consumers served are females and 62% of all consumers served live alone. The average age of consumers served is 78 and they receive an average of four hours of case management services per month. Common issues include complex health care and support needs to live safely in the environment of their choice. They also have limited access to transportation, mental health outreach, and chore services in our primarily rural service area. Emerging trends are economic uncertainty for those who are living longer. Limited resources available to meet their growing needs as they age with more chronic disease support is needed.

Performance Measures. The following performance measures are utilized to determine effectiveness of service in meeting goal:

Measure	Purpose: Evaluate Agency's Ability...
Percentage of Case Management cases closed because case management service was no longer needed.	To ensure Case Management clients receive the supports and services they need to remain at residence of choice for as long as they need or desire them.
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	To ensure Case Management clients receive the supports and services they need to remain at residence of choice for as long as they need or desire them.

NUTRITION AND WELLNESS SERVICES.

Congregate Meal.

Through our network of subcontractors and meal sites, the nutrition program provided over 280,000 congregate meals in FY 2016. Congregate Meals are provided in all 29 counties of the PSA through a network that is combination of both direct service and sub-recipient meal sites. Every county has at least one site that serves one meal, 5 days per week and some have additional sites that serve anywhere from two to five days per

week. A typical consumer is of the pre-baby boomer generation, has reasonable access to the meal site who seeks socialization, relevant programming and a nutritious meal. The trend, particularly in rural areas, is rapidly decreasing participation.

Home Delivered Meals.

215,000 home-delivered meals were served in FY 2016. Home Delivered Meals are provided in all 29 counties of the PSA through a network that is combination of both direct service and sub-recipient meal programs. Every county has at least one program that serves a hot meal, five days per week. In counties where grant funding is available, clients receive shelf-stable emergency meals for the winter months. A typical consumer is frail, homebound and usually has multiple health issues and restrictions to daily living. There are no new initiatives. However, the trend is that it is getting increasingly more difficult to find volunteers in some communities to deliver meals. The age of the volunteer is also increasing.

Evidence-Based Health Activities.

The programs being offered are “Stepping On” and “A Matter of Balance”. Ten to fifteen series of workshops are offered each year through direct service by the agency. In addition, several series of “A Matter of Balance” workshops are offered by agency trained coaches, either volunteers or an organization with trained coaches. The typical consumer is one that is not homebound and either has a fear of falling or may have fallen one or more times in the recent past. The Home Meds Program is a new Evidence-Based Health initiative that supports home-based medication safety intervention. The Elderbridge Agency on Aging began this project during this FY. Case Management and some Lifelong Links staff have been trained to complete the medication screening tool on consumers identified as high risk for medication related issues. The screening tool is evaluated by a pharmacist when risks and concerns are identified and the pharmacist follows up with the prescribing physician to discuss when concerns have been identified. The Elderbridge staff provide follow-up with the consumer to determine outcome and if further evaluation is needed. The program supports a dedication to healthy aging and preservation of independence and dignity. Further, Elderbridge will be offering Tai Chi for Arthritis. This evidenced based activity is recommended by the Centers for Disease Control and Prevention (CDC). Many studies have shown Tai Chi to be one of the most effective exercises for preventing falls. Tai Chi for Arthritis helps people with arthritis to improve all muscular strength, flexibility, balance, stamina, and more according to the National Council on Aging. Trained staff will be offering Tai Chi for Arthritis in two select counties as a pilot for an estimate 8-12 weeks.

Health Promotion and Disease Prevention.

Service is provided by subcontracted Home Health Agencies throughout the PSA region at Elderbridge meal sites, senior community living complexes, and other community locations on a monthly, quarterly or semi-annual basis. Focus is on assessment of health conditions and strategies to improve self-care through diet, exercise, and healthy lifestyle choices. Additional individual medication management services are provided by

Home Health Care nurses through medication education, medication set-up, and monitoring for adverse effects and compliance on a weekly to biweekly basis. Typical consumers are those with complex health care needs and limited natural support systems.

Performance Measures. The following performance measures are utilized to determine effectiveness of service in meeting goal:

Measure	Purpose: Evaluate Agency's Ability...
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	To ensure those congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community.
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	To ensure those home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person.

HOME AND COMMUNITY BASED SERVICES

In Home Services.

The Elderbridge Agency on Aging contracts for in home services with three agencies to provide chore services, 28 agencies to provide homemaker services, 28 agencies to provide personal care services, and eight agencies to provide respite care services. Six agencies have material aid contracts to provide reassurance/visiting services and four outreach contracts for mental health support. The typical consumer is female living alone with minimal informal supports available to them. Consumers are generally provided with personal care twice per week and homemaker service once per week as funding allows. Chore service is delivered by direct compensation to the consumer to help offset the cost of hiring lawn care and snow removal services.

Community Based Services.

Other community based service contracts include 15 health promotion agreements and eight transportation contracts. The health promotion activities in the community are primarily in the form of senior health clinics and medication management assistance. The primary transportation service providers are the regional transit authorities. The typical consumer is also female living alone with minimal informal support. Emerging trends are the growing demand for home and community based services with stagnant or decreasing funding streams.

CAREGIVER SERVICES

Agency provides caregiver services to an adult family member or another individual, who is an “informal” provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction. Caregiver services are also available for a grandparent, a step-grandparent or other relative caregiver of a child by blood or marriage who is 55 years of age or older and lives with the child;

is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

Counseling.

The Elderbridge Family Caregiving Program provided much needed assistance to the family caregiver. In fiscal year 2016, Elderbridge served 740 family caregivers, responded to 865 calls from caregivers, and provided 50 counseling sessions. Caregiver Counseling is delivered on the phone, at Elderbridge's four office locations or in the caregiver home. Common topics include questions related to long term care resources and planning, such as caregivers asking questions about how to determine what is more appropriate, an assisted living facility or nursing home for example. Caregivers also have questions about the costs of long term care, how to complete an application for a waiver program and more. A caregiver may contact LLL due to stress. They may be overwhelmed juggling between taking care of their own family and caring for an aging parent. Some may experience "burn out," or have feelings of guilt and need help and emotional support. They may not recognize that their loved one may need a higher level of care than what they alone can provide. Counseling helps with emotional support and sifting through the myriad of questions caregivers have.

Elderbridge LLL staff also explore funding options on how to pay for respite care with the caregivers. If the consumer is a veteran, then the LLL staff will assist the consumer with contacting the VA and helping complete necessary paperwork. If the consumer's income meets the established material aid criteria of Elderbridge, then respite services are paid through caregiver supplemental service funds, purchase of service or unmet needs funding. Elderbridge provides funding for nine respite contracts. Typical consumers who receive counseling are female caregivers. During this last FY, LLL is seeing younger female caregivers primarily in their 40s and 50's. Emerging trends include; caregivers needing more emotional support and caregiving spouses exhausted with their own health problems and who are becoming unable to care for their loved one. Other trends include; caregivers seeking financial assistance for their parent to pay for long term care. Family members hope to avoid using their parent's money or exhaust all their resources in fear there will be no inheritance for the children. Finally, caregivers are asking for funding resources to remodel their loved ones homes to add ramps, entry ways and bars and rails and make them handicapped accessible.

Respite Care.

In FY 2016 Elderbridge delivered 6,260 hours of respite care. Respite care is either delivered to the consumer in the home or the consumer goes to a facility offering respite care. LLL may access service by working with the caregiver and then contact the provider or facility together to arrange dates and times. LLL may give referral information to the caregiver so they may contact the respite provider on their own. Every situation is different. The majority of caregivers requesting respite are spouses caring for husbands or wives who have Alzheimer's or dementia.

Measure	Purpose: Evaluate Agency's Ability...
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	To ensure caregivers receive the supports and services they need to continue to provide informal care to the care recipient.

FINANCIAL ASSISTANCE: MATERIAL AID & CAREGIVER SUPPLEMENTAL SERVICES

Consumers are identified for material aid or caregiver supplemental services when the consumer needs cannot be met through other means. Elderbridge funding is a last resort. The consumer must be living at home, and the material aid must be medically necessary to maintain their independence by delaying nursing home placement through modification of their home or vehicle. The consumer must meet established income guidelines and follow guidelines that require that aid is for one time use only and there is a funding cap. The consumer completes an intake form and supervisor approval is required. Examples of typical use of funds include providing funding for respite care when no other funding is available and the caregiver is trying to get the consumer on Medicaid or the elderly waiver. Other typical use would be a lifeline or other assisted devices, and home modifications.

Services / Initiative Funded Through Other Sources

Elderbridge administrated the Senior Farmers Market Nutrition Program (SFMNP) in its service areas. Through the SFMNP, we were able to distribute checks (\$30 per participant) to over 2,600 low income, older consumers. The checks could be used for the purchase of fresh, nutritious, fruits and vegetables at authorized local farmers markets. The program not only helps needy participants fill their pantries with healthy food choices, but it also helps local vegetable farmers and farm stands remain viable food sources in their communities. Through our network of congregate meal sites, we partnered with the Iowa Food Bank Association to promote outreach and to help sign up qualifying older adults in the Supplemental Nutrition Assistance Program (SNAP).

Collaborations/Partnerships to support Goal 3

A caregiver support group meets once a month in our Spencer office and is facilitated by an Elderbridge staff member. There are sometimes as many as 20 people who attend this group. Elderbridge in Mason City is the sponsor of a caregiver support group in the North Iowa area. The facilitator of this group moved out of state in August. Elderbridge Elder Rights staff stepped in to keep this active support group going. The staff works with a parish nurse and together they co-facilitate this monthly support group for 9-15 caregivers. Comments made by group members include; "I love this group," and "I just need someone to talk to who knows what I'm going through, so I am not going crazy." Elderbridge has partnered with Trinity Lutheran to offer this group at their location. Trinity Lutheran has also advertised the caregiver group in their quarterly newsletter.

Elderbridge collaborated with community partners to offer two Family Caregiver Conferences. In August, "The Compassionate Caregiver" workshop was presented to 100 caregivers in Mason City, providing practical tools to help with caregiving at home. The "Finding Hope and Humor in Caregiving" workshop was held in Fort Dodge in June.

50 participants were presented strategies on how to cope with caregiver anger, guilt, depression, and grief. 750 books about family caregiver issues were also donated to over 50 public libraries throughout our 29-county territory.

Strategies to Address Service Gaps

Methods used to identify service gaps include; data obtained from the Iowa Aging Program Reporting System (IAPRS), State of Iowa Data Center, “A Call to Action” report obtained from Meals on Wheels America 2017, Home Meds and Unmet Needs trackers, Iowa Association of the Area Agencies on Aging (IAA), John Hale and Des Moines Register, comments made from nutrition program, case management, and LLL and ER staff, concerns expressed by caregivers, consumer surveys, and community providers.

SERVICE GAP #1 FOOD INSECURITY FOR SENIORS AND ADULTS WITH DISABILITIES

According to data obtained from IAPRS home delivered meal consumers are declining. In FY 2014, there were 2,504. In FY 2015, 2,299 and in FY 2016, there were 2,180 consumers. This may reflect some meal site closures and/or the reduction of the number of days meals are served at a meal site. Emergency meals become more important with declining access to food in the underserved areas. 33% of home delivered meal consumers are 100% below the poverty level in the PSA. According to a 2017 report from Meals on Wheels America (MOWA), “financial constraints are a primary factor that limits access to food.” The report further states that “food insecure older adults are 50% more likely to develop a chronic disease. There is a ripple effect to being hungry, it can affect a person’s ability to remain at home which burdens not only the individual, but society and the community overall.” Other studies identify households with food insecurity have higher levels of long term health problems and higher levels of depression and disability. Further, the MOWA report states 33% of older adults admitted to the hospital may be malnourished, while 50% of community dwelling older adults may be malnourished and malnutrition can increase healthcare costs by 300%. “Food insecure, low-income people face continual spending decisions and tradeoffs. Common strategies for them is to buy cheap unhealthy food, skip meals and water down food, which compromises basic nutrition and may exacerbate chronic health conditions.”

Strategies to address service gap.

Over the next four years Elderbridge will:

- Identify and apply for grant funding to provide emergency shelf stable meals for:
 - 1-Homebound lowans during meal site closures due to equipment or facility breakdowns or because no volunteers are willing to travel to the consumer’s home due to severe weather.
 - 2-Adults with disabilities that are experiencing food insecurity while waiting for approval of food assistance from government programs. Emergency shelf stable meals offer consumers a temporary back-up option to food insecurity.
- Explore best practice and or process of distribution of emergency meals to homebound seniors and adults with disabilities.

- Strengthen partnership with the Iowa Food Bank Association to promote outreach, help sign up qualifying older adults in the Supplemental Nutrition Assistance Program (SNAP), and explore the possibility of shipping food to homebound seniors.
- Explore possibilities of mobile food pantries delivering food to seniors who are homebound and to those seniors with transportation barriers.
- Work with our congregate meal sites to promote outreach and help sign up qualifying older adults in SNAP.
- Train LLL staff on SNAP to help eligible seniors and adults with disabilities complete an application. According to MOWA, one reason food insecure lowans do not applying for SNAP is there frustration with the application process.
- Administer the Senior Farmers Market Nutrition Program (SFMNP) in the service areas.
- Continue to participate in the Growing Bolder initiative, to reduce hunger and food insecurity among the population of older lowans.
- Publish food insecurity needs through articles in the agency newsletter and media sites.
- Explore potential partnership and funding through United Way (UW), which supports food insecurity projects.
- Increase nutrition education programs such as Fresh Conversations at congregate meals sites.
- Work with congregate meal sites to increase meal participation through event planning or increased activities to draw more seniors to the meal sites.
- Seek out new customer bases by developing relationships with insurance companies, caregivers, Managed Care Organizations, and Medicare to increase visibility of congregate meal sites and home-delivered meals.
- Build relationships with hospital care coordinators and skilled nursing care staff who can contact Elderbridge when seniors are discharged who are in need of meals.
- Work with meal sites to be more proactive in getting menus to churches and other community locations that older lowans visit.
- Nutrition Director will seek out IDA nutrition work group for technical assistance on how Elderbridge can increase meal site participation and home-delivered meals

SERVICE GAP #2 INCREASED OPPORTUNITES TO PARTICIPATE IN EVIDENCE BASED HEALTH ACTIVITIES INCLUDING FALL PREVENTION WILL KEEP SENIORS SAFE IN THEIR HOME.

According to the U.S. Centers for Disease Control and Prevention: One-fourth of Americans aged 65+ falls each year, every 11 seconds an older adult is treated in the emergency room for a fall; every 19 minutes, an older adult dies from a fall. Falls result in more than 2.8 million injuries treated in emergency departments annually, including over 800,000 hospitalizations and more than 27,000 deaths. In 2013, the total cost of fall injuries was \$34 billion.

According to 2016 data obtained from IAPRS Elderbridge’s Evidence Based Health Activities offered in 2016 is not sufficient. Elderbridge has offered and presented “A Matter of Balance”

or “Stepping On” fall prevention workshops for seniors in four counties in our PSA. These workshops are designed for seniors who have experienced or are concerned about falling. Elderbridge currently has far more requests for workshops than we can accommodate, especially in the far northwest area of the PSA, where travel distance is a limiting factor. The Home Meds Program is a new Evidence-Based Health initiative that supports home-based medication safety intervention. Since the beginning of FY ’17 we have provided 34 consumers with a Home Med screening. Tai Chi for Arthritis is an evidenced based activity that improves and prevents chronic conditions including arthritis, heart disease, and diabetes. The activity is fun, increases flexibility and decreases stress. Tai Chi encourages awareness of movement including proper foot alignment.

Strategies to address service gap.

Over the next four years Elderbridge will:

- Increase reach and leverage of the agency’s Master Trainers, by implementing a plan to identify volunteers and organizations, such as county public health department staff who are willing to become trained coaches (lay leaders) in “A Matter of Balance”.
- Pursue a plan to reach out and contract with existing master trainers (“A Matter of Balance”) and trained facilitators (“Stepping On”) who are already operating within the Elderbridge PSA or in counties adjacent to it.
- Increase Evidence-Based program articles in our monthly Renaissance newsletter.
- Plan and deliver Evidence-Based program activity presentations.
- Develop print materials to distribute where seniors gather.
- Increase Evidence –Based activities visibility on social media sites.
- Develop and implement a strategy to engage caregivers, case workers and health professionals to help in identifying individuals that could benefit from the evidence based activities we offer.
- Train new staff in the process of recognizing consumers who are at high risk for medication related issues and how those consumers can benefit from the HomeMeds screening tool.
- Consumers who are participating in Evidence Based Health Activities will be asked for a contribution for these services.
- Increase reach to generating revenue care transition partnerships with hospitals and MCOs whose consumers can benefit from Evidence Based Health Activities.
- Target counties including; Audubon, Calhoun, Cerro Gordo, Clay, Emmet, Floyd and more with opportunities to participate in Evidence Based Health Activities.
- Pilot Tai Chi for Arthritis in Clay and Cerro Gordo County for an estimate 8-12 weeks for an hour and expand to other counties as capacity allows.

SERVICE GAP #3 CAREGIVERS CARING FOR INDIVIDUALS WITH COMPLEX CARE NEEDS ARE UNDERSERVED WITH ELDERBRIDGE CAREGIVER SERVICES.

87% of lowans indicate that it's very important to have services that allow them or their loved ones the assistance needed to remain independent according to the Iowa Association of the Area Agencies on Aging (I4A). John Hale, a Public Policy Consultant for the Iowa Caregivers Research and Outreach Center states there is "a demand for direct care workers in the state, due to the number of aging lowans, and those with disabilities, who are living longer and needing help. Direct care is physically demanding, emotionally draining with a high staff turnover and low pay." It is clear that Elderbridge is seeing this shortage of direct care workers when contacting agencies to provide services for seniors who are then put on waiting lists. It is extremely important for the AAA to support family caregivers. According to I4A there are at least 317,000 caregivers active in Iowa. The Elderbridge Family Caregiving Program provided much needed assistance to family caregivers in the last fiscal year. However, more help is needed to ensure that family caregivers have the support they need to provide the difficult task of caring for a loved one. Data from 2016 IAPRS indicates that Elderbridge has several gaps in providing different caregiver services across the PSA. Caregiver Access Assistance was the only service utilized in all 29 counties in the service area. Caregiver services delivered in all counties fell short; Options Counseling – provided in 16 counties, Respite - provided in 14 counties, Counseling – provided in 10 counties, Supplemental Services – provided in 8 counties and Information Services – provided in 5 counties.

Strategies to address service gap.

Over the next four years Elderbridge will:

- Continue to strengthen the two caregiver support groups offered in our PSA. One located in Mason City and the other in Spencer.
- Develop print materials to distribute where seniors gather.
- Develop a marketing plan to provide caregiver services in underserved counties including; eight out-lying counties of Sioux, Lyon, Osceola, O'Brien, Guthrie, Audubon, Greene and Crawford. The target consumer in these counties will be adults 40-59 years of age, predominantly female who are currently acting as a caregiver to an older family member or friend. Provide buffet style dinner and presentations to increase caregivers and services.
- Increase all Caregiver Services across the PSA by visibility on social media sites, articles in the newsletter and media outlets.
- Find and Coordinate with a Caregiver spokesperson for caregiver outreach who has shown interest in helping us with our outreach efforts.
- Research and establish caregiver support groups in the Ft. Dodge and Carroll areas.
- Create a caregiver brochure unique to Elderbridge.
- Research and develop partnerships with other caregiving agencies and organizations for additional access to resources and potential funding to support family caregivers.

- Plan, collaborate with community partners and implement one to two Family Caregiver Conferences each year to support and provide practical tools for caregivers.
- Continue to support and advocate for the Iowa Family Caregiver Network.

SERVICE GAP #4 OLDER IOWANS WHO HAVE UNMET NEEDS ARE AT RISK OF LOSING THEIR INDEPENDENCE.

In 2016, Elderbridge spent \$59,500 on providing material aid to consumers aged 60 and over. This does not include supplemental services for caregivers, ADRC funding or purchase of services. Each year material aid funding runs out before the end of the fiscal year. Material Aid funding is a last resort. Financial help with emergency housing, a copay on needed medication, snow removal, a lifeline, or short term services are examples. We anticipate less state funding in the future to support material aid. Further, unmet needs reported by subcontractors include inadequate funding to provide the level of homemaker, personal care, and health promotion activities needed for their consumers. Elderbridge provides funding through subcontracts in several previously identified areas, but does not have additional funding to increase their contracts to the level needed.

Strategies to address service gap.

Over the next four years Elderbridge will:

- Establish specific guidelines for consumers requesting financial assistance. (*Consumers must be living at home, and have a current need that cannot be funded or resolved through Medicare, Medicaid or local resources.*)
- Inform Consumers that requests must be medically necessary, maintains safety or independence and/or delay nursing home placement
- Collaborate with our community partners to identify other potential funding sources.
- Brainstorm potential sources of support including; past and present constituents, vendors that the agency does business with, past and present donors and more.
- Develop a fundraising program to include; annual giving, major gifts, planned giving and prospect research.
- Research foundation and corporate grant makers and increase grant writing efforts.
- Identify needs and funding opportunities through recurring content sections of the agency newsletter.
- Continue to develop Elderbridge Alliance targeted to the private pay market while providing an additional source of revenue to the Agency.

SERVICE GAP #5 NON-MEDICAID AND PRE-MEDICAID POPULATION

In Iowa there are over 650,000 people aged 60 years and older. Baby boomers are aging and these numbers continue to grow and so does the need for Elderbridge services. Data obtained from I4A, indicates that 95% of Iowa's aging population is not on Medicaid. According to the state data center and IDA, in 2013 there were 453,183 Iowans 65 years and older collecting

\$578,526 in total monthly social security benefits which is an average of 1,277 per month. Although a waiting list has not yet been initiated, the primary consumers being served through the case management program are those that are Medicaid eligible. In FY 2016, 93% of case management consumers served were on the Medicaid Elderly Waiver. Elderbridge is seeing an increase in non-Medicaid and pre-Medicaid seniors. We anticipate an increase in requests for services as a result of the non-Medicaid and pre-Medicaid population over the next five years.

Strategies to address service gap.

Over the next four years Elderbridge will:

- Continue to develop Elderbridge Alliance targeted to the private pay market including non-Medicaid consumers.
- Develop a case management program and process for non-and pre-Medicaid consumers
- Conduct outreach and education efforts to community partners to identify potential referrals for consumers who can be served through Federal and State funded case management.
- By the end of FY18, the PSA Case Management Service will increase the non-Medicaid or pre-Medicaid consumers being served to at least 10% or 50 of the projected 500 consumers served.
- Develop partnerships with local hospitals, insurance companies and/or MCO to provide services to reduce patient readmission.
- Explore and research the potential of Elderbridge becoming a Medicare provider.
- Explore possibility of becoming a Center for Medicaid and Medicare Services (CMS) medical nutrition therapy provider.

Section 2: Performance and Service Projections

Performance Outcome & Fiscal Year Target

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

Program: Elder Abuse Prevention and Awareness (EAPA)

Performance Outcome Measure	Evaluate Agency's Ability...	FY2018 Target
Percentage of EAPA Consultation consumers whose needs are met through provider referrals.	To provide information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.	75%
Percentage of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed.	To resolve consumer's abuse, neglect, or exploitation situation.	95%

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

Program: LifeLong Links

Performance Outcome Measure	Evaluate Agency's Ability...	FY2018 Target
Percentage of LifeLong Links callers indicating they received the information they were seeking.	To assess and provide information appropriate to caller's need (from consumer's perspective).	85%
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	To conduct an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports.	85%

Service(s): Nutrition Education and Nutrition Counseling

Performance Outcome Measure	Evaluate Agency's Ability...	FY2018 Target
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	To ensure those at risk for poor nutrition and health status receive information so that they have better health enhancing options.	55%
Percent change in consumers receiving nutrition counseling from previous FY (percentage and number).	To ensure those at risk for poor nutrition and health status receive counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.	1,000% & 10

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

Service: Case Management

Performance Outcome Measure	Evaluate Agency's Ability...	FY2018 Target
Percentage of Case Management cases closed because case management service was no longer needed.	To ensure Case Management clients receive the supports and services they need to remain at residence of choice for as long as they need or desire them.	75%
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	To ensure Case Management clients receive the supports and services they need to remain at residence of choice for as long as they need or desire them.	45

Service(s): Congregate Meal and Home Delivered Meal

Performance Outcome Measure	Evaluate Agency's Ability...	FY2018 Target
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	To ensure those congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community.	75%
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	To ensure those home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person.	75%

Service(s): Caregiver Counseling and Caregiver Respite Care

Performance Outcome Measure	Evaluate Agency's Ability...	FY2018 Target
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	To ensure caregivers receive the supports and services they need to continue to provide informal care to the care recipient.	75%

FY 2018 Projected Older Americans Act Consumers and Service Units

Form 3A-1		Elderbridge Area Agency on Aging		FY 2018					
		This report HAS been finalized		Budget Report, Version 2					
SERVICE	General Aging	Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty	SLP Low Income	SLP Moderate Income
01A: Administration	General Aging								
	Caregiver								
1: Personal Care	General Aging	4,900	225	43	35	30	41		
2: Homemaker	General Aging	7,235	387	42	20	16	47		
3: Chore	General Aging	4,020	50	45	3	2	42		
4: Home Delivered Meals	General Aging	215,000	2,320	951	39	14	882		
5: Adult Daycare	General Aging								
6: Case Management	General Aging	1,835	500	270	11	9	230		
7: Congregate Meals	General Aging	264,000	5,420	2,222	90	33	2,060		
8: Nutrition Counseling	General Aging	10	10	4			4		
9: Assisted Transportation	General Aging								
10: Transportation	General Aging	35,025	585	7	60	57	150		
11: Legal Assistance	General Aging	1,250	1,250						
12: Nutrition Education	General Aging	24,600	2,980	440	50	18	1,132		
13: Information & Assistance	General Aging	3,035	2,110	29	4	4	39		
14: Outreach	General Aging	550	78						
B02: Health Promotion & Disease Prevention	General Aging	1,090	525	38	3	2	24		
B07: Evidence-Based Health Activities	General Aging	225	225	92	4	2	86		
C07: EAPA Consultation	General Aging	280	60	40	3	1	50		
C08: EAPA Assessment & Intervention	General Aging	1,400	45	22	4	1	39		
C09: EAPA Training & Education	General Aging	5	85						
C10: Self-Directed Care	General Aging								
C12: EAPA Non-Consumer Consultation	General Aging	380	80	35	1	1	8		
D01: Training & Education	General Aging	36	1,080						
E05: Options Counseling	General Aging	3,500	450	25	8	5	44		
F02: Material Aide	General Aging	18,000	650	17	4	2	45		
CG1: CG Access Assistance	Caregiver	990	960	31	6				
CG2: CG Self-Directed Care	Caregiver								
CG3: CG Counseling	Caregiver	95	95	29	6				
CG4: CG Information Services	Caregiver	75	5,900	22	6				
CG5: CG Respite	Caregiver	6,400	90	44	2				
CG6: CG Supplemental Services	Caregiver	10	10	2					
CG7: CG Home Delivered Meals	Caregiver								
CG8: CG Options Counseling	Caregiver	875	125	23	6				
GO1: GO Access Assistance	Caregiver								
GO2: GO Self-Directed Care	Caregiver								
GO3: GO Counseling	Caregiver								
GO4: GO Information Services	Caregiver								
GO5: GO Respite	Caregiver								
GO6: GO Supplemental Services	Caregiver								
GO7: GO Home Delivered Meals	Caregiver								
GO8: GO Options Counseling	Caregiver								

<https://ida-infosys.iowa.gov/StateAdmin/ReportForm3A1/1598>

Service Coverage & Wait List Information

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

Mandatory Services	Audobon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Case Management	X	X	X	X	X	X	X	X	X	X	X	X
Congregate Meals	X	X	X	X	X	X	X	X	X	X	X	X
Health Promotion	X		X	X	X		X	X	X	X	X	X
Home Delivered Meals	X	X	X	X	X	X	X	X	X	X	X	X
Information & Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X

Other Services	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Adult Day Care/Adult Day Health												
Chore	X	X	X	X		X		X	X			X
EAPA Consultation	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Training & Education	X	X	X	X	X	X	X	X	X	X	X	X
Evidence-Based Health Activities	X	X	X	X	X	X	X	X	X	X	X	X
Health Promotion and Disease Prevention												
Homemaker	X	X	X	X	X	X	X	X	X	X	X	X
Material Aid	X	X	X	X	X	X	X	X	X	X	X	X
Outreach	X	X	X	X	X	X	X	X	X	X	X	X
Personal Care		X	X	X	X			X	X	X	X	X
Self-Directed Care												
Training & Education	X	X	X	X	X	X	X	X	X	X	X	X
Assisted Transportation												
Transportation	X	X	X	X	X	X	X	X	X	X	X	X

Area Plan on Aging SFY 2018 – 2021

Family Caregiver & Grandparent/Other Elderly Caregivers	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Access Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meal												
Information Services	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Respite Care	X		X		X	X	X	X	X	X	X	X
Self-Directed Care												
Supplemental services	X	X	X	X	X	X	X	X	X	X	X	X

Grandparent/Other Elderly Caregivers	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Access Assistance												
Counseling												
Home Delivered Meal												
Information Services												
Options Counseling												
Respite Care												
Self-Directed Care												
Supplemental services												

Service Coverage & Wait List Information

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

Mandatory Services	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Case Management	X	X	X	X	X	X	X	X	X	X	X	X
Congregate Meals	X	X	X	X	X	X	X	X	X	X	X	X
Health Promotion	X	X	X	X						X	X	X
Home Delivered Meals	X	X	X	X	X	X	X	X	X	X	X	X
Information & Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X

Other Services	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Adult Day Care/Adult Day Health												
Chore	X	X		X				X	X	X	X	X
EAPA Consultation	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Training & Education	X	X	X	X	X	X	X	X	X	X	X	X
Evidence-Based Health Activities	X	X	X	X	X	X	X	X	X	X	X	X
Health Promotion and Disease Prevention												
Homemaker	X	X	X	X	X	X	X	X	X	X	X	X
Material Aid	X	X	X	X	X	X	X	X	X	X	X	X
Outreach	X	X	X	X	X	X	X	X	X	X	X	X
Personal Care	X	X	X	X	X	X	X	X		X	X	X
Self-Directed Care												
Training & Education	X	X	X	X	X	X	X	X	X	X	X	X
Assisted Transportation												
Transportation	X	X	X	X	X	X	X	X	X	X	X	X

Family Caregiver & Grandparent/Other Elderly Caregivers	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Access Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meal												
Information Services	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Respite Care		X	X	X		X	X	X	X	X		
Self-Directed Care												
Supplemental services	X	X	X	X	X	X	X	X	X	X	X	X

Grandparent/Other Elderly Caregivers	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Access Assistance												
Counseling												
Home Delivered Meal												
Information Services												
Options Counseling												
Respite Care												
Self-Directed Care												
Supplemental services												

Service Coverage & Wait List Information

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

Mandatory Services	Sioux	Webster	Winnebago	Worth	Wright	[county]						
Case Management	X	X	X	X	X							
Congregate Meals	X	X	X	X	X							
Health Promotion		X		X	X							
Home Delivered Meals	X	X	X	X	X							
Information & Assistance	X	X	X	X	X							
Legal Assistance	X	X	X	X	X							
Nutrition Counseling	X	X	X	X	X							
Nutrition Education	X	X	X	X	X							
Options Counseling	X	X	X	X	X							

Other Services	Sioux	Webster	Winnebago	Worth	Wright	[county]						
Adult Day Care/Adult Day Health												
Chore		X										
EAPA Consultation	X	X	X	X	X							
EAPA Assessment & Intervention	X	X	X	X	X							
EAPA Training & Education	X	X	X	X	X							
Evidence-Based Health Activities	X	X	X	X	X							
Health Promotion and Disease Prevention												
Homemaker	X	X	X	X	X							
Material Aid	X	X	X	X	X							
Outreach	X	X	X	X	X							
Personal Care	X	X	X	X	X							
Self-Directed Care												
Training & Education	X	X	X	X	X							
Assisted Transportation												
Transportation	X	X	X	X	X							

Family Caregiver & Grandparent/Other Elderly Caregivers	Sioux	Webster	Winnebago	Worth	Wright	[county]						
Access Assistance	X	X	X	X	X							
Counseling	X	X	X	X	X							
Home Delivered Meal												
Information Services	X	X	X	X	X							
Options Counseling	X	X	X	X	X							
Respite Care	X	X	X	X								
Self-Directed Care												
Supplemental services	X	X	X	X	X							

Grandparent/Other Elderly Caregivers	Sioux	Webster	Winnebago	Worth	Wright	[county]						
Access Assistance												
Counseling												
Home Delivered Meal												
Information Services												
Options Counseling												
Respite Care												
Self-Directed Care												
Supplemental services												

Service Waiting List

Elderbridge Agency on Aging has not established a formal waiting list. However, a waiting list process will be established this coming year for case management and options counseling services.

A specific service need has been identified through input from consumers and staff that is not currently being met in the Elderbridge planning and service area. The service identified is an appointment companion program that provides a companion to transport individuals to appointments and to provide any support that is required during the visit. Plans are to develop this program as a fee for service opportunity.

Section 3: Quality Management

It is a primary objective of Elderbridge to meet the needs of our consumers by providing quality services and to continually improve them. Strategies to achieve quality management next year will include the following:

1. **Data collection** plays a very important role in improving the quality of our services. After recognizing last year that collecting accurate information was a problem, Elderbridge made the decision to participate in a LEAN event to help us streamline our paper flow and to identify efficiencies for collecting data. As a result, strategies were put in place to capture data in a timely manner in order to provide real time feedback and produce meaningful reports.

The following data collection activities will be undertaken over the next four years to help us identify consumer expectations, measure satisfaction levels, and determine specific areas for improvement: 1) review existing consumer questionnaires; 2) establish one standard consumer questionnaire that could be used for all services; 3) improve program/service evaluation form; and 4) develop procedures for collecting data, producing reports, analyzing the data, and responding to problems identified.

2. **Remediation of problem areas** will be addressed through a Quality Management Team. Elderbridge's Quality Management Team will be made up of the four Agency Program Directors who will meet monthly to review consumer questionnaires and program/service feedback, measure consumer satisfaction levels, address grievances from consumers or the general public about services we provide, and to implement corrective action when issues or opportunities for improvement of our services are identified. The team will continuously review operational performance, quality related initiatives, and to provide oversight and guidance to staff.
3. **Continuous improvement** is an approach vital to Elderbridge's ability to provide quality services to our consumers. This approach relies on participation of all of our staff in improving our processes, services, and the culture we work in. Under the leadership of Elderbridge management, continuous improvement will be promoted over the next four years by doing the following: 1) educate staff through in-services, emails, and staff meetings that emphasize quality as the number one goal of this Agency; 2) convey the message to all staff that they are responsible for quality; 3) challenge all staff to continuously search for ways to improve every activity, program, and process by seeking feedback from our consumers, stakeholders, providers, and general public on how to improve; 4) provide opportunities for staff to participate in continuous training to improve their work performance; and 5) encourage staff to work as a team to solve problems and meet consumer needs.

Section 4: Public Input

Elderbridge utilized the following methods to obtain public input:

Public Notice ads were placed in the legal sections of 30 newspapers in the Elderbridge service area. This included the main publications in all 29 counties. Several of the larger newspapers (Mason City Globe Gazette, Fort Dodge Messenger, and Spencer Daily Reporter) have circulation and distribution areas covering numerous counties. These ads all appeared at least 2 weeks prior to the scheduled Public Notice meeting date of February 14th, 2017. Subcontractors, Board Members and Advisory Council Members were notified by mail, email and in person.

Public Hearing Information

Public Hearing Notice:

Elderbridge Agency on Aging will hold a public hearing to obtain comments and input from citizens in regard to the Elderbridge Agency Area Plan for the State, Fiscal Years 2018-2021.

The hearing is scheduled to take place at 9:00 am on Tuesday, February 14, 2017 at the Fort Dodge office of Elderbridge Agency on Aging located at 308 Central Avenue Fort Dodge, Iowa.

Public comment will also be open concerning Nutrition Counseling, a new direct service that Elderbridge will be offering starting in Fiscal Year 2018. Nutrition Counseling is a provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a licensed registered dietician in accordance with state law and policy.

Any Iowa resident in the 29 counties in the Elderbridge service area is encouraged to take part in this public hearing. Those counties are Cerro Gordo, Floyd, Mitchell, Worth, Winnebago, Hancock, Franklin, Wright, Kossuth, Humboldt, Webster Hamilton, Greene, Guthrie, Emmet, Palo Alto, Pocahontas, Calhoun, Dickinson, Clay, Buena Vista, Sac, Carroll, Audubon, Crawford, Osceola, O'Brien, Lyon and Sioux.

For more information or to obtain a copy of the 2018-2021 Elderbridge Area Plan please call Doug Merback at 641-424-0678, extension 7079 or e-mail: dmerbach@elderbridge.org.

Notice sent on January 24, 2017 to:

- 29** county newspapers
- 48** subcontractors
- 12** Board members
- 29** Advisory Council members
- 8** LifeLong Links Advisory Council members

Public Hearing Agenda
Elderbridge Agency on Aging SFY 2018-2021 Area Plan
Tuesday, February 14, 2017
9:00 am
Elderbridge Agency on Aging
308 Central Avenue, Fort Dodge, Iowa

- 9:00 am** **Welcome/Introductions**
- Purpose of Hearing**
- Review of Mandatory Services**
- Review of Priority Services**
- Presentation of the Proposed SFY 2018-2021 Area Plan**
- Request to Provide Nutrition Counseling as a Direct Service**
- Questions/Comments**
- 9:30 pm** **Adjournment**

Elderbridge Agency on Aging
 February 14, 2017
 Public Hearing on SFY 2018-2021 Area Plan
 Attendance Sheet

Name	Address	Affiliation
1. Sherril Boedeker	Mason City	Elderbridge
2. WJ Batham	Garnier	↓
3. Shelly Aindt	Spencers	Elderbridge
4. Steven Erhart	Nebraska City	Elderbridge
5. Paula Y Harms	Belmond	Elderbridge
6. Jan Sowers	Algona	Elderbridge
7. Jim Birme	Cassell	Elderbridge
8. Mike Ode	Paulkron	Elderbridge
9. Mabel Mandel	Orange City Iowa	Elderbridge
10. Lion Darter	Mason City	Elderbridge
11. Donal Dering	MC	" "
12. Amy Quire	Fort Dodge	Elderbridge.
13. Amy B. Supser	MC	Elderbridge
14. Angela R. Matiens	Fort Dodge	Elderbridge
15. Robert Ammann	Fort Dodge	Elderbridge
16. Christine Riggert	Fort Dodge	Elderbridge.
17. Wilma Strauss	Early	Elderbridge.
18.		
19.		
20.		

Public Hearing Agenda
Elderbridge Agency on Aging SFY 2018-2021 Area Plan
Tuesday, February 14, 2017

Summary of comments/questions:

- Mandatory services were reviewed and a question concerning what funding sources were used was asked. Staff responded.
- Priority services were discussed and the question why more Title III B funds were budgeted than required for in access, in-home, and legal services. Staff explained.
- A discussion took place on why there has been such a decrease in attendance at congregate meal sites. The question was asked why increasing participation in meal sites was not included in the Area Plan. A request was made by the audience to include an additional strategy under Goal 3 to specifically address how to increase participation at congregate meal sites.
- Training of staff was discussed, including who provides the training.
- A question concerning the number of FTEs budgeted with Administrative funds was asked. Staff responded.
- When discussing the direct service provision, questions were asked who had been providing nutrition counseling in the past and who will be providing nutrition counseling services directly in the next fiscal year. Staff responded along with information on how older consumers would access this service.

Governing Body

Governing Body for Elderbridge Agency on Aging.

Updated On: 1/20/2017

Chair/President

Name: Steven Ehrhardt
Address: 205 3rd St
City & Zip Code: Dakota City, IA50529
County: Humboldt
Phone: 515-573-6852
E-mail: steve.ehrhardt@friendshipaven.org
Term Expires: 6/30/2017

Vice-Chair/Vice President

Name: Paula Harms
Address: 5th Ave. NE
City & Zip Code: Belmond, IA 50421
County: Wright
Phone: 641-444-3915
E-mail: pharms@abcmcorp.com
Term Expires: 6/30/2019

Secretary/Secretary Treasurer

Name: Jan Sowers
Address: 2107 90th Ave.
City & Zip Code: Algona, IA 50511
County: Kossuth
Phone: 515-295-3987
E-mail: jcs3987@gmail.com
Term Expires: 6/30/2019

Treasurer (if separate officer)

Name: Mary Jeann Batham
Address: 360 W 12th St.
City & Zip Code: Garner, IA 50438
County: Hancock
Phone: 641-923-2240
E-mail: mjbatham@yahoo.com
Term Expires: 6/30/2019

Other Members

Name: Roy Schoon
Address: 609 S. Cayuga St.
City & Zip Code: Pomeroy, IA 50575
County: Calhoun
Phone: 712-468-2631
E-mail: 1954usnavyuss37@gmail.com
Term Expires: 6/30/2017

Name: Jim Burns
Address: 18296 220th St
City & Zip Code: Carroll, IA 51401
County: Carroll
Phone: 712-830-1884
E-mail: jbv@gliddenwildblue.com
Term Expires: 6/30/2018

Name: Mabel Mantel
Address: Box 293
City & Zip Code: Orange City, IA 51041-1130
County: Sioux
Phone: 712-737-4567
E-mail: j.mmantel@hotmail.com
Term Expires: 6/30/2019

Name: Margie L. Brones
Address: 1108 S. Mill St
City & Zip Code: Lake Mills, IA 50450
County: Winnebago
Phone: 641-590-2941
E-mail: None
Term Expires: 6/30/2017

Name: Michael (Mike) Otto
Address: 225 S. Harker Street
City & Zip Code: Paullina, IA 51406
County: O'Brian
Phone: 712-630-1012
E-mail: otto@tcaexpress.net
Term Expires: 6/30/2019

Name: Lionel J. Foster
Address: PO Box 546
City & Zip Code: Mason City, IA 50402
County: Cerro Gordo
Phone: 641-583-1378
E-mail: dinadawn@mchsi.com
Term Expires: 6/30/2017

Liaison to Board

Name: Beth Will

Address: 1802 Hill Ave. St., 2502

City & Zip Code: Spirit Lake, IA 51360

County: Dickinson

Phone: 712-336-0775

Email: bwill@co.dickinson.ia.us

Term Expires: 6/30/2018

Liaison to Advisory

Name: Wilma Straus

Address: 404 Karr Ave.

City & Zip Code: Early, IA 50535

County: Sac

Phone: 712-273-5091

Email: None

Term Expires: 6/30/2017

Advisory Council

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

Older Americans Act Code of Regulations, Subpart C, Sec. 1321.57(b) Composition of Council. The council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the area agency in developing community-based systems of services. The advisory council shall be made up of:

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

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

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

All composition criteria have been met by the Council

**Advisory Council for Elderbridge Agency on Aging.
Updated on: 1/20/2017**

Chair/President

Name: Kelly Schultz
Address: PO Box 318
City & Zip Code: Estherville, 51334
County: Emmet
Phone: 712-229-6064
E-mail: dks@ncn.net
OAA Composition Criteria (2, 5, 7)
Term Expires: 6/30/2017

Secretary/Secretary Treasurer

Name: Rick Burke
Address: 635 Highway 9 E
City & Zip Code: Forest City, 50436
County: Winnebago
Phone: 641-585-1555
E-mail: rick@forestplaza.biz
OAA Composition Criteria (2, 3, 4, 7):
Term Expires: 6/30/2018

Other Members:

Name: Susan Osvald
Address: 1851 280th St.
City & Zip Code: Exira, 50076
County: Audubon
Phone: 712-549-2237
E-mail: pismmdd@metc.net
OAA Composition Criteria (1, 2, 7):
Term Expires: 6/30/2018

Name: Leane Bodle
Address: 820 13th Ave.
City & Zip Code: Manson, 50563
County: Calhoun
Phone: 712-469-3052
Email: iabtlover@yahoo.com
OAA Composition Criteria (1, 2, 5, 7):
Term Expires: 6/30/2017

Vice Chair/President

Name: Steven Fitzgerald
Address: 1600 Northwood Dr.
City & Zip Code: Denison, 51442
County: Crawford
Phone: 712-263-2928
E-mail: fitzandpets@juno.com
OAA Composition Criteria (1, 5, 7)
Term Expires: 6/30/2019

Treasurer (if separate officer)

Name:
Address:
City & Zip Code:
County:
Phone:
E-mail:
OAA Composition Criteria (1 to 7):
Term Expires:

Name: Tracy Gotto
Address: 1206 W 4th St.
City & Zip Code: Storm Lake, 50588
County: Buena Vista
Phone: 712-213-5933
E-mail: tgotto@mnrsl.org
OAA Composition Criteria (2, 3, 4, 5):
Term Expires: 6/30/2017

Name: Joene Bohlmann
Address: 805 Iowa Dr.
City & Zip Code: Manning, 51455
County: Carroll
Phone: 712-790-9143
E-mail: None
OAA Composition Criteria (1, 2, 5, 6, 7):
Term Expires: 6/30/2017

Name: Amanda Ragan
Address: 361 S. Penn. 1D
City & Zip Code: Mason City, 50401
County: Cerro Gordo
Phone: 641-380-0080
E-mail: meals@netconx.net
OAA Composition Criteria (4, 6):
Term Expires: 6/30/2019

Name: Beth Will
Address: 1802 Hill Ave. St., 2502
City & Zip Code: Spirit Lake, 51360
County: Dickinson
Phone: 712-336-0775
E-mail: bwill@co.dickinson.ia.us
OAA Composition Criteria (2, 6, 7):
Term Expires: 6/30/2018

Name: Tracy Quinones
Address: 791 120th St.
City & Zip Code: Hampton, IA 50441
County: Franklin
Phone: 641-430-8473
E-mail: tquinones@abcmcorp.com
OAA Composition Criteria (3, 7):
Term Expires: 6/30/2018

Name: Betty Knudsen
Address: 1589 Dogwood Ave.
City & Zip Code: Coon Rapids, 50058
County: Guthrie
Phone: 712-210-1147
E-mail: bjknudsen@gmail.com
OAA Composition Criteria (1, 2, 5, 7):
Term Expires: 6/30/2017

Name: Janeice Geitzenauer
Address: 306 Second Ave. N
City & Zip Code: Dakota City, IA 50529
County: Humboldt
Phone: 515-332-3769
E-mail: geitz@g.com
OAA Composition Criteria (1, 5, 7):
Term Expires: 6/30/2019

Name: Deb Woodcock
Address: 1805 S. Grand Plaza Dr.
City & Zip Code: Spencer, 51301
County: Clay
Phone: 712-262-7154
E-mail: woodcock@smunet.net
OAA Composition Criteria (1):
Term Expires: 6/30/2019

Name: Lori Hain
Address: 106 Rock Grove Dr.
City & Zip Code: Nora Springs, 50458
County: Floyd
Phone: 641-420-2636
E-mail: lori.j.hain@wellsfargo.com
OAA Composition Criteria (2, 5, 7):
Term Expires: 6/30/2017

Name: Joan Tiffany
Address: 605 15th St. S.
City & Zip Code: Grand Junction, 50107
County: Greene
Phone: 515-738-2176
E-mail: jtiffany@iowatelecom.net
OAA Composition Criteria (1, 2, 4, 5):
Term Expires: 6/30/2018

Name: Marlene Gray
Address: 318 2nd Ave, SW
City & Zip Code: Britt, 50423
County: Hancock
Phone: 641-843-3680
E-mail: ggray@comm1net.net
OAA Composition Criteria (1, 2):
Term Expires: 6/30/2019

Name: Paul Haverly
Address: 514 E South Ave.
City & Zip Code: Algona, 50511-3531
County: Kossuth
Phone: 515-295-3656
E-mail: hanver@netamumail.com
OAA Composition Criteria (1, 5, 7):
Term Expires: 6/30/2017

Name: Ann Leonard
Address: 1215 Lillian Lane.
City & Zip Code: Belmond, 50421
County: Wright
Phone: 641-444-4030
E-mail: leonard121@Frontiernet.net
OAA Composition Criteria (1, 2, 5):
Term Expires: 6/30/2019

Name: Sandy Chilson
Address: 413 S. Broad St.
City & Zip Code: Stacyville, 50476
County: Mitchell
Phone: 641-710-2215
E-mail: Scnh.sandychilson@gmail.com
OAA Composition Criteria (2, 3, 5):
Term Expires: 6/30/2018

Name: Larry Pedley
Address: 338 9th St.
City & Zip Code: Sibley, 51249
County: Osceola
Phone: 605-321-4259
E-mail: C44dash8@yahoo.com
OAA Composition Criteria (1, 5, 6):
Term Expires: 6/30/2019

Name: Maureen Sandberg
Address: PO Box 5
City & Zip Code: Graettinger, 51342
County: Palo Alto
Phone: 712-852-2832
E-mail: msandberg@rvtc.net
OAA Composition Criteria (1, 2, 5, 7):
Term Expires: 6/30/2017

Name: Clint Fogde
Address: 101 NE 5th St., Apt. 101
City & Zip Code: Pocahontas, 50574
County: Pocahontas
Phone: 712-335-4626
E-mail: managerph@arlingtonplaceretirement.com
OAA Composition Criteria (1, 2, 4, 5):
Term Expires: 6/30/2017

Name: Patricia Rubendall
Address: 501 Morningside Dr.
City & Zip Code: Sac City, 50583
County: Sac
Phone: 712-661-9269
E-mail: prubendall@frontier.com
OAA Composition Criteria (1, 2, 4, 5):
Term Expires: 6/30/2019

Name: Lori Hayungs
Address: 400 Central Ave. NW, Ste. 700
City & Zip Code: Orange City, 51041
County: Sioux
Phone: 712-395-0153
E-mail: lhayungs@iastate.edu
OAA Composition Criteria (2, 5, 7):
Term Expires: 6/30/2019

Term Expires: 6/30/2017
Name: Nancy Franck
Address: 1101 Central Ave.
City & Zip Code: Northwood, 50459
County: Worth
Phone: 641-381-0448
E-mail: nancy.franck@northwoodlrh.org
OAA Composition Criteria (3, 5, 7):
Term Expires: 6/30/2017

Name: Carol Barber
Address: 2306 N 22 St.
City & Zip Code: Ft. Dodge, 50501
County: Webster
Phone: 515-573-5797
E-mail: cbarb@frontiernet.net
OAA Composition Criteria (1, 2, 5, 7):

Hamilton, Lyon, and O'Brien are Vacant Counties

LifeLong Links Advisory Council

LifeLong Links Advisory Council for Elderbridge Agency on Aging.

Updated On: 3/09/2017

Name: Kim Wilson, Chair
Address: NW Iowa Care Connections, 215
West 4th, Ste 6
City & Zip Code: Spencer, 51301
County: Clay
Phone: 712-262-9438
E-mail: kwilson@co.clay.ia.us

Name: Russell Wood
Address: Franklin Co Community Services, 123,
1st Ave, SW PO Box 58
City & Zip Code: Hampton, 50441
County: Franklin
Phone: 641-456-2128
E-mail: rwood@co.franklin.ia.us

Name: Erin Barkema
Address: Region 2 Community Health
City & Zip Code: Des Moines, 50319-0075
County: Polk
Phone: 515-829-0515
Email: Erin.Barkema@idph.iowa.gov

Name: Denise Hiscocks
Address: Hancock Cty Health System,
532 1st St. NW
City & Zip Code: Britt, 50423
County: Hancock
Phone: 641-923-3676
E-mail: hiscockd@mercyhealth.com

Name: Gary Schriver
Address: 106 S. Indiana
City & Zip Code: Mason City, 50401
County: Cerro Gordo
Phone: 641-424-1705
E-mail: gmemschriver@gmail.com

Name: Kim Scorza
Address: Seasons Center, 201 E 11th St.
City & Zip Code: Spencer, 51301
County: Clay
Phone: 1-800-242-5101
E-mail: kscorza@seasonscenter.org

Name: Lisa Bringle
Address: Rolling Hills Community Svc. 520 West
Main St.
City & Zip Code: Cherokee, 51012
County: Cherokee
Phone: 712-261-6700
E-mail: lbringle@co.cherokee.ia.us

Name: Kari Prescott
Address: Webster Cty. Health Dept., 330 1st Ave
City & Zip Code: Fort Dodge, 50501
County: Webster
Phone: 515-574-3833
E-mail: kprescott@webstercountyia.org

Name: Carolyn Edgar
Address: County Social Services, #3, 4th St., NE
City & Zip Code: Mason City, 50401
County: Cerro Gordo
Phone: 641-421-3145
E-mail: cedgar@countysocialservices.org

Name: Andy Eastwood
Address: WellSource, 235 S. Eisenhower Ave.
City & Zip Code: Mason City, 50401
County: Cerro Gordo
Phone: 641-424-2075x235
E-mail: eastwood@wellsourcehealth.org

Name: Ellen Ritter
Address: Heart of Iowa Community Services
114 N Chestnut St.
City & Zip Code: Jefferson, 50129
County: Greene
Phone: 515-336-4864
E-mail: eritter@co.greene.ia.us

Name:
Address:
City & Zip Code:
County:
Phone:
E-mail:

Attachments

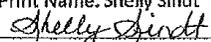
See “Request to Provide Direct Service” and “Verification of Agency Intent and Compliance” (PDFs) attached with the Area Plan.

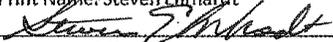
Authorized Signatures

Name of Area Agency on Aging: Elderbridge Agency on Aging
Street Address: 22 N. Georgia Ave. Ste. 216
City, State, Zip Code: Mason City, Iowa, 50401

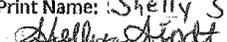
Type of Agency: Public Non-profit
Date of Area Agency on Aging Designation: 1974

AUTHORIZED SIGNATURES FOR FUNDING APPLICATIONS AND CONTRACTS

Print Name: Shelly Sindt

Signature of Executive Director
3/17/17
Date Signed

Print Name: Steven Ehrhardt

Signature of Chair, Governing Body
3-17-17
Date Signed

AUTHORIZED SIGNATURES FOR FISCAL REPORTS

Print Name: Shelly Sindt

Signature of Executive Director
3/17/17
Date Signed

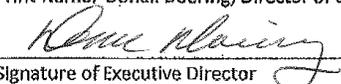
Print Name: Steven Ehrhardt

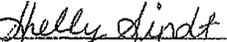
Signature of Chair, Governing Body
3-17-17
Date Signed

Print Name: Sherri Boedeker, Finance Director

Signature of Fiscal Staff
3/17/17
Date Signed

AUTHORIZED SIGNATURES FOR PROGRAM REPORTS

Print Name: Donell Doering, Director of Operations

Signature of Executive Director
3/17/17
Date Signed

Print Name: Shelly Sindt, Chief Executive Officer

Signature of Title
3/17/17
Date Signed

Grievance Procedures

Elderbridge believes that all grievances related to service provision should be resolved as fairly and as quickly as possible.

Members of the public may call the Human Resources Department at 1-800-243-0678, Ext 7056 to receive information on the agency's grievance procedure including a written copy of our grievance form and process. This is also on our website under contact information, and is posted on the bulletin boards at our four office locations for the public to view.

All new consumers that receive Elderbridge Services such as Case Management, LLL (Options Counseling) and Elder Rights receive a copy of our "Notice of Privacy Practice and Individual Rights." This 4 page document provides information on Written Authorizations, Exceptions to Written Requirements, Consumer Rights, (Including filing a complaint) and a Signature Page, for the consumer to sign acknowledging that they have received a copy of this document.

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

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

NUTRITION SERVICES

Agency staff reviewed the following Nutrition Services information entered into SAMS and verifies that the information is current as of **5/5/2017**.

Nutrition Services information to be verified for accuracy includes:

- Location: Name, Street Address, City, Zip
- Frequency

Elderbridge staff reviewed the location and frequency information of all nutrition services entered into SAMS on 3/24/2017 and determined what information was inaccurate and needed to be removed. This information will be removed from SAMS as soon as we receive technical assistance to do so. At that time, we will be able to verify that the information is current. Anticipated date is 5/05/2017.

SERVICE PROVIDERS OF OAA SERVICES

Agency staff reviewed the Service Provider information entered into SAMS and verifies that the information is current as of **5/5/2017**.

Elderbridge staff reviewed the service provider information entered into SAMS on 3/24/2017 and identified information that was inaccurate and needed to be removed. This information will be removed from SAMS as soon as we receive technical assistance to do so. At that time, we will be able to verify that the information is current. Anticipated date is 5/05/2017.

Senior Centers and Focal Points

A focal point means a facility established to encourage the maximum collocation and coordination of services for older individuals. When designating focal points for older adults, Elderbridge looks for facilities that are natural gathering places, are visible and accessible, and offer two or more Elderbridge funded services. Elderbridge also determines appropriateness of focal points if they can provide office space for community service providers to meet with older clients, can provide information about services and resources, and offer various events and activities of interest to older adults.

Agency staff reviewed the Senior Center and Focal Point information entered into SAMS and verifies that the information is current as of **5/5/2017**. Elderbridge staff reviewed the senior center and focal point information entered into SAMS on 3/24/2017 and determined that new information needed to be added. This information will be added from SAMS as soon as we receive technical assistance to do so. At that time, we will be able to verify that the information is current. Anticipated date is 5/05/2017.

Emergency Plan Summary

Elderbridge Agency on Aging has established an emergency management plan that provides for preparation and timely recovery in the event of an emergency or natural disaster. The major objectives of the plan are to protect the assets and information of the Agency, the well-being and safety of its employees as well as to provide for the continuation of the essential services to its clients. Each Elderbridge office has a lead emergency coordinator and an emergency response team that is responsible for the preparation, recovery, and coordination of the Elderbridge essential functions and services prior to and following an emergency.

Essential services include case management, nutrition, and information.

When a State of Emergency has been declared, the CEO will activate the emergency management plan by first contacting the lead emergency coordinator in each office affected by the declared emergency along with the essential service coordinators. The CEO will then contact the Iowa Department on Aging, Iowa Association of Area Agencies on Aging, and the Elderbridge Board of Directors.

In addition to ensuring that the essential services will be delivered, Elderbridge will provide the following expanded or disaster services either from our offices or from the disaster recovery center. These services include; information and referral services, assistance in completing FEMA or other financial assistance forms, referrals to appropriate agencies for safe housing, food, clothes, and more, referrals to options counseling or case management, and access to Long Term Recovery Committees.

After the emergency management plan is activated, the Elderbridge lead office emergency coordinator will monitor the FEMA and Homeland Security websites to determine where disaster recovery centers will be set up. Elderbridge disaster volunteers will be contacted to help at the centers.

Elderbridge is actively participating with voluntary non-profit groups, faith based organizations, and numerous other organizations active in disaster services including county sheriffs, local emergency management coordinators, American Red Cross, FEMA, RIO, and the Iowa Disaster Human Resource Council. Elderbridge is a member of three existing Long Term Recovery Committees (LTRC) operating with the 29-county service area: Floyd County LTRC, Cerro Gordo Disaster Coalition, and the North Central Iowa LTRC. Elderbridge staff participate in emergency management meetings and activities. They also participate in Community Emergency Response Trainings (CERT) and Community Organizations Active in a Disaster (CO-AD) and attend monthly homeland security meetings. In order to respond in a comprehensive and coordinated effort to an emergency, Elderbridge is committed to training its staff and participating in area and local training exercises. The agency emergency response team members participate in local and state disaster preparedness training when available.

Amy Simpson

From: Amy Simpson
Sent: Wednesday, May 03, 2017 4:06 PM
To: 'John.Wills@legis.iowa.gov'; 'megan.hess@legis.iowa.gov';
'dan.huesman@legis.iowa.gov'; 'skylar.wheeler@legis.iowa.gov';
'tedd.gassman@legis.iowa.gov'; 'Terry.Baxter@legis.iowa.gov';
'helen.miller@legis.iowa.gov'; 'Mike.Sexton@iowa.legis.gov';
'gary.worthan@legis.iowa.gov'; 'Brian.Best@legis.iowa.gov';
'Steven.Holt@legis.iowa.gov'; 'cde1.baudler@legis.iowa.gov';
'david.johnson@legis.iowa.gov'; 'randy.feenstra@legis.iowa.gov';
'dennis.guth@legis.iowa.gov'; 'Tim.kraayenbrink@legis.iowa.gov';
'mark.segebart@legis.iowa.gov'; 'jason.schultz@legis.iowa.gov';
'jake.chapman@legis.iowa.gov'; 'jerry.behn@legis.iowa.gov';
'waylon.brown@legis.iowa.gov'; 'amanda.ragan@legis.iowa.gov'; 'Steckman, Sharon
[LEGIS]'
Subject: Public Hearing - Elderbridge Agency on Aging
Attachments: Public Hearing Agenda May 2017.docx

Good Afternoon:

You are invited to attend a Public Hearing concerning the Area Plan for fiscal year 2018-2021 for Elderbridge Agency on Aging. The Hearing will be on May 24, 2017 at 10:00 a.m. in the Fort Dodge office. Please see the attached agenda for location address.

Thank you.

Amy B. Simpson
Executive Assistant



22 N. Georgia, Suite 216 | Mason City, Iowa 50401
641.424.0678 ext. 7049 | 800.243.0678 | asimpson@elderbridge.org | www.elderbridge.org

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- [Contact Info](#)

Central Services Committee Meeting Agenda - August 18, 2016

Central Services Committee Meeting Agenda - January 10, 2017

Central Services Committee Meeting Agenda - April 11, 2017

Fundraising Committee Meetings

Fundraising Committee Meeting Agenda - May 2016

Executive Committee Meetings

Executive Committee Meeting Agenda - December 1, 2016

Executive Committee Meeting Agenda - December 13, 2016

Public Hearings

Public Hearing Meeting Notice - February 14, 2017

Public Hearing Meeting Notice - May 24, 2017

Advisory Council Meetings

Elderbridge Advisory Council Meeting Agenda - May 25, 2016

Elderbridge Advisory Council Meeting Agenda - August 24, 2016

Elderbridge Advisory Council Meeting Agenda - October 26, 2016

Elderbridge Advisory Council Meeting Agenda - February 22, 2017



Public Hearing Agenda

**Elderbridge Agency on Aging
SFY 2018-2021 Area Plan**

Wednesday, May 24, 2017, 10:00 am

**Elderbridge Agency on Aging
308 Central Avenue
Fort Dodge, Iowa**

10:00 am Welcome/Introductions

- **Purpose of Hearing**
- **Review of Mandatory Services**
- **Review of Priority Services**
- **Presentation of the Proposed SFY 2018-2021 Area Plan**
- **Request to Provide Nutrition Counseling and Evidence Based Health Activities as Direct Services**
- **Questions/Comments**

10:30 pm Adjournment

www.elderbridge.org

22 N. Georgia, Ste. 216
Mason City, IA 50401
Phone: (641) 424-0678

308 Central Ave.
Fort Dodge, IA 50501
Phone: (515) 955-5244

603 N. West Street
Carroll, IA 51401
Phone: (712) 792-3512

714 10th Ave. East
Spencer, IA 51301
Phone: (712) 262-1775

Elderbridge Agency on Aging
 May 24, 2017
 Public Hearing on SFY 2018-2021 Area Plan
 Attendance Sheet

Name	Address	Affiliation
1. Annette Petersen		Elderbridge
2. Clinton Foyde	Pocahontas	Elderbridge
3. Amy Siper	Mesquite	Elderbridge
4. (Patricia) Kitzmann	Dakota City	Elderbridge
5. Dawn Dav	O'Brien	
6. Wilma Stearns	Early - Sac Co.	Elderbridge Board
7. Joan Tiffney	Lincoln Co	Elderbridge, ^{Adv.} Council
8. Susan Oswald	Emma - Audubon Co	" "
9. Betty Knudsen	Coon Rapids - Guthrie City	" "
10. Mylene Gray	Britt - Hancock Co	" "
11. Ann Louie	Belmond - Wright	" "
12. Joene Bohlman	205 Iowa Dr. Manning, Iowa	" "
13. Sandy Chilson	4125 S. Broad St Stacyville	Elderbridge
14. Carl Kneib	514 E South St. Algona	"
15. Ruth Bule	FC, IA	Elderbridge Adv. Council
16. Pat Rubendall	501 Municipal - Sully	Elderbridge Adv. Council
17. Maureen Sandberg	Box 5, Gracettown, IA	Elderbridge Adv. Council
18. Helen Miller	P.O. Box 675, Ft. Dodge	Ia House of Reps
19. Leane Sadle	820 13th Ave Manson	Elderbridge Adv. Council
20. Shelly Lindt	Astoria, IA	Elderbridge
21. Becky Koppin	749 2nd St., Webster City	RSVP
22. Doris Deering		



Public Hearing Notes
Elderbridge Agency on Aging SFY 2018-2021 Area Plan
Wednesday, May 24, 2017

Summary of comments/questions:

- The need for AAAs to request permission to provide direct services was explained and discussed.
- The definition of evidence-based health activities was asked to be explained. Staff responded.
- The source of funding for evidence-based health activities was asked.
- A comment was made by an individual in the audience about participating in a Tai Chi class and how helpful that class was to her. Discussion continued.
- A question concerning who to contact to schedule an evidence-based health activity was asked.
- A question was asked about the training needed by staff to facilitate these activities. Staff explained.