



IOWA DEPARTMENT ON AGING
510 E 12TH ST., STE. 21 | DES MOINES, IA 50309 | IOWAAGING.GOV

Signed Verification of Agency Intent and Compliance

Agency Name: **Elderbridge Agency on Aging**

(AAA) accepts full authority and responsibility to develop and administer the SFY 2020 Update to the SFY 2018 - 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://iowaaging.gov/area-agencies-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 Health and 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://iowaaging.gov/area-agencies-aging/area-plan-aging-guidance>. References to "agency" in the Standard Terms and Conditions means the Iowa Department on Aging. 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://iowaaging.gov/area-agencies-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 <https://iowaaging.gov/area-agencies-aging/area-plan-aging-guidance>. 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.



IOWA DEPARTMENT ON AGING
510 E 12TH ST., STE. 21 | DES MOINES, IA 50309 | IOWAAGING.GOV

Signed Verification of Agency Intent and Compliance

The **Advisory Council** has reviewed and commented on the SFY 2020 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2020 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

Marlene Gray

NAME OF ADVISORY COUNCIL SIGNER

Marlene A. Gray

Digitally signed by Marlene A. Gray
DN: cn=Marlene A. Gray, o=Elderbridge Agency on
Aging, ou, email=gmgray@comm1net.net, c=US
Date: 2019.03.04 10:43:08 -06'00'

ADVISORY COUNCIL SIGNATURE

The **Governing Body** has reviewed and approved the SFY 2020 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2020 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

Paula Harms

NAME OF GOVERNING BODY SIGNER

Paula Harms

Digitally signed by Paula Harms
Date: 2019.03.12 12:31:23
-05'00'

GOVERNING BODY SIGNATURE

The **Executive Director** has reviewed and approved the SFY 2020 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2020 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

Shelly Sindt

NAME OF EXECUTIVE DIRECTOR

Shelly Sindt, CEO

Digitally signed by Shelly Sindt,
CEO
Date: 2019.02.21 10:15:17 -06'00'

EXECUTIVE DIRECTOR SIGNATURE

Elderbridge Agency on Aging PSA 1

SFY 2020 Area Plan on Aging Update
Area Plan on Aging SFY 2018 – 2021



Plan Effective Dates: July 1, 2018-June 30, 2021
Plan Update: July 1, 2019

Elderbridge Agency on Aging Update	3
Goal 1: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older Iowans.	5
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.	11
Goal 3: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.....	16
Section 2: Performance and Service Projections.....	28
Performance Outcome & Fiscal Year Targets	28
SFY 2020 Projected Older Americans Act Consumers and Service Units	34
Self-Direction Service Delivery	36
Service Coverage	38
Area Plan Service Waiting List.....	48
Section 3: Quality Management	49
Section 4: Public Input	50
Public Hearing Requirements.....	51
Governing Body	52
Advisory Council	54
LifeLong Links Advisory Council	58
ATTACHMENTS.....	59
Staffing and Volunteer Information	62
Nutrition Services, Service Providers, and Senior Center/ Focal Points	62
Emergency Plan Summary.....	63
Direct Service Requests.....	64

Elderbridge Agency on Aging Update

To date in SFY2019, Elderbridge has accomplished and/or made progress on many of the strategic activities listed in the Area Plan. Overview of accomplishments this past year include strengthening of the Service Specialist position which was created to allow more flexibility for staff to move back and forth in program areas where demand is needed. Staff training and development has been a major focus this past year to include Elsevier, AIRS, Motivational Interviewing, and Mediation training. Area Plan outreach and marketing strategies have resulted in a redesign of the Agency's brand which included a new logo and tagline development and marketing launch, adding public relations/fundraising specialists, greater emphasis on social media marketing, and more connections with local stakeholders. Staff involvement in county interagency groups has increased this year, resulting in more referrals to LifeLong Links, Case Management and Elder Rights.

Additional accomplishments or activities being planned this year include continuing to support the Client Safety Teams in Mason City, Fort Dodge, and Spencer and developing a new team in the Carroll region. Caregiver Support Groups are being facilitated in Mason City, Fort Dodge, Spencer, and Carroll. A Caregiver Conference, in collaboration with NEI3A, will be held in the Fort Dodge region in May 2019. A new respite delivery method was piloted this year with two respite providers through a respite voucher payment mechanism. Our falls prevention evidence-based health activities continue to be through Matter of Balance, Stepping On, and Tai Chi for Arthritis. Elderbridge Alliance, 501©3 private pay entity, also continues to grow, serving 18 clients during SFY 2018 and 10 so far in SFY 2019.

Ongoing funding challenges to meet the needs of those at risk of losing their independence resulted in continued efforts to establish new opportunities for Elderbridge to strengthen partnerships and generate additional funding streams. Elderbridge has ramped up identifying and pursuing grant opportunities and outreach to partners to develop collaborative approaches for meeting gaps in services identified in the Area Plan. The Benefits Enrollment Center 18 month grant continues to be a collaborative program with NEI3A and County Social Services that will enhance our LifeLong Links program and dramatically increase our reach to low-income Medicare beneficiaries. Elderbridge intends to apply for another grant through NCOA to continue the project. Elderbridge also received over \$300,000 in grant awards and private donations in SFY2018. We anticipate exceeding this amount during SFY2019. We have also expanded our fundraising efforts to generate diverse funding sources and will have our first Annual Fundraiser event in June of this year.

Educating Elderbridge stakeholders on activities or issues that could impact service-delivery, funding, or Area Plan objectives remains a priority. Regular contact is made with state legislators, providers, and funders through our newsletter, website, social media, and one-on-one visits. Elderbridge management staff visited each county board of supervisors this past fall to present our annual report and share aging issues pertinent to their respective counties. Management staff are participating in local legislative forums this late winter/early spring to

share the i4a Policy Agenda. The Elderbridge CEO will be traveling to Washington DC in March 2019 for the n4a Policy Briefing and to do grassroots advocacy with our Federal Legislators.

Initiatives planned for SFY 2020 include a continued commitment to data collection and data management, which helps us evaluate our services, plan for future consumer needs, and review the effectiveness of internal operations. Lean procedures have been reinforced along with increased monitoring and training of staff. Service Specialists will receive training in AIRS, Mental Health First Aid, disability benefits and social security. Elderbridge will continue to strengthen existing partnerships and develop new ones this coming year through increased participation in county provider meetings, development of a pilot Return to Community initiative in the Spencer region, and continued exploration of new grant opportunities and fundraising opportunities. The Return to Community Initiative is being planned with the Spencer Hospital, Spencer Community Health, Avera Medical Clinic, and local skilled nursing facilities to improve health outcomes, delay the need for long-term care, and slow the slide on to Medicaid funded health care. Care transitions support will be provided for up to 90 days after an institutional stay and will be referred for Case Management services if long-term support is needed. And, Elderbridge will continue to develop the caregiver respite voucher service delivery method.

Building donor relations and developing our volunteer base are planned activities this current and coming fiscal year. Events planned include a family caregiver conferences, an annual fundraiser event, launching a fee-for-service mediation program, Ready, Set, Retire workshops, World Elder Abuse Awareness Day programs, and numerous benefits enrollment sessions. Lifelong Links and Public Relations staff will increase visibility with social media, updated flyers and press releases, group presentations, distribution of brochures, booths and in-services. Fred Pryor Training seminars and webinars will be utilized by all staff for continuing skill development.

The Elderbridge Dietitian continues to provide nutrition education through Fresh Conversations, the agency newsletter, social media, and the agency website. Nutrition Counseling is offered to high-risk consumers, and follow-up visits are completed to determine if health has improved. Agency program staff will establish criteria to trigger additionally needed service referrals. Elderbridge will enable Older Iowans to remain in their own residence and community of choice by addressing food insecurity through grant funding for emergency shelf stable meals, SNAP access, linkage to the Iowa Food Bank, and the Senior Farmers Market Program. The Fresh Conversations program continues with 30 current sites and volunteer outreach and training to help expand it further. The agency participated in the Fresh Produce Box program in FFY2018 but did not apply for funding for SFY2019 as the outcomes did not justify the effort or expense of running the program. Elderbridge intends to add Caregiver home-delivered meals as a funded service in SFY2020 as a new strategy to expand home-delivered meals and caregiver support services.

Elderbridge remains committed to the delivery of our 4 year Area Plan for SFY2020 without any major changes, additions, or removal of service planned not addressed above.

Section 1: Update on Strategies to Achieve 2018-2021 Goals

Goal 1: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older Iowans.

Prioritized Service Gaps

Elderbridge Agency on Aging completed a review on January 9, 2019, of identified service gaps and priority. They remain the same. A needs assessment was conducted on February 8, 2017, to identify and prioritize service gaps to address during the plan period.

Elderbridge also completed a second needs assessment in October 2017 to identify and prioritize service gaps. Methods used to identify service gaps includes work sessions with our LLL Advisory Committee, Advisory Council, and Board of Directors. No changes to the prioritized service gaps were made as the result of the work sessions.

Methods used to identify service gaps were; Wellsky implemented during FY17, data obtained from 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 continue to rise. Staff are undertrained.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Number of fully trained EAPA staff
- # EAPA referrals from DHS
- # Referrals made to Iowa Legal Aid
- # EAPA consumer cases opened in targeted counties

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. 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	No	In Progress

Current Strategies	Revised or New Strategy?	Status
Department of Justice and the National Clearing House of Abuse in Later Life		
2. 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.	No	Completed FY18 and FY19
3. ER staff will study and test to become certified "Information & Referral Specialists for Aging and Disability" (CIRS-AD).	No	Completed FY19
4. 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.	No	Completed FY19
5. 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.	No	In Progress
6. Will contact Legal Aid to request presentations to educate all staff on services provided.	No	Completed FY19
7. Will contact the Office of Substitute Decisions Making and request training on their role and how they can assist with cases.	No	Completed FY19
8. 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.	No	Completed FY19

Update on Strategy Activities to Date

- EAPA program staff have reached out to and developed communication plans with DHS officials to contact. A similar process occurred with local legal aid office/staff.
- Elderbridge has EAPA program staff and staff in other programs trained in Mediation. Plans are for expansion of mediation services yet this fiscal year.
- Elderbridge Service Specialists are either trained or certified in AIRS-Alliance of Information and Referral Services.
- Elderbridge Options Counselors have all completed Elsevier Person Centered training as required by the State. New hires are expected to complete within the first 30 days of employment.

- Staff attended a one-day training on Mental Health First Aid. New hires will be attending this training too.
- CADER is no longer being used as a training option for Elderbridge Staff. Instead, we are using Elsevier, as this is the state-approved training for Options Counselors.

Strategy Activities Planned for SFY 2020

- Investigate The National Adult Protective Services Association (NAPSA) training curriculum and certification to determine if our program meets their eligibility requirements.
- Continue to strengthened partnerships with Legal Aid, DHS, OSD for training opportunities for our staff.

SERVICE GAP #2: Veteran services, financial institutions, DHS, and law enforcement in select counties are unaware of the elder rights program.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Community presentations
- # Agency in-services
- # EAPA consumer cases opened/closed
- # EAPA consumer cases opened in targeted counties
- # Referrals to EAPA
- # Public awareness events

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Training the new Elder Rights staff to provide community presentations.	No	In Progress
2. ER Staff will provide ER program presentations for veteran organizations and financial institutions to include banks and/or credit unions, DHS and Law Enforcement.	No	In Progress
3. 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.	No	In Progress

Current Strategies	Revised or New Strategy?	Status
4. 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.	No	In Progress
5. Elderbridge will update the ER brochure, and other media material's to educate others on the ER program and Elder Abuse further.	No	Completed FY18
6. 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.	No	Completed FY19
7. Elder Rights staff will plan and coordinate local World Elder Abuse Awareness Day activities to prompt community awareness.	No	In Progress
8. 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.	No	In Progress
9. ER staff will explore the possibility of starting a SALT (Seniors and Law Enforcement Together) in Spencer and Ft. Dodge service area.	No	In Progress

Update on Strategy Activities to Date

- Elder Rights Staff are facilitating Client Team Safety Meetings in three office locations (Mason City, Spencer, and Ft. Dodge) with plans to expand to the Carroll area.
- Utilize Public Relations and Marketing staff to post articles on social media and website.
- Elder Rights program staff are working on an Elder Abuse Conference in the Mason City area.
- Elder Rights program staff held activities in conjunction with World Elder Abuse Awareness Day in June at local community providers to promote EAPA program and provide education and information. These events are advertised with local radio/media venue in conjunction with Agency social media accounts.
- Elderbridge has EAPA program staff and staff in other programs trained in Mediation. Plans are for expansion of mediation services

Strategy Activities Planned for SFY 2020

- Target counties for outreach that have not had referrals.

- Hold World Elder Abuse Awareness Day programs in Mason City, Ft. Dodge, Spencer annually.
- Expand outreach to VA and financial institutions this fiscal year.
- Hold an Elder Rights Seminar to promote the program and focus on the needs of seniors to that program.

SERVICE GAP #3: Multidisciplinary (MDT) meetings with community agencies targeted at 60 years or older is limited or non-existent.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- Number of new client safety team groups established
- Membership in client safety team groups
- EAPA representation in county provider groups
- Partnerships established

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. 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.	No	Completed FY19
2. ER staff in Fort Dodge will attend and observe the operation of the Spencer and Mason City safety meetings.	No	Completed FY19
3. 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.	No	Completed FY19
4. 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.	No	Completed FY19
5. 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.	No	Completed FY19
6. ER staff will develop networks and reciprocal relationships with community providers,	No	In Progress

Current Strategies	Revised or New Strategy?	Status
coworkers, and with the Mental Health and Disability Service (MHDS) regions, banks and credit unions.		
7. ER staff in Fort Dodge will, after several successful safety meetings, explore the possibility of a safety meeting in the Carroll office.	No	In Progress

Update on Strategy Activities to Date

- EAPA program staff are in the process of developing a client safety team meeting in the Carroll service area; staff are reaching out and developing provider relationships.
- Staff in this program have expanded outreach and speaking engagements in their service communities. Staff are conducting Safety Meetings at 3 office locations: Spencer, Ft. Dodge, Mason City and plan to develop on in the Carroll Service area.

Strategy Activities Planned for SFY 2020

- Develop a Safety Meeting in the Carroll service area.
- Expand outreach to underserved counties to promote the program.

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.

Prioritized Service Gaps

Elderbridge Agency on Aging completed a review on January 9, 2019, of the service gaps and priorities. They remain the same. A needs assessment was conducted on February 8, 2017, to identify and prioritize service gaps to address during the plan period.

Methods used to identify service gaps were; WellSky implemented during FY17, 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. Elderbridge also completed a second needs assessment in October 2017 to identify and prioritize service gaps. Methods used to identify service gaps includes work sessions with our LLL Advisory Committee, Advisory Council, and Board of Directors. No changes to the prioritized service gaps were made as the result of the work sessions.

SERVICE GAP #1: Life Long links staff are undertrained.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Number of LLL staff completing mental health, motivational, and disability training
- # I&R Specialists AIRS certified
- # LLL referrals to DHS
- # DHS referrals to LLL

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. 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 training)	No	In Progress
2. 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 other mental health training.	No	Completed FY19

Current Strategies	Revised or New Strategy?	Status
3. LLL staff will study and test to become certified "Information & Referral Specialists for Aging and Disability" (CIRS-AD).	No	In Progress
4. LLL staff will participate in Motivational Interviewing. Learning methods that work on facilitating and engaging motivation to prompt changed behavior with the consumers served.	No	Completed FY19
5. LLL staff will participate in disability benefits and social security training.	No	Completed FY19
6. Elderbridge will coordinate with DHS to have a Point of Contact or procedure to resolve consumer questions about DHS applications.	No	Completed FY19

Update on Strategy Activities to Date

- Elderbridge has EAPA program staff and staff in other programs trained in Mediation. Plans are for expansion of mediation services yet this fiscal year.
- Elderbridge Service Specialists are either trained or certified in AIRS-Alliance of Information and Referral Services.
- Elderbridge Options Counselors have all completed Elsevier Person Centered training as required by the State. New hires are expected to complete within the first 30 days of employment.
- Staff that did not attend Mental Health First Aid have completed this one-day training. New hires will be attending this training too.
- CADER is no longer being used as a training option for Elderbridge Staff. Instead, we are using Elsevier, as this is the state-approved training for Options Counselors.
- There are additional staff including some recently hired that will be trained in Motivational Interviewing.
- Plans are to provide additional training for disability benefits and social security.

Strategy Activities Planned for SFY 2020

- Expand mediation services; train new hires to meet state required minimum (Elsevier), AIRS, Mental Health First Aid, Motivational interviewing; any existing staff who have not been trained will receive additional opportunities.
- Fred Pryor Seminars will be utilized for training opportunities for all staff.

SERVICE GAP #2: Mental health and disability agencies, DHS, and law enforcement are unaware of all services offered through LLL.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Referrals to LLL made from MHDS agencies, DHS, and law enforcement
- # Completed Benefits Check-Up
- # Completed applications for benefits assistance programs
- # Increased referrals from targeted counties
- # Postings on social media
- # Outreach activities targeting providers

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Increase LLL articles in our monthly Renaissance newsletter.	No	Completed FY19
2. Increase presentations for Mental Health and Disability Agencies, DHS and Law Enforcement.	No	In Progress
3. Develop and implement an outreach and marketing plan.	No	In Progress
4. 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.	No	Completed FY19
5. Identify target counties including; Audubon, Calhoun, Crawford, Emmet and more to deliver LLL presentations to increase awareness and encourage referrals to contact LLL.	No	In Progress
6. Plan and set up a process of educating service providers on LLL.	No	In Progress
7. Increase LLL visibility on social media sites.	No	In Progress
8. Request to participate in multidisciplinary meetings that DHS conducts on the same population LLL serves.	No	Completed FY19

Update on Strategy Activities to Date

- LLL Staff are being asked to complete outreach and provider contacts on a weekly basis and follow up to schedule an in-service, presentation, training or other activities to expand outreach and recruit clients.
- LLL Staff has increased efforts to reach and assist clients that are Medicare eligible older adults and individuals with disabilities.

Strategy Activities Planned for SFY 2020

- Expand outreach to underserved counties in our service area, including presentations, distribution of brochures, booths, in-services.
- Work with Public Relations and Marketing staff to increase visibility with Social Media, update flyers and press releases in addition to TV/Radio venues.

SERVICE GAP #3: High nutrition risk consumers are not receiving services that address their risks.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Number of referrals to the dietitian by agency staff.
- # Number of referrals to the dietitian by non-agency aging/health professionals.
- # Number of nutrition counseling mentions in agency print/electronic messaging.
- # Number of nutrition counseling service units provided.
- # Number of follow-up service units provided.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Market nutrition counseling through our monthly newsletter.	No	In Progress
2. Plan and deliver nutrition counseling presentations.	No	In Progress
3. Develop print materials to distribute where seniors gather.	No	Completed FY18-19
4. Increase nutrition counseling visibility on social media sites.	No	In Progress
5. Develop and implement a strategy to engage caregivers, case-workers and health professionals to help in identifying, referring and encouraging individuals that could benefit from nutrition counseling.	No	In Progress
6. 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.	No	In Progress

Current Strategies	Revised or New Strategy?	Status
7. Elderbridge’s licensed registered dietitian will: 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.	No	In Progress
8. Agency program staff and LLL will establish criteria to trigger additional service referrals.	Yes	In Progress
9. Elderbridge’s licensed registered dietitian will: Provide high-risk consumers receiving counseling with follow-up risk questions at subsequent visits to determine if health has improved.	No	In Progress

Update on Strategy Activities to Date

1. For the agency newsletter, the agency dietitian is writing one or two line leading type questions regarding readers’ nutritional habits/status. The purpose is to get readers to think about the possibility and/or benefit of seeking nutrition counseling.
2. The agency dietitian has been conducting “Ask the Dietitian” sessions at meal sites. The sessions provide an opportunity for interested individuals to schedule one on one time with the dietitian for counseling.
3. Print materials from the agency and some co-developed with IDA are available at the meal sites.
4. The agency dietitian is working with agency development and marketing personnel to include nutrition-programming material on social media platforms.
5. This strategy is in progress; there are changes to the AAA Reporting Manual.
6. The agency’s dietitian is providing counseling to clients with chronic health conditions as requested.
7. The agency’s dietitian provides clients with preventative counseling on dealing with allergies, weight management, meal planning, and fixed budget shopping as requested.
8. This strategy in parenthesis has been revised because relying on the senior nutrition workgroup to identify the triggers for other services is unrealistic. *(Elderbridge’s licensed registered dietitian will work with the senior nutrition workgroup to create a trigger identifier for at-risk seniors to notify LLL of seniors who can benefit from other Elderbridge services.)*
9. The Elderbridge dietitian has set up a follow-up calendar for clients receiving nutrition counseling.

Strategy Activities Planned for SFY 2020

- Criteria is being established to trigger additional service referrals.

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

Prioritized Service Gaps

Elderbridge Agency on Aging completed a review on January 9, 2019, of identified service gaps and priorities. They remain the same. A needs assessment was conducted on February 8, 2017, to identify and prioritize service gaps to address during the plan period.

Methods used to identify service gaps were; Wellsky implemented during FY17, 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), Elderbridge annual report, 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.

Elderbridge also completed a second needs assessment in October 2017 to identify and prioritize service gaps. Methods used to identify service gaps were; work sessions with nutrition staff, Advisory Council, and Board of Directors. No changes to the prioritized service gaps were made as the result of the work sessions.

SERVICE GAP #1: Food insecurity for seniors and adults with disabilities.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Number of homebound individuals receiving shelf-stable emergency meals.
- # Number of adults with disabilities receiving emergency meals.
- # Number of eligible seniors receiving and redeeming SFMNP checks.
- # Number of meal sites and consumers participating in Fresh Conversations.
- # Number of individuals assisted with SNAP applications.
- # Number of meal sites and consumers participating in Fresh Produce Box.
- # Number of meal sites increasing or maintaining participation

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Identify and apply for grant funding to provide emergency shelf stable meals for: 1-Homebound Iowans during meal site closures due to equipment or facility breakdowns or	No	In Progress

Current Strategies	Revised or New Strategy?	Status
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.		
2. Explore best practice and or process of distribution of emergency meals to homebound seniors and adults with disabilities.	No	In Progress
3. 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.	No	In Progress
4. Explore possibilities of mobile food pantries delivering food to seniors who are homebound and to those seniors with transportation barriers.	Yes	Completed FY19
5. Work with our congregate meal sites to promote outreach and help sign up qualifying older adults in SNAP.	No	In Progress
6. 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 apply for SNAP is their frustration with the application process.	No	In Progress
7. Administer the Senior Farmers Market Nutrition Program (SFMNP) in the service areas.	No	Completed FY19
8. Continue to participate in the Growing Bolder initiative, to reduce hunger and food insecurity among the population of older lowans.	Yes	Completed FY18-19
9. Publish food insecurity needs through articles in the agency newsletter and media sites.	No	In Progress
10. Explore potential partnership and funding through United Way (UW), which supports food insecurity projects.	No	In Progress
11. Increase nutrition education programs such as Fresh Conversations at congregate meals sites.	No	In Progress
12. Work with congregate meal sites to increase meal participation through event planning or	No	In Progress

Current Strategies	Revised or New Strategy?	Status
increased activities to draw more seniors to the meal sites.		
13-15. Develop new relationships with insurance companies, MCOs. Hospitals, and skilled nursing facilities to increase visibility and referral potential.	Yes	In Progress
16. Nutrition Director will seek out IDA nutrition workgroup for technical assistance on how Elderbridge can increase meal site participation and home-delivered meals.	No	In Progress

Update on Strategy Activities to Date

1. The agency applied for and received private grant funding to supply shelf-stable emergency meals to homebound seniors and adults with disabilities in fourteen counties. Additionally, the agency received public funding to supply severe weather disaster meals for nineteen counties.
2. The agency has experimented with multiple distribution methods for emergency meals. Whenever possible, direct shipping to consumers works best. It is the most costly, but the outcome is the quickest and most effective.
3. SNAP materials are available at all program meal sites. The agency coordinated with SNAP and Iowa Food Bank while distributing the Senior Farmers Market Nutrition Program checks
4. The strategy is not practical or realistic at this time and is discontinued.
5. SNAP materials are available at all program meal sites.
6. Life Long Links staff has SNAP information available to them to help clients with the application process.
7. Senior Farmers Market Nutrition Program was successfully administrated in all 29 agency counties.
8. The agency participated in the Growing Bolder (Produce Box) program through September 30, 2018. The agency did not apply for funding for the fiscal year 2019 because the outcomes achieved the previous year did not justify the effort or expense of running the program.
9. The agency dietitian is supplying food insecurity information for inclusion in the agency newsletter and social media sites. The Nutrition Director has spoken to several media outlets about the food insecurity and efforts to address it.
10. The Healthy Aging Program has met with the United Way representative to start discussions about food insecurity in the area.
11. The Fresh Conversations Program expansion continues. The program is offered at 30 agency meal sites. More sites will be added as Elderbridge obtains and trains volunteers.

12. The meal sites have been conducting special events, primarily around holidays or fundraising projects. Nutrition personnel are exploring and offering activity suggestions to site personnel during on-site program evaluations.
13. (13-15) These three strategies have been revised into one. Promotion and outreach to all these entities are constant, ongoing and conducted at every opportunity and at every level.
16. The topics of participation and revitalization are discussed and brainstormed at every state nutrition group meeting. The Agency participated in the IDA focus group sessions about these topics.

Strategy Activities Planned for SFY 2020

- Develop new relationships with insurance companies, MCOs, hospitals, and skilled nursing facilities to increase visibility and referral potential.
- Expand outreach efforts to local churches.
- Expand the Fresh Conversations Program into 3 additional sites.

SERVICE GAP #2: Increased opportunities to participate in evidence-based health activities including fall prevention will keep seniors safe in their home.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Annual number of Evidence-Based programs offered in the PSA.
- # Number of individuals participating in Evidence-Based programs.
- # Number of counties in PSA that have had Evidence-Based programs offered.
- # Number of individuals trained as volunteer Evidence-Based program leaders.
- # Number of Evidence-Based programs funded by participants and/or organizations receiving Evidence-Based programming.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. 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.”	No	In Progress

Current Strategies	Revised or New Strategy?	Status
2. 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.	No	Completed FY18
3. Increase Evidence-Based program articles in our monthly Renaissance newsletter.	No	In Progress
4. Plan and deliver Evidence-Based program activity presentations.	No	In Progress
5. Develop print materials to distribute where seniors gather.	No	In Progress
6. Increase Evidence-Based activities visibility on social media sites.	No	In Progress
7. Develop and implement a strategy to engage caregivers, caseworkers, and health professionals to help in identifying individuals that could benefit from the evidence-based activities we offer.	No	Completed FY18
8. 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.	No	In Progress
9. Consumers who are participating in Evidence-Based Health Activities will be asked for a contribution to these services.	No	In Progress
10. Increase reach to generating revenue care transition partnerships with hospitals and MCOs whose consumers can benefit from Evidence-Based Health Activities.	No	In Progress
11. Target counties including; Audubon, Calhoun, Cerro Gordo, Clay, Emmet, Floyd and more with opportunities to participate in Evidence-Based Health Activities.	No	In Progress
12. Pilot Tai Chi for Arthritis in Clay and Cerro Gordo County for an estimated 8-12 weeks for an hour and expand to other counties as capacity allows.	No	Completed FY19 and In Progress

Update on Strategy Activities to Date

1. The Master Trainer has conducted MOB coach training for 6 coaches and updates training for current coaches. Recruitment is ongoing.

2. The agency has reached out to other coaches and facilitators in the PSA; however, contracting has not been possible or necessary because the Agency's allotment of Title IIID funds is being absorbed internally.
3. Evidence-based programs and activities are being marketed in the newsletter, on social media and agency community presentations
4. Actively providing these services.
5. Boilerplate print materials are completed as necessary when rolling out evidence-based workshops in specific communities. The Agency marketing staff has incorporated the evidence-based programs in agency marketing material.
6. Evidence-Based information is included on social media sites either as direct content or through links.
7. This strategy has not been started and so far, has not been necessary. Consumers of concern or who could greatly benefit from the programs actively seek them out. Participation has been adequate without pursuing this strategy.
8. LLL staff has been coached on this process.
9. Participants are notified at the start of Evidence-Based programs that they will be asked to assign a value for the program at the end and give an appropriate donation to the program.
10. Programs in these counties have been conducted or in the planning stage.
11. Tai Chi has been completed in these counties.

Strategy Activities Planned for SFY 2020

- Continue to identify counties that will be targeted to receive evidence-based health activities.
- Increase the personal financial participation of participants in our activities.

SERVICE GAP #3: Caregivers caring for individuals with complex care needs are underserved with Elderbridge caregiver services.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Active caregiver support groups
- # Caregiver referrals received from underserved counties
- # Caregiver consumer cases opened/closed
- # Number of Caregiver consumers served by service
- # Partnerships established
- # Family Caregiver Conference events

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Continue to strengthen the two caregiver support groups offered in our PSA. One located in Mason City and the other in Spencer.	No	Completed FY19
2. Develop print materials to distribute where seniors gather.	No	Completed FY19
3. 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 is currently acting as a caregiver to an older family member or friend. Provide buffet style dinner and presentations to increase caregivers and services.	No	Completed FY19
4. Increase all Caregiver Services across the PSA by visibility on social media sites, articles in the newsletter and media outlets.	No	Completed FY19
5. Find and Coordinate with a Caregiver spokesperson for caregiver outreach who has shown interest in helping us with our outreach efforts.	No	Completed FY19
6. Research and establish caregiver support groups in the Ft. Dodge and Carroll areas.	No	In Progress
7. Create a caregiver brochure unique to Elderbridge.	No	Completed FY19
8. Research and develop partnerships with other caregiving agencies and organizations for additional access to resources and potential funding to support family caregivers.	No	Completed FY19
9. Plan, collaborate with community partners and implement one to two Family Caregiver Conferences each year to support and provide practical tools for caregivers.	No	Completed FY19
10. Continue to support and advocate for the Iowa Family Caregiver Network.	No	In Progress

Update on Strategy Activities to Date

- Elderbridge has increased Caregiver Support groups in Spencer (2) and Carroll Area(1) with plans in motion to expand 2 additional support groups in the Carroll service

area/surrounding counties. Currently have one support group in Mason City, 2 in Fort Dodge.

- A Caregiver Conference will be held May 2019 in partnership with NEI3A to promote the Caregiver program and educate/support caregivers in the North Central and Northeast counties. The location will be in Fort Dodge.

Strategy Activities Planned for SFY 2020

- Expand outreach in underserved counties.
- Develop additional support groups in the Elderbridge western service areas.
- Expand caregiver outreach for staff trained in the program.

SERVICE GAP #4: Older Iowans who have unmet needs are at risk of losing their independence.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # of times managers met to establish criteria for unmet needs/material aid
- # of consumers that meet with LLL who explained unmet needs/material aid criteria
- # of consumers requesting unmet needs/material aid funding to maintain independence
- # of grant awards received for unmet needs/material aid
- # of foundation and corporate donors sent proposals
- # of articles in the agency newsletter identifying unmet needs

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. 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.)	No	Completed FY18
2. Inform Consumers that requests must be medically necessary, maintains safety or independence and/or delay nursing home placement.	No	Completed FY18

Current Strategies	Revised or New Strategy?	Status
3. Collaborate with our community partners to identify other potential funding sources.	No	Completed FY18
4. Brainstorm potential sources of support including; past and present constituents, vendors that the agency does business with, past and present donors and more.	No	Completed FY 18-19 and in progress
5. Develop a fundraising program to include; annual and major gifts, planned giving and prospect research.	No	Completed FY 18-19 and in progress
6. Research foundation and corporate grantmakers and increase grant writing efforts.	No	Completed FY18 -19 and in progress
7. Identify needs and funding opportunities through recurring content sections of the agency newsletter.	No	Completed FY18-19 in Progress
8. Continue to develop Elderbridge Alliance targeted to the private pay market while providing an additional source of revenue to the Agency.	No	Completed FY18-19 In Progress

Update on Strategy Activities to Date

In FY19, Elderbridge hired a second Public Relations/Fundraiser Coordinator. Both staff members are developing a fundraising program that includes an annual event. Our Public Relations staff members are developing relationships with prospective donors to include hospitals boards, universities, and more. This is an on-going process. Our fundraisers have also collaborated with a law firm who handles Trusts, Wills, and Estates. The law firm has provided sponsorship for one of our caregiver events. The firm has also agreed to assist Elderbridge with locating legacy donors.

With the hiring of a second Coordinator/Fundraiser, the agency grant writer has been able to write more proposals. In FY18, Elderbridge received over \$300,000 in grant awards and private donations. \$56,200 of this funding was used for material aid, to help consumers with unmet needs.

Strategy Activities Planned for SFY 2020

- Continue to develop relationships with prospective donors
- Continue to write grants to help consumers with unmet needs
- Continue to plan and implement an annual fundraising event

- Continue to market Elderbridge Alliance services in order to generate revenue over expense
- Continue to identify needs through recurring content sections of the agency newsletter

SERVICE GAP #5: Non-Medicaid and pre-Medicaid population.

Indicators to gauge progress in addressing service gap

Agency is reviewing these indicators to determine whether progress is being made in addressing the service gap:

- # Number of non-Medicaid consumers
- # Number of pre-Medicaid consumers
- # Number of referrals received
- # Number of consumers admitted
- # Primary referral source
- # Number of Case Management Outreach activities

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1. Continue to develop Elderbridge Alliance targeted to the private pay market including non-Medicaid consumers	No	In Progress
2. Develop a case management program and process for non-and pre-Medicaid consumers.	No	Completed FY18
3. 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.	No	In Progress
4. By the end of FY20, 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 100 consumers served.	Yes	In Progress
5. Develop partnerships with local hospitals, insurance companies and/or MCO to provide services to reduce patient readmission.	No	Completed FY19
6. Explore and research the potential of Elderbridge becoming a Medicare provider.	No	Completed FY19

Current Strategies	Revised or New Strategy?	Status
7. Explore the possibility of becoming a Center for Medicaid and Medicare Services (CMS) medical nutrition therapy provider.	No	Completed FY19
8. Design and implement a Return to Community Initiative.	Yes	In Progress
9. Market Elderbridge Alliance to caregivers, hospital affiliates, ministerial associations, home health providers, discharge planners, public health	Yes	In Progress

Update on Strategy Activities to Date

- Last year Elderbridge Alliance served 18 clients. This year we have served 10 clients so far. Elderbridge is continuing to focus on marketing Elderbridge Alliance fee for service.
- Case Managers and public relations staff are doing public education through presentations, partnership collaborations, 1-1 visits and participating in county service provider groups.
- Ongoing outreach and education remain a priority to obtain referrals for the service of case management. As Elderbridge has become better known in our service area, our caseloads have increased. The outreach efforts have shown a positive effect on the number of referrals from community providers and partners.
- Our involvement with the Benefits Enrollment Center is one reason for the increased visibility of our services.
- Elderbridge’s Nutrition Director and Dietician have been reviewing the Center for Medicaid and Medicare Services (CMS) medical nutrition therapy provider eligibility requirements.
- This strategy has been revised from “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. This was an unrealistic strategy and has been revised to by the end of FY20; the PSA Case Management Service will increase the non-Medicaid or pre-Medicaid consumers being served to at least 10% or 50 of a projected 100 consumers served. We will continue this strategy. As of 12/31/18, we are serving 26 consumers.

Strategy Activities Planned for SFY 2020

- Elderbridge will implement a “Return to Community Initiative,” in collaboration with the Spencer Hospital, an affiliate of Avera Health Systems, and the Avera Medical Clinic to improve health outcomes. The target population will be those 60+ with complex health needs who are not covered by Medicaid. The goals will be to prevent acute hospitalizations and or emergency room visits or successfully transition from acute care to a home, or transition from a skilled care rehabilitation setting to home and community-based setting of their choice.

- Market Elderbridge Alliance to caregivers, hospital affiliates, ministerial associations, home health providers, discharge planners, public health, other service providers and county supervisors.
- Continue to market Elderbridge Alliance services in order to generate revenue over expense.
- Continue to provide public education and training, presentations, social media, news releases, bi-monthly newsletter and participate in county provider collaborative meetings to market Elderbridge Alliance fee for service.
- Continue increasing Case Management Services by 10% each FY.

Section 2: Performance and Service Projections

Performance Outcome & Fiscal Year Targets

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: Consumer is able to use information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/18/19	SFY 2020 Target
Percentage of EAPA Consultation consumers whose needs are met through provider referrals.	75%	34%	50%	100%	95%

Progress to date: This target has been met.

Performance Outcome: Consumer's abuse, neglect, or exploitation situation is resolved.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/18/19	SFY 2020 Target
Percentage of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed.	95%	71.4%	85%	43%	85%

Progress to date: The target has not been met yet. Efforts are in motion to close out cases in a timely manner.

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: Consumer received information appropriate to their need.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/18/19	SFY 2020 Target
Percentage of LifeLong Links callers indicating they received the information they were seeking.	85%	99.8%	95%	100%	95%

Progress to date: Target has been met.

Performance Outcome: Consumer-directed the interactive process to obtain guidance in their deliberations on making informed choices about long-term supports.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/18/19	SFY 2020 Target
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	85%	95.4%	95%	99%	95%

Progress to date: Target has been met.

Service(s): Nutrition Education and Nutrition Counseling

Performance Outcome: Consumers who are at risk for poor nutrition and health status receive information so that they have better health enhancing options.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/18/19	SFY 2020 Target
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	55%	45%	55%	38%	55%

Progress to date: Target has not been met yet. Training will continue with site personnel to review all nutritional risk screen answers, identify individuals considered at high nutrition risk, and determine what nutrition education topics would best address their needs.

Performance Outcome: Consumers who are at risk for poor nutrition and health status receive nutrition counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/18/19	SFY 2020 Target
Change in consumers receiving nutrition counseling from previous FY (percentage and number).	1,000% & 10	1,000% & 10	1,000% & 10	50% & 5	150% & 15

Progress to date: Target is on schedule for being met by the end of the fiscal year.

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

Service: Case Management

Performance Outcome: Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/18/19	SFY 2020 Target
Percentage of Case Management cases closed because case management service was no longer needed.	75%	80%	90%	100%	90%

Progress to date: Target has been met.

Performance Outcome: Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/18/19	SFY 2020 Target
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to a facility.	45	12.9	15	10	15

Progress to date: This target will be met.

Service(s): Congregate Meal and Home Delivered Meal

Performance Outcome: Congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/18/19	SFY 2020 Target
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	75%	72.12%	90%	72%	90%

Progress to date: This target will be met.

Performance Outcome: Home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/18/19	SFY 2020 Target
Of home-delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	75%	64.55%	85%	66%	75%

Progress to date: This target will not be met. We have reduced the SFY 2020 target to a more reachable percentage.

Service(s): Caregiver Counseling and Caregiver Respite Care

Performance Outcome: Caregivers receive the supports and services they need to continue to provide informal care to the care recipient.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/18/19	SFY 2020 Target
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	75%	96.6%	95%	100%	95%

Progress to date: Target has been met.

SFY 2020 Projected Older Americans Act Consumers and Service Units

3/19/2019

Report Form 3A-1

Iowa Department on Aging	Consumers	Rosters	Aggregate Services	FSRs	Reports	Help
--------------------------	-----------	---------	--------------------	------	---------	------

SHERRI.BOEDEKER@IOWAID

Successfully saved the IAFRS Form 3A-1 Report.

IAFRS Menu		Form 3A-1								
Save	Elderbridge Area Agency on Aging			FY 2020						
Validate	This report has NOT been finalized			Budget Report, Version 1						
Print										
Close										
SERVICE		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	4,050	200	195	12	3	50			
2: Homemaker	General Aging	6,500	325	315	15	5	80			
3: Chore	General Aging	1,000	100	98	2	1	25			
4: Home Delivered Nutrition	General Aging	200,000	2,115	2,100	25	6	525			
5: Adult Day Care / Health	General Aging									
6: Case Management	General Aging	325	75	72	1		18			
7: Congregate Nutrition	General Aging	240,000	4,625	4,500	40	10	1,125			
8: Nutrition Counseling	General Aging	15	15	15	1		3			
9: Assisted Transportation	General Aging									
10: Transportation	General Aging	35,000	500	480	50	15	125			
11: Legal Assistance	General Aging	425	350							
12: Nutrition Education	General Aging	10,275	2,340	2,250	35	8	575			
13: Information & Assistance	General Aging	3,250	3,000	2,950	30	8	850			
14: Outreach	General Aging	780	780							
A01: Material Aid: Home Mod/Repair	General Aging									
B02: HealthPromo: Non Evidence-Based	General Aging	725	425	420	4	1	110			
B04: Emergency Response System	General Aging	205	15	15	1		12			
B05: Behavioral Health Supports	General Aging	500	40	40	2		8			
B07: Health Promotion: Evidence-Based	General Aging	225	225	225	2	1	15			
CG7: EAPA Consultation	General Aging	75	15	14	1		12			
C08: EAPA Assessment & Intervention	General Aging	900	60	58	2	1	25			
D01: Training & Education	General Aging	300	5,500							
E05: Options Counseling	General Aging	2,250	575	50	6	1	300			
F06: MaterialAid: AsstTech Durable MedEquip	General Aging									
F07: Material Aid: Consumable Supplies	General Aging									
F08: Material Aid: Other	General Aging	1,975	225	222	4	1	200			
CG3: CG Counseling	Caregiver	30	30	30	1		10			
CG4: CG Information Services	Caregiver	45	4,550							
CG5: CG Respite	Caregiver									
CG6: CG Supplemental Services	Caregiver	75	15	15	1		5			
CG7: CG Home Delivered Nutrition	Caregiver	6,750	65	62	2		25			
CG8: CG Options Counseling	Caregiver	800	250	240	2	1	75			
CG9: CG Case Management	Caregiver	85	18	18	1		5			
CG10: CG Information & Assistance	Caregiver	800	600	575	5	1	475			
CG11: CG Support Groups	Caregiver	60	60	60	1		15			
CG12: CG Training	Caregiver	20	20	20	1		5			
CG13: CG Congregate Nutrition	Caregiver									
CG14: CG Emergency Response System	Caregiver	65	5	5	1		5			
CG23: CG RespiteCare: In-Home	Caregiver	3,500	50	45	1	1	12			
CG24: CG RespiteCare: Out-of-Home (Day)	Caregiver	2,500	35	35	5	1	10			

<https://ida-infosys.iowa.gov/StateAdmin/ReportForm3A1/1758>

1/2

CG25: CG Respite Care: Out-of-Home (Overnight)	Caregiver							
CG26: CG Respite Care: Other	Caregiver							
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 Nutrition	Caregiver							
GO8: GO Options Counseling	Caregiver							
GO9: GO Case Management	Caregiver							
GO10: GO Information & Assistance	Caregiver							
GO11: GO Support Groups	Caregiver							
GO12: GO Training	Caregiver							
GO13: GO Congregate Nutrition	Caregiver							
GO14: GO Emergency Response System	Caregiver							
GO23: GO RespiteCare: In-Home	Caregiver							
GO24: GO RespiteCare: Out-of-Home (Day)	Caregiver							
GO25: GO Respite Care: Out-of-Home (Overnight)	Caregiver							
GO26: GO Respite Care: Other	Caregiver							

Self-Direction Service Delivery

NOT APPLICABLE PER IOWA DEPARTMENT ON AGING GUIDANCE (IAOG 2018–A-06-1 1-15-2019)

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

OR

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

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

Services:

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

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

Caregiver Respite Voucher

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

OR

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

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

Item	Projection
Persons Served - Caregivers of Older Adults	#15
Does AAA intend to use the funding sources listed below to provide respite services for Caregivers of Older Adults through vouchers?	
OAA Title III E federal funds	<input checked="" type="radio"/> Y or <input type="radio"/> N
Other - State Expenditure	<input type="radio"/> Y or <input checked="" type="radio"/> N
Other - Non-State Expenditure	<input type="radio"/> Y or <input checked="" type="radio"/> N
Program Income Expended	<input type="radio"/> Y or <input checked="" type="radio"/> N
Persons Served - Older Relative Caregivers	# 0
Does AAA intend to use the funding sources listed below to provide respite services for Older Relative Caregivers through vouchers?	
OAA Title III E federal funds	<input type="radio"/> Y or <input type="radio"/> N
Other - State Expenditure	<input type="radio"/> Y or <input type="radio"/> N
Other - Non-State Expenditure	<input type="radio"/> Y or <input type="radio"/> N
Program Income Expended	<input type="radio"/> Y or <input type="radio"/> N

Service Coverage

Information & Service Assistance Services

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

	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Mandatory Services												
Case Management	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 Consultation	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
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Assistance: Information & Assistance (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Assistance: Case Management (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Counseling (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X

	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Optional Services												
Assistance: Information & Assistance (Older Relative Caregiver)												
Assistance: Case Management (Older Relative Caregiver)												
Counseling (Older Relative Caregiver)												
Options Counseling (Older Relative Caregiver)												

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
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Consultation	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
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Assistance: Information & Assistance (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Assistance: Case Management (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Counseling (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X

Optional Services	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Assistance: Information & Assistance (Older Relative Caregiver)												
Assistance: Case Management (Older Relative Caregiver)												
Counseling (Older Relative Caregiver)												
Options Counseling (Older Relative Caregiver)												

Mandatory Services	Sioux	Webster	Winnebago	Worth	Wright							
Case Management	X	X	X	X	X							
EAPA Assessment & Intervention	X	X	X	X	X							
EAPA Consultation	X	X	X	X	X							
Information & Assistance	X	X	X	X	X							
Legal Assistance	X	X	X	X	X							
Options Counseling	X	X	X	X	X							

Mandatory Services	Sioux	Webster	Winnebago	Worth	Wright							
Assistance: Information & Assistance (Family Caregiver)	X	X	X	X	X							
Assistance: Case Management (Family Caregiver)	X	X	X	X	X							
Counseling (Family Caregiver)	X	X	X	X	X							
Options Counseling (Family Caregiver)	X	X	X	X	X							

Optional Services	Sioux	Webster	Winnebago	Worth	Wright							
Assistance: Information & Assistance (Older Relative Caregiver)												
Assistance: Case Management (Older Relative Caregiver)												
Counseling (Older Relative Caregiver)												
Options Counseling (Older Relative Caregiver)												

Nutrition & Health Promotion Services

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

	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Mandatory Services												
Congregate Meals	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 & Disease Prevention	X	X	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
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

	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Optional Services												
Home Delivered Meal (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meal (Older Relative Caregiver)												

Services to Promote Independence

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

	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
Optional Services												
Adult Day Care / Health												
Assisted Transportation												
Behavioral Health Supports			X		X	X		X	X	X	X	
Chore	X	X	X	X	X	X	X	X	X	X	X	X
Emergency Response System	X	X	X	X	X	X	X	X	X	X	X	X
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
Training & Education	X	X	X	X	X	X	X	X	X	X	X	X
Transportation	X	X	X	X	X	X	X	X	X	X	X	X
Information Services (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Respite Care:	X	X	X	X	X	X	X	X	X	X	X	X
• In-home(day)												
• Out-of-home (day)												
• Out of home (overnight)			X		X	X		X	X	X	X	X
• Other												

Optional Services	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickinson	Emmet	Floyd	Franklin	Greene
(Family Caregiver)												
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other Equipment (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Support Group (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Training (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Information Services (Older Relative Caregiver)												
Options Counseling (Older Relative Caregiver)												
Respite Care (Older Relative Caregiver)												
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Older Relative Caregiver)												
Support Group (Older Relative Caregiver)												
Training (Older Relative Caregiver)												

Mandatory Services	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Congregate Meals	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 & Disease Prevention	X	X	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
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

Optional Services	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Home Delivered Meal (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meal (Older Relative Caregiver)												

Services to Promote Independence

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

Optional Services	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Adult Day Care / Health												
Assisted Transportation												
Behavioral Health Supports					X	X		X	X	X	X	
Chore	X	X	X	X	X	X	X	X	X	X	X	X
Emergency Response System	X	X	X	X	X	X	X	X	X	X	X	X
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
Training & Education	X	X	X	X	X	X	X	X	X	X	X	X
Transportation	X	X	X	X	X	X	X	X	X	X	X	X
Information Services (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Respite Care: • In-home(day)	X	X	X	X	X	X	X	X	X	X	X	X

Optional Services	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
<ul style="list-style-type: none"> • Out-of-home (day) • Out-of-home (overnight) • Other (Family Caregiver)		X	X	X			X		X			
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other equipment (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Support Group (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Training (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X
Information Services (Older Relative Caregiver)												
Options Counseling (Older Relative Caregiver)												
Respite Care (Older Relative Caregiver)												
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Older Relative Caregiver)												
Support Group (Older Relative Caregiver)												
Training (Older Relative Caregiver)												

Mandatory Services	Sioux	Webster	Winnebago	Worth	Wright	[county]						
Congregate Meals	X	X	X	X	X							
Evidence-Based Health Activities	X	X	X	X	X							
Health Promotion & Disease Prevention	X	X	X	X	X							
Home Delivered Meals	X	X	X	X	X							
Nutrition Counseling	X	X	X	X	X							
Nutrition Education	X	X	X	X	X							

Optional Services	Sioux	Webster	Winnebago	Worth	Wright	[county]						
Home Delivered Meal (Family Caregiver)	X	X	X	X	X							
Home Delivered Meal (Older Relative Caregiver)												

Services to Promote Independence

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

Optional Services	Sioux	Webster	Winnebago	Worth	Wright	[county]						
Adult Day Care / Health												
Assisted Transportation												
Behavioral Health Supports	X	X		X								
Chore	X	X	X	X	X							
Emergency Response System	X	X	X	X	X							
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							
Training & Education	X	X	X	X	X							
Transportation	X	X	X	X	X							
Information Services (Family Caregiver)	X	X	X	X	X							
Respite Care:	X	X	X	X	X							
• In-home(day)												
• Out-of-home (day)												
• Out of home (overnight)		X		X								
• Other												

Optional Services	Sioux	Webster	Winnebago	Worth	Wright	[cou nty]						
(Family Caregiver)												
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other equipment (Family Caregiver)	X	X	X	X	X							
Support Group (Family Caregiver)	X	X	X	X	X							
Training (Family Caregiver)	X	X	X	X	X							
Information Services (Older Relative Caregiver)												
Options Counseling (Older Relative Caregiver)												
Respite Care (Older Relative Caregiver)												
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Older Relative Caregiver)												
Support Group (Older Relative Caregiver)												
Training (Older Relative Caregiver)												

Service Coverage Changes

No service coverage changes planned for SFY 2020.

Area Plan Service Waiting List

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

OR

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

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

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

Section 3: Quality Management

Agency staff reviewed the quality management activities that will be undertaken during the plan period and determined that the information is current. (No additional information is required.)

OR

Agency staff reviewed the quality management activities that will be undertaken during the plan period and determined that updated information is required.

[Insert updated information on quality management activities that the agency will implement during the plan period.]

Section 4: Public Input

Public Hearing Requirements

Agency staff reviewed the Iowa Administrative Rule, 17-6.2 (231) on public hearing requirements and determined that the updated information provided does not necessitate a public hearing. (No additional information is required.)

OR

Agency staff reviewed the Iowa Administrative Rule, 17-6.2 (231) on public hearing requirements and determined that the updated information provided required a public hearing. Public hearing documentation appears below.

Governing Body

Governing Body for: Elderbridge Agency on Aging.

Updated On: 1/15/2019

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Paula Harms	707 5 th Ave. NE	Belmond, 50421	Wright	641-444-3915 pharms@abcmcorp.com	6/19

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Lionel J. Foster	PO Box 546	Mason City, 50401	Cerro Gordo	641-583-1378 dinadawn@mchsi.com	6/20

Secretary/Secretary-Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires
Beth Will	1802 Hill Ave. Street 2502	Spirit Lake, 51360	Dickinson	712-336-0775 bwill@co.dickinson.ia.us	6/20

Treasurer, (if separate officer)

Name	Address	City & Zip	County	Phone & Email	Term Expires
Michael (Mike) Otto	225 S. Harker Street	Paullina, 51406	O'Brien	712-630-1020 otto@tcaexpress.net	6/19

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires
Mabel Mantel	Box 293	Orange City, 51041-1130	Sioux	712-737-4567 j.mmantel@hotmail.com	6/19
Tim Nichols	502 W 7th	Carroll, 51401	Carroll	712-821-4438 tnichols@carrollfrc.org	6/20
Larry Pedley	338 9 th Street	Sibley, 51249	Osceola	605-321-4259 C44dash8@yahoo.com	6/19
Jan Sowers	2107 90 th Ave.	Algona, 50511	Kossuth	515-295-3987 jcfs3987@gmail.com	6/19
Jan Olson	715 8 th Ave. North	North Humboldt, 50548	Humboldt	515-332-1977 jldolson@goldfieldaccess.net	6/20
Tracy Quinones	791 120 th St.	Hampton, 50441	Franklin	641-430-8473 tquinones@abcmcorp.com	6/20

Ann Leonard, Advisory Liaison	1215 Lillian Lane	Belmond, 50421	Wright	641-444-4030 Leonard1212@frontiernet.net	6/19
-------------------------------------	-------------------------	-------------------	--------	---	------

Advisory Council

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

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

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

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

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

None, all composition criteria are satisfied.

Advisory Council for: Elderbridge Agency on Aging.
Updated on: 1/16/2019

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Marlene Gray	318 2 nd Ave, SW	Britt, 50423	Hancock	641-843-3680 gmgray@comm1net.net	6/2019	1, 2

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Joene Bohlmann	805 Iowa Drive	Manning, 51455	Carroll	712-790-9143 E-mail: None	6/2020	1, 2, 5, 6, 7

Secretary/Secretary-Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Lori Hain	106 Rock Grove Drive	Nora Springs, 50458	Floyd	641-420-2636 lori.j.hain@wellsfargo.com	6/2020	2, 5, 7

Treasurer (if separate officer)

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
None						

Other Members:

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Brenda Bergard	Box 93	Exira, 50076	Audubon	712-304-4612 bjsb@windstream.net	6/21	7
Rebecca Wolf	705 West 7th	Alta, 51002	Buena Vista	712-200-2620 Rebecca.wolf@walta.com	6/20	2, 3, 5

Leane Bodle	820 13 th Avenue	Manson, 50563	Calhoun	712-469-3052 iabtlover@yahoo.com	6/21	1, 2, 5, 7
Amanda Ragan	361 S. Pennsylvania 1D	Mason City, 50401	Cerro Gordo	641-380-0080 meals@netconx.net	6/19	4, 6
Deb Woodcock	1805 S. Grand Plaza Dr.	Spencer, 51301	Clay	712-262-7154 woodcock@smunet.net	6/19	1, 2, 5, 7
Steven Fitzgerald	1600 Northwood Dr.	Denison, 51442	Crawford	712-263-2928 fitzandpets@juno.com	6/19	1, 5, 7
Kathleen Johnson	98 Helen Avenue	Milford, 51351	Dickinson	712-339-7477 kbiowa@gmail.com	6/21	1, 3, 7
Kelly Schultz	PO Box 318	Estherville, IA 51334	Emmet	712-229-6064 dks@ncn.net	6/20	2, 5, 7
Betty Knudsen	1589 Dogwood Avenue	Coon Rapids, 50058	Guthrie	712-210-1147 bjknudsen@gmail.com	6/20	1, 2, 5, 7
Janeice Geitzenauer	306 Second Ave N	Dakota City, 50529	Humboldt	515-332-3769 geitz@q.com	6/19	1, 5, 7
Linda Vaudt	1903 20 th Avenue	Whittemore, 50598	Kossuth	515-341-0125 lvcareteam@netamumail.com	6/20	1, 2, 3, 5, 7
Talia Bremer	198 W. Main Street	Osage, 50461	Mitchell	641-220-0281 taliabremer@gmail.com	6/21	3
Eric Erickson	424 4 th Avenue	Sheldon, 51201	O'Brien	712-229-1159 eric.erickson@sandfordhealth.org	6/21	2, 3, 5
Theresa Riley	812 3 rd Street	Sibley, 51249	Osceola	712-754-4544 triley52@premieronline.net	6/19	1, 2, 5, 7
Maureen Sandberg	PO Box #5	Graettinger, 51342	Palo Alto	712-589-3883 msandberg@rvtc.net	6/20	1, 2, 5, 7
Clint Fogde	101 NE 5 th Street, Apt. 101	Pocahontas 50574	Pocahontas	712-335-4626 managerph@arlingtonplacereirement.com	6/20	1, 2, 4, 5

Patricia Rubendall	501 Morningside Dr.	Sac City, 50583	Sac	712-661-9269 prubendall@frontier.com	6/19	1, 2, 4, 5
Lori Hayungs	400 Central Ave NW, Ste. 700	Orange City 51041	Sioux	712-395-0153 lhayungs@iastate.edu	6/19	2, 5, 7
Alison Hauser	723 1 st Ave. S., #1	Fort Dodge, 50501	Webster	515-890-8764 chauser@countysocialservices.org	6/20	5, 7
Rick Burke	635 Highway 9 E	Forest City, 50436	Winnebago	641-585-1555 rick@forestplaza.biz	6/21	2, 3, 4, 7
Nancy Rheinfels	200 10 th St. South	Northwood, 50459	Worth	641-324-8556 nancy.franck@northwoodlrh.org	6/20	3, 5, 7
Ann Leonard	1215 Lillian Lane	Belmond, 50421	Wright	641-444-4030 leonard1212@Frontiernet.net	6/19	1, 2, 5
Tim Nichols, Board Rep.	502 W 7th	Carroll, 51401	Carroll	712-821-4438 tnichols@carrollfrc.org	6/20	5

Franklin, Greene, and Lyon Counties Vacant

LifeLong Links Advisory Council

LifeLong Links Advisory Council for: Elderbridge Agency on Aging

Updated On: 3/20/19

Name	Organization	Address	City & Zip	County	Phone & Email
Kim Wilson	NW Iowa Care Connections	215 West 4th Street, Ste. 6	Spencer, 51301	Clay	712-262-9438 kwilson@co.clay.ia.us
Russell Wood, (Chair)	Franklin Co. Community Services	123, 1st Ave. SW, PO Box 58	Hampton, 50441	Franklin	641-456-2128 rwood@co.franklin.ia.us
Erin Barkema	Region 2 Community Health	1907, Carpenter Ave.	Des Moines, 50319-0075	Polk	515-829-0515 Erin.Barkema@idph.iowa.gov
Raina Kellogg	County Social Services	1206 S. Main Street, Ste. D	Charles City, 50616	Floyd	641-257-6199 rkellogg@countysocialservices.org
Lisa Bringle	Rolling Hills Community Services	520 West Main Street,	Cherokee, 51012	Cherokee	712-261-6700 lbringle@co.cherokee.ia.us
Kari Prescott	Webster County Health Department	330 1 st Ave.	Fort Dodge, 50501	Webster	515-574-3833 kprescott@webstercountya.org
Ellen Ritter	Heart of Iowa Community Services	114 N. Chestnut Street	Jefferson, 50129	Greene	515-336-4864 eritter@co.greene.ia.us

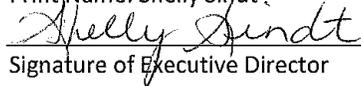
ATTACHMENTS

Authorized Signatures

Area Agency Aging Name	Primary Street Address	City & Zip	Type of Agency	Date of AAA Designation
Elderbridge	22 North Georgia, Suite 216	Mason City	Public Non-profit	1974

Authorized Signatures for Funding Applications and Contracts

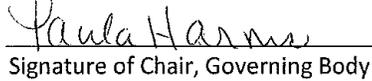
Print Name: Shelly Sindt


Signature of Executive Director

3-12-19

Date Signed

Print Name: Paula Harms

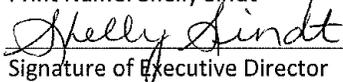

Signature of Chair, Governing Body

3-12-2019

Date Signed

Authorized Signatures for Fiscal Reports

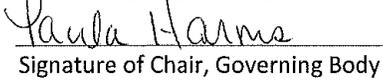
Print Name: Shelly Sindt


Signature of Executive Director

3-12-19

Date Signed

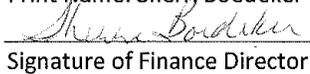
Print Name: Paula Harms


Signature of Chair, Governing Body

3-12-2019

Date Signed

Print Name: Sherri Boedeker

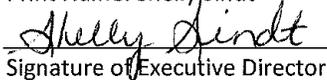

Signature of Finance Director

3-12-2019

Date Signed

Authorized Signatures for Program Reports

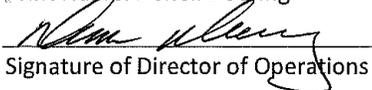
Print Name: Shelly Sindt


Signature of Executive Director

3-12-19

Date Signed

Print Name: Donell Doering


Signature of Director of Operations

3/12/19

Date Signed

Grievance Procedures

Agency staff reviewed the grievance procedures information in the plan and determined that the information is current. (No additional information is required.)

OR

Agency staff reviewed the grievance procedures information in the plan and determined that updated information is required. Updated information appears below.

[Insert updated information on how members of the public may obtain your agency's grievance procedures related service provision.]

Staffing and Volunteer Information

The following table lists the anticipated number of full and part-time positions at the agency, the number of SCSEP beneficiaries employed at the agency, and the number of volunteers supporting the agency at the start of the SFY 2020 (7/1/2019).

Position	Total Number
Staff (paid) full-time:	23
Staff (paid) part-time:	28
SCSEP Beneficiaries:	0
AAA Volunteers:	45

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

Nutrition Services

Agency staff reviewed the following Nutrition Services information entered into the case management system (Wellsky) and verified that the information is current as of **3/18/19**.

Nutrition Services information to be verified for accuracy includes:

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

Service Providers of OAA Services

Agency staff reviewed the Service Provider information entered into the case management system (Wellsky) and verified that the information is current as of **3/18/19**.

Senior Centers and Focal Points

Agency staff reviewed the Senior Center and Focal Point information entered into the case management system (Wellsky) and verified that the information is current as of **3/18/19**.

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

OR

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

[Insert updated information on process agency uses to identify and select facilities as focal points in the agency's PSA.]

Emergency Plan Summary

Agency staff reviewed the emergency preparedness planning and plan activation information in the plan and determined that the information is current. (No additional information is required.)

OR

Agency staff reviewed the emergency preparedness planning and plan activation information in the plan and determined that updated information is required.

[Insert updated information on the activities the agency is involved in as they relate to preparedness planning and plan activation. Insert updated information that describes how the agency collaborates with other entities, including partners and contractors, as well as emergency response agencies, relief organizations, government agencies or other institutions, when carrying out these activities.]

Direct Service Requests

The request to provide direct service(s) submitted with the SFY 2018 – 2021 Area Plan on Aging are **current**. (No additional information is required.)

OR

The agency seeks to provide additional service(s) directly in the planning and service area starting in SFY 2020. A completed Request to Provide Direct Service form has been submitted with the plan for the new direct service the agency plans to provide starting in SFY 2020.