

Signed Verification of Agency Compliance

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

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

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

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

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

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

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

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

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

TYPE NAME OF ADVISORY COUNCIL SIGNER

ADVISORY COUNCIL SIGNATURE

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

TYPE NAME OF GOVERNING BODY SIGNER

GOVERNING BODY SIGNATURE

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

TYPE NAME OF EXECUTIVE DIRECTOR

EXECUTIVE DIRECTOR SIGNATURE

Aging Resources of Central Iowa

PSA # 3

Area Plan on Aging

SFY 2018 – 2021



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

CONTENTS

Executive Summary.....	1
Context.....	2
Section 1: 2018-2021 Goals and Strategies	3
Goal 1: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older Iowans.	3
Agency programs and services that address goal 1.....	3
Strategies to Address Service Gaps.....	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.	7
Agency programs and services that address goal 2.....	7
Strategies to Address Service Gaps.....	11
Goal 3: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.	13
Agency programs and services that address goal 3.....	13
Strategies to Address Service Gaps.....	19
Section 2: Performance and Service Projections.....	24
Performance Outcome & Fiscal Year Target.....	24
FY 2018 Projected Older Americans Act Consumers and Service Units	26
Service Coverage & Wait List Information.....	28
Section 3: Quality Management	31
Section 4: Public Input	32
Public Hearing Information.....	33
Governing Body.....	36
Advisory Council.....	38
LifeLong Links Advisory Council	42
Attachments.....	44
Authorized Signatures.....	45
Grievance Procedures.....	46
Nutrition Services, Service Providers, and Senior Center/ Focal Points.....	47
Emergency Plan Summary	48

Executive Summary

The Area Plan of Aging Resources of Central Iowa for 2018-2021 outlines a strategy to address the following:

Aging Resources of Central Iowa will utilize the Elder Abuse Prevention and Awareness Program, legal assistance provided by Iowa Legal Aid, and the intervention of our Elder Rights Specialist along with our established community partnerships to prevent the abuse, neglect, and exploitation of older adults in our eight county service area. Existing service gaps will be addressed by broadening community outreach and education regarding elder abuse, especially financial exploitation.

Aging Resources of Central Iowa will utilize the capacity of LifeLong Links, including Information, Referral and Assistance resources, Options Counseling, nutrition education and counseling, outreach/training and education to assist older individuals and persons with disabilities to make informed decisions, and exercise self-determination and control. Community outreach will be broadened to engage the disability community and their providers in an on-going dialogue focused on client-centered community-based programs and services to benefit and sustain vulnerable individuals.

Aging Resources of Central Iowa will utilize our case management services and staff, our nutrition and wellness services, our evidence-based programs, especially health promotion and disease prevention plus a host of home and community-based services, caregiver services (counseling, respite care), financial assistance via material aid and caregiver supplemental services to enable older Iowans to remain in their residence of choice in the community. Case Management staff in conjunction with LifeLong Links staff will reach out to frail older adults and their caregivers not currently eligible for the Medicaid Waiver program to assess their needs and provide appropriate intervention.

Additional outreach efforts by our nutrition services staff will target rural communities in order to identify those most in need of assistance. Nutrition staff will encourage innovation within the congregate meals program to attract new consumers, assist at-risk older adults, and connect them to the community-based provider network.

Renewed efforts will be made to market our programs and services in a provider-concentrated region. Trained Aging Resources' staff will expand offerings of the *Matter of Balance* and *Stepping On* fall prevention programs to reach vulnerable older adults. Family Caregiver staff will contact major employers to promote the Family Caregiver Program for employees caring for an older adult while working full-time.

All stated Area Plan activities are subject to the limitations of funding, given the uncertainties of federal, state, and local resources. Aging Resources of Central Iowa will adjust to these challenges while protecting the most vulnerable older and disabled individuals.

Context

Aging Resources' planning and service area encompasses the eight counties in the center of the state (Boone, Dallas, Jasper, Madison, Marion, Polk, Story and Warren) and includes Des Moines, the state capitol. Our region is the most populous of the six area agency regions with 20% of the state's population over the age of 60. The proportion of older adults 65+ to the total population in our area is 12%, which is not as high as the proportion in the state as a whole, which is 16%.

According to the State Data Center, in 2014 there were 53,725 people age 65 and older living in Polk County, making it the largest population of this age group of any county in the state. Although our area encompasses the urban center of Polk County, our other seven counties are more rural in nature and do not have the array of services that are available in metropolitan Des Moines. Aging Resources' Advisory Council and Board of Directors are very cognizant of the need to promote services in our rural counties. Contractor funding is provided to our rural counties at a higher proportion than to urban Polk County in order to help smaller contractors receive enough funding to provide services like home delivered meals, transportation and homemaker services throughout their counties.

Metro Des Moines has three large health systems, three adult day centers, a PACE program (Program of All-inclusive Care for the Elderly) and numerous medical and non-medical home care agencies. Our whole region benefits from the service providers located in metropolitan Des Moines. Rural older adults often travel to Des Moines for services and many of the metro health care providers have offices or offer services throughout our area.

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

Because Aging Resources is a small organization among many larger ones, we have developed long-standing trusted partnerships with other local provider agencies, organizations and institutions that serve older adults. Most of our management staff are long-time employees who have developed strong relationships with the local agencies and organizations. By partnering, not competing with other providers, we are able to pool our resources and share our skills and knowledge in order to better serve the older adults in our communities.

In order to determine consumer needs and therefore to guide our future service priorities, Aging Resources uses our connections to other groups that serve older adults for input on needs and potential service gaps. Through our staff's direct involvement with consumers they note common issues they encounter. Staff teams then meet to discuss best strategies to assure our services address these issues. We also address strategies to reach the most vulnerable individuals (those living in poverty, minority, rural).

Trends noted in Aging Resources' service area include: Financial exploitation is the most often cited elder abuse issue. The change to Managed Medicaid has caused a number of issues including much anxiety for older and disabled consumers. Issues having to do with Medicaid include: difficulties in establishing eligibility, lack of payments for services and equipment, and timeliness of the start of coverage. Housing concerns particularly tenant/landlord issues and the need to find and qualify for affordable rental housing are issues. Lack of affordable assisted living facilities is another housing issue. Consumers or their caregivers contact us because the older adults have been told they should move to assisted living by their doctors or others but the families do not understand the cost associated with assisted living facilities or that most facilities do not accept Medicaid Waiver reimbursement.

Help with financial issues such as collections and contracts are trends for those seeking legal assistance. Many consumers turn to Aging Resources for financial assistance. Consumers most often request assistance with utilities, rent, the purchase or repair of appliances, or medical devices including eye glasses. Caregivers are often contacting our agency for information on Medicaid, education on dementia and help with on-going supports such as personal emergency response systems and respite care.

With Case Management Services, Baby Boomers are aging into this system and are better self-advocates on choices of services because they are accessing information on the internet or other social media. Younger congregate meal participants tend to come to the meal program not just for the meal but for the other programming, events and social opportunities available at the sites.

Section 1: 2018-2021 Goals and Strategies

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

Agency programs and services that address goal 1.

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

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

Elder Abuse Prevention and Awareness (EAPA) Program

The EAPA Program at Aging Resources includes the following activities:

- Educating the general public on elder abuse and the services provided by the EAPA Program in order to build awareness.
- Training professionals on abuse and the EAPA program then collaborating with those professionals who assist consumers that are in abusive or potentially abusive situations.
- Consulting with neighbors, friends, and relatives who are concerned about a possible abusive situation in order to assist the victim.

- Assisting older adults who are victims of abuse or financial exploitation by establishing rapport, assessing their needs and limitations, proposing community services that will be of assistance, educating the consumer on his/her rights and acting as an advocate throughout the process.

The average age of EAPA clients served in FY’16 was 74. The majority of the 99 clients served were female (68%) and were considered low income. A common issue that emerges with clients of this program is financial exploitation.

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

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

Legal Assistance

In Aging Resources’ services area, legal services are contracted through Iowa Legal Aid (ILA). Older Adults are referred to the Legal Hotline for Older Iowans as the starting point for legal assistance. Through the Hotline, clients are screened to see if the problem can be dealt with immediately over the phone or if the client needs to be referred to an Iowa Legal Aid attorney for more in-depth assistance.

The most prevalent issues reported by ILA in the last two quarters have been: health related issues (particularly Medicaid), housing issues (with the majority in the area of tenant/landlord law), consumer finance issues like collections and contracts, and finally wills/estates. Medicaid has been cited by Iowa Legal Aid as an emerging issue, particularly eligibility determinations and the transition to managed Medicaid. Twenty-one percent of clients served by Legal Aid in the last six months are minority and twenty-eight percent of clients are at poverty level. For the EAPA program in SFY’16, Of the 693 consumers served 40% had incomes at poverty level and 15% were minority.

Collaborations / Partnerships to Support Goal 1

Aging Resources’ Elder Rights Specialist is establishing ties with local banks and financial institutions, law enforcement, firefighters, EMTs, and County Clerks of Court. Our EAPA Specialist is chairing both the Polk County TRIAD group which brings together fire, police and sheriff’s departments and community providers to mobilize resources for older adults and SALT (Seniors and Law Enforcement Together) Council. The SALT group focuses on older adult crime, safety, prevention, and security. The Specialist also serves on the DMACC Human Services Advisory Committee.

Strategies to Address Service Gaps

To determine service gaps, staff relied primarily on our EAPA Specialist concerning what she has learned in collaborating with community partners. The EAPA Specialist is on the leadership team of a group called Abuse in Later Life (ALL) through the Iowa Attorney General's Office. The ALL group sent out a questionnaire to 1,000 older adults in central Iowa. Survey results showed the top concerns in reporting abuse to be: fear of placement in a nursing home, lack of knowledge of services available, and reluctance to incriminate family members. An Iowa Department on Aging report in June, 2016 cited that 90% of elder abuse is not reported, indicating that the public lacks knowledge of adult abuse and how to report it.

Service Gap #1

Many businesses and other community agencies that work with vulnerable older adults lack understanding of the common signs of elder abuse and what to do with this population, once it is recognized.

Strategies to address service gap:

- The EAPA Specialist will continue to contact financial institutions, homecare agencies and other community providers to offer in-service trainings to staff on types of abuse, reporting abuse, Iowa laws on abuse, and EAPA services.
- The Specialist will also collaborate with professionals on strategies to detect, report and mitigate abusive situations.
- As an Adult Abuse Mandatory Reporter Trainer, the Specialist will provide training to professionals needing this certification.
- EAPA Specialist will connect with the Public Health Nursing offices in our seven rural counties to schedule presentations with their nurses and other staff for training on detecting and reporting abuse and on services Aging Resources can provide.

Service Gap #2

The general population's lack of knowledge regarding all forms of elder abuse reduces the number of victims that receive appropriate intervention.

Strategies to address service gap:

- Aging Resources' Elder Abuse Prevention and Awareness Program is relatively new (four years old) and building awareness with the general public concerning elder abuse and the services offered through the EAPA Program is an ongoing process. The EAPA Specialist currently speaks to many groups and will present at the statewide Iowa Caregivers Conference. She will continue to pursue opportunities to address community groups, faith-based groups, civic organizations, and any others seeking information.
- Our marketing plan for EAPA includes placing advertisements on both DART (Des Moines Area Regional Transit) Paratransit vehicles and HIRTA (Heart of Iowa Regional Transit Agency) buses. A brochure is also being developed which defines abuse, outlines our program, and promotes detection and reporting of abuse. This brochure will be distributed at elder specific fairs, through LifeLong Links' activities, at libraries and medical facilities and as part of community presentations.

- EAPA Specialist will arrange presentations with congregate meal sites and community groups, particularly in rural areas to educate the public on abuse, how to report it and what assistance they can receive from Aging Resources.

Service Gap #3

Improve assistance to victims of abuse/financial exploitation who are reluctant to implicate family members or friends as perpetrators so they will take action.

Strategies to address service gap:

Strategies to address reluctance of victims to take action may take a number of steps:

1. Building rapport with victims so they feel able to tell their stories.
2. Providing possible strategies for dealing with the abuse/financial exploitation and the abuser. Assuring victims that the Specialist will act as an advocate.
3. Brainstorming with victims on what actions they are willing to take, proposing alternatives so that even if they are not willing to implicate the abuser, there is a plan in place that will not allow the abuse or exploitation to continue.
4. Keeping the lines of communication open so that if victims are not willing to take action initially, they are comfortable with returning to the Specialist for help as the situation changes.
5. Educating the victim concerning the types of support that are available in the community in order to reduce dependency on the abuser.

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

Agency programs and services that address goal 2

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

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

LifeLong Links

Aging Resources receives calls either directly to our agency or routed through the LifeLong Links Call Center. The majority of calls come directly to Aging Resources. Calls are routed to an Information and Assistance (I&A) Specialist if the caller is an older adult or an adult with a disability. If the caller is a caregiver, the call is directly routed to a Family Caregiver Specialist. Clients also come into our office either as walk-ins or by appointment. Staff visit individuals in their home when needed. Some consumers make initial contact with us by email through our website.

Information & Referral / Access Assistance

Information and Assistance (I&A) is the gateway to services. We do not view the I&A or Access Assistance staff roles as a call center role where an initial question is quickly answered and the call ends. Our I&A Specialists use active listening techniques to assist consumers. Our staff states that working with a consumer is like peeling the layers of an onion. There are normally several underlying issues in addition to the presenting problem that need to be addressed in order to adequately assist the consumer. Information & Assistance often takes time and possibly several interactions in order to fully assist the consumer.

Typical consumers are low income: In FY'16 75% of the 1,627 I&A consumers served were low income, with 45% at poverty level. Sixty-five percent of I&A clients were women and 17% were minority. A significant number of calls focus on financial needs for such things as rent, utilities, moving expenses, eye glasses and beds. Information on the types, availability and cost of housing is another trend.

Options Counseling

At Aging Resources our Information and Assistance staff are also trained as Options Counselors because our I&A Specialists often spend quite a bit of time with consumers in order to fully understand their needs. After building rapport with clients, the staff member often moves into the Options Counseling role if that service is appropriate, and desired by the consumer. We find that clients often want to discuss options and receive referrals, but may not want a full formal process.

Of the 37 Option Counseling clients assisted in FY2016, the typical client, lives alone (78%), is low income with 52% at 100% of poverty level and 76% at 185% of poverty.

Family Caregiver staff often counsel family members who are overwhelmed with their caregiving roles. Specialists discuss caregiving solutions by proposing tasks that the caregiver feels are manageable. The Specialist remains involved with the caregiver to provide guidance and to act as a reliable advocate. Caregivers often are dealing with multiple and complex issues such as needing to balance their caregiving role along with other family member issues and work responsibilities, limited knowledge of the programs available in the community, and the eligibility requirements of those programs, and often lack funds to pay for services.

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

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

Nutrition Education

Aging Resources creates a nutrition education newsletter that is distributed to over 3,000 congregate and home-delivered meal clients each month. The newsletter contains relevant health and nutrition information along with information about local services and activities that may be of interest to older adults in our area. We also frequently include information about food safety and emergency preparedness. All nutrition and health information is taken from reputable, peer-reviewed sources and/or reviewed by our agency’s contracted dietitian. Each congregate meal site receives the newsletters by mail, and the staff distributes the newsletters and presents the nutrition information to the clients. Typically this takes place before or during the meal.

In addition to congregate meal participants, the nutrition service providers also distribute the newsletter to home-delivered meal participants. The newsletters are delivered by staff and/or volunteers who deliver meals. Unfortunately, since nutrition education is not recorded for those who do not receive the information verbally, we are not able to track the improvement in client nutrition status for those clients. However, Aging Resources feels it is important for home-delivered participants to receive this information each month.

One emerging trend we have noticed is that people seem to be interested in learning more about managing chronic conditions such as diabetes, arthritis, and Alzheimer’s. In the future, we plan to begin a series of newsletter articles based on our agency’s nutrition risk questionnaire. This questionnaire is filled out by each congregate and home-delivered participant on an annual basis and asks 13 questions pertaining to health, nutrition and eating

habits. We feel this approach will not only aid in referring clients to the help they need, but will also address many of the concerns stemming from chronic conditions.

Nutrition Counseling

Aging Resources has a contract with a Licensed, Registered Dietitian to provide nutrition counseling to individuals over the age of 60 in our area. Nutrition Counseling involves a one-on-one conversation with the dietitian to discuss nutrition topics of interest such as managing nutrition with special diets and healthy eating on a budget. About half of the nutrition counseling clients we serve request the service after hearing about it from Aging Resources’ monthly nutrition education newsletter, from flyers we created and distributed, or from other service providers. The other nutrition counseling clients usually come from our dietitian’s annual nutrition education sessions at congregate meal sites. Frequently after her presentations, individuals will ask to talk with her one-on-one about their specific nutrition questions or concerns.

Clients receiving nutrition counseling in FY16 (91 clients) had a lower rate of poverty (27% of clients) compared to Aging Resources’ overall unduplicated client percentage (36%). Those receiving nutrition counseling also tend to have lower nutrition risk (as determined by responses to a nutrition risk assessment questionnaire) compared to the overall percentage of clients (16% of nutrition counseling clients compared to 40% of all AR clients). They may be proactive in attempts to maintain a healthy lifestyle/diet as demonstrated by their request for counseling. Clients receiving nutrition counseling also had a very low percentage of individuals reporting impairments performing routine daily activities.

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

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

Outreach / Training & Education / Caregiver Information Services

Outreach is provided both directly by Aging Resources and through contracts with two organizations. Aging Resources provides outreach by participating in many events targeting older adults. We have booths at events such as the Polk County Senior Fest and Health Fair, Seniors in Story, the Alzheimer’s Walk, Boone County Expo, Des Moines University’s Senior Health Fair, and others. At these events our staff engages one on one with older individuals

providing information on the services we provide. Our VISTA (Volunteer in Service to America) is instrumental in coordinating events, preparing materials for distribution, and tracking units. Our VISTA has also taken materials to health clinics, hospitals, libraries, city halls, and elder housing units in the communities we serve.

One of our contracts for Outreach is with the PEER Advocate Program. This program trains older adult volunteers to work individually with other older adults to inform them about the services available in Polk County and to assist them in applying for services and/or financial assistance programs like Medicaid, Supplemental Nutrition Assistance Program (SNAP) and the Iowa Department of Revenue Rent Reimbursement Program.

The second contract is with the Elderly Outreach Program at Eyerly Ball Community Mental Health Center. This program receives referrals from social workers, case managers, friends and neighbors or the older adults themselves who are struggling with a possible mental health issue(s). A counselor meets with consumers often in their homes to provide counseling and to assist in accessing other community services that may be beneficial. The program is reporting clients who are struggling because they need subsidized apartments or affordable assisted living complexes which often have waiting lists. Also, clients are anxious about real or rumored changes in health care available through Medicare and Medicaid.

Training & Education is provided by a number of staff members who present to many groups throughout the year. Our Executive Director often speaks to students entering the health and human services professions, including lectures at Des Moines University, Mercy College Health Sciences, Des Moines Area Community College, Iowa State University, University of Iowa, Drake and Grandview Universities. Other staff present at elder housing units, church groups, community organizations and adult education workshops. Our legal contractor, Iowa Legal Aid provides legal education to meal sites and to other groups of older adults.

Caregiver Information Services are provided through presentations to community groups, at conferences and through Des Moines adult education classes. Newspaper articles and radio talk shows have also been vehicles for providing caregiver information.

Services / Initiatives Funded Through Other Sources

Fresh Conversations is a healthy living program for older adults funded by the Iowa Department of Public Health and US Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP) Education funds. *Fresh Conversations* combines monthly educational newsletters with small group discussions and a taste testing. The program is managed by our *Fresh Conversations* Coordinator and the majority of the participating locations are led by volunteers (called Facilitators). In FY16, 433 unduplicated individuals over age 60 participated in this program at 17 different community locations. Of those participating in FY16, a high percentage were considered low-income and had several indicators of high nutrition risk on our nutrition risk assessment questionnaire. Our goal for the coming years is to expand the *Fresh Conversations* program to more meal sites and community locations and increase the number of participants.

Collaborations / Partnerships to support Goal 2

Our Family Caregiver Program has collaborated with Mercy Neurology Clinic and Broadlawns' Geriatric Medicine and Memory Clinic. These clinics contact our agency directly after a dementia diagnosis is given and the caregiver requests assistance so that a Caregiver Specialist can call and offer support to the caregiver. We have developed a reciprocal agreement with the Alzheimer's Association so that we refer clients to them for dementia information and they provide referrals to us to connect clients to community services and supports.

Strategies to Address Service Gaps

In order to determine service gaps, we held a discussion with our LifeLong Links staff concerning trends they are seeing in calls and gaps they see in our provision of service. We also examine the records and demographics of the clients we are currently serving.

Service Gap #1

LifeLong Links staff are not as comfortable and confident in assisting individuals with disabilities as they are in helping older adults.

Strategies to address service gap:

- AAA staff will contact providers of services for persons with disabilities asking them to attend a LifeLong Links staff meeting to meet staff and to provide training on the services their agencies provide.
- The LifeLong Links Coordinator will work with our LifeLong Links Advisory Group to add members and to foster relationships with the members in order to increase our reach to other disability providers and organizations.
- Designated staff will specialize in serving persons with disabilities, attending disability related conferences/seminars.
- Aging Resources will exhibit at disability-related conferences & seminars in order to increase our visibility.

Service Gap #2

Increase reach of nutrition counseling service to individuals who are at risk for poor nutrition and/or have multiple impairments.

Strategies to address service gap:

- We will utilize data from intake forms to determine where the greatest need for these services is, to target a mailing asking clients to call Aging Resources to schedule nutrition counseling. We will specifically target individuals who:
 - Live in rural areas
 - Do not attend congregate meal sites
 - Have multiple impairments
- For programs Aging Resources provides directly, such as case management and Elder Abuse Prevention & Awareness, our staff will market the program to their clients to ensure they are aware of the availability of these services.

- In FY16, the percentage of high nutrition risk clients was much higher for those receiving home-delivered meals than for those receiving other nutrition services. We will provide more frequent information about nutrition counseling in Aging Resources' nutrition newsletter, which is sent to all clients receiving home-delivered meals.
- Provide information about nutrition counseling to doctors' offices, pharmacies, and hospitals as a preventative service.

Service Gap #3

Clients looking to make long-term plans for community based services and supports appear unaware of LifeLong Links/Aging Resources and the services we provide. Often consumers are not contacting us until a crisis situation has developed.

Strategies to address service gap:

- Aging Resources will provide outreach to community groups and the general public by offering presentations on Options Counseling along with our other services. Presentations will emphasize resources available through LifeLong Links and will stress the importance of planning for the future and becoming knowledgeable about available services and supports before they are needed.
- Promote the use of the LifeLong Links website as a resource hub both for those looking for immediate service and/or those looking to plan for their future.
- Utilize press releases and articles within newsletters and local publications to highlight ways preparing for one's future needs can reduce stress for both older adults and their caregivers.
- Provide notices to local town newspapers highlighting particular services, programs, or events.
- Provide articles about Aging Resources' services to organizations that distribute newsletters, such as Polk County Senior Services, the Brain Injury Association, Dallas County Human Service Providers, and churches.
- Design a mini-directory of our agency's services so that referral sources and clients can readily find information on the service(s) they need.
- Have our website reviewed for accessibility for person with disabilities. Make necessary changes to enhance accessibility.

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

Agency programs and services that address goal 3

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

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

CASE MANAGEMENT

Aging Resources employs ten Case Managers who cover Dallas, Jasper, Polk, and Story counties. We also have five contracted Case Managers located in Boone, Madison, Marion and Warren counties. Case Managers visit clients in their homes and complete an assessment to determine needs and which services and supports best meet those needs. Clients choose their services and service providers. The Case Manager arranges and coordinates these services for the client making monthly phone calls and quarterly home visits with the client to assure services are appropriate and producing healthy outcomes.

Of the 1,302 Case Management consumers served in FY'16, the typical consumer is female (72%), aged 75 or older (61%), and low income (85%). Twenty-three percent of Case Management clients are minority. Eighty-three percent of Case Management clients have at least one activity of daily living impairment (such as bathing, dressing, or walking).

A common issue faced by Case Managers is dealing with the challenging family dynamics of our consumers which can make dealing with families more difficult than assisting the older adults themselves. Recently the Case Managers monitored clients' move to managed Medicaid, working to assist clients with this transition. Case Managers also learned to interface with the Managed Care Organizations, dealing with new and often changing service or process requirements.

An emerging trend is that Baby Boomers are aging into our Case Management system. These consumers tend to be better self-advocates, educating themselves on choices of services by accessing the Internet and other social media.

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

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

NUTRITION AND WELLNESS SERVICES

Congregate Meals

Aging Resources of Central Iowa contracts with eight nutrition service providers to prepare and serve congregate meals at 35 community meal sites. Meals are served each weekday (except at the Polk City location which serves meals 2 days a week). Each congregate meal served must go through nutritional analysis and meet 1/3 of the Dietary Recommended Intakes (DRIs) for older adults. Meals are served to those 60 and older (and their spouses regardless of age) on a suggested contribution basis.

The 5,200 registered clients participating in the congregate meal program tend to be quite active compared to those participating in other services provided by Aging Resources. Although over half of the clients participating in the congregate meal program are over the age of 75, 96% reported one or less impairments with physical activities such as walking, bathing, or eating. The majority of congregate meal participants are female (63%) and live in non-rural locations (89%). One out of three congregate meal participants in FY16 were considered at poverty level, and more than two out of three were considered low-income (at or below 185% Federal poverty level).

There are several emerging issues that have affected participation in the congregate meal program in central Iowa. Participation has decreased at many of the meal sites, particularly in the more rural parts of our service area. Since May 2014, ten meal sites have closed in our eight county service area. No new meal sites have been established since that time.

The majority of the issues leading to decreasing participation in the congregate meal program are ultimately related to the fact that Older Americans Act guidelines and funding are no longer aligned with program's needs. The congregate meal program's guidelines have remained largely unchanged since its inception in the early 1970s.

- Restrictions in funding such as limiting transfers of funding from congregate to home-delivered meals, make it difficult to update or modernize the program
- Nutrition requirements for meals have led to decreased satisfaction in the meals, higher costs for our contracted service providers, and difficulties with serving choices and/or exploring the addition of unconventional locations (such as restaurant voucher programs).
- Poor program branding and support on the national level, such as the development and use of terms like "elderly", "congregate", "meal site", "meal participants", etc. reinforce the idea that congregate meal programs are welfare programs for the low-income, frail, and "oldest-old".

A trend we have noticed is that many individuals' reason for coming to a congregate meal site is not for the meal (or not for the meal alone). Many people are drawn to meal sites because of activities, events, services, and social opportunities available at the site.

Home Delivered Meals

Aging Resources of Central Iowa has contracts with eight nutrition service providers to deliver home-delivered meals in our eight county service area. The home-delivered nutrition services program provides nutritious meals and other supportive services to older individuals who are homebound and unable to purchase or prepare nutritious meals. Home-delivered meals offer the important opportunity for volunteers (or paid drivers) to check on the welfare of the homebound older adults they are delivering to. All meals meet 1/3 of the Dietary Recommended Intakes (DRIs) for older adults and are provided to eligible individuals (those 60 and older and their spouses) on a suggested contribution basis.

Hot meals are generally delivered Monday through Friday (depending on the individual's needs), but in some areas weekend meals are also available. For very rural clients, a hot meal may be delivered with several frozen or refrigerated meals with delivery only occurring weekly or twice weekly. Shelf stable meals are available depending on each of the contractors' budgets and their clients' needs.

According to FY16 program data, the 2,338 clients receiving home-delivered meals have a higher incidence of being low-income, living in a rural location, and being high nutrition risk. In addition, 34% indicated having one or more impairment to their ability to provide their own personal cares and 64% indicated having one or more problems completing their homemaking activities.

Some emerging issues our contractors have observed with the home-delivered meal program include rising costs, difficulty finding reliable drivers (especially volunteer drivers), and difficulties with processing Elderly Waiver funded meals. A new initiative we plan to implement is creating a referral system for home-delivered meal clients, as many of them are in need of other services as well (see service gap explanation).

Evidence-Based Health Activities

Aging Resources helps promote several evidence-based health promotion programs however; "A Matter of Balance" fall prevention program is the only program we work with directly. We have two Master Trainers on staff for "A Matter of Balance". Aging Resources coordinates the training of volunteers or staff of agencies interested in providing the workshops. Aging Resources also helps promote the classes and provides the materials needed to the groups providing the workshops. Retired Senior Volunteer Program (RSVP) volunteers provide the program in Boone County. Public Health Agencies in Warren, Story, Dallas, and Madison counties provider classes, as do staff from Polk and Marion county nutrition programs. Medical providers and retirement communities in our area also have trained Matter of Balance Coaches.

Typical locations for evidence-based programs include older adult housing facilities and senior centers. The majority of participants are female, non-minority, and live in urban areas.

Health Promotion and Disease Prevention

Aging Resources has two contracts with local providers for Health Promotion and Disease Prevention activities. In Polk County, funds are given to the County's senior centers to assist in

providing exercise/fitness classes, foot care clinics, health screenings, and mental health programming. In Story County, we help fund foot care clinics throughout the county at senior centers, meal sites, and subsidized housing units. Foot care has been funded because foot problems are especially common in older adults. Many older people are unable to care for their own feet and many also have poor circulation which slows the healing of foot sores and increases the chances of more serious problems. Of the 2,490 consumers who received health promotion services the typical consumer is low-income (69%), and over 75 years of age (60%).

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

Measure	Purpose: Evaluate Agency's Ability...
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	To ensure those congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community.
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	To ensure those home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person.
Agency-Specific Measure: Of home-delivered meal clients, the percentage receiving more than one service.	To ensure those who receive home-delivered meals who need other services receive information about how to access additional resources.

HOME AND COMMUNITY BASED SERVICES

In-Home Services

In-home services are provided through contracts. The contractors combine our funds with other sources of funding in order to provide the services most needed in their communities. Most contractors do not have waiting lists, however, they are only able to provide a limited amount of service to each individual. The contractors’ staffs evaluate needs to determine the services to be provided.

We have a small chore contract with MATURA, the community action agency in Madison County, where they provide heavy cleaning, lawn mowing, and snow removal. In Polk County, we have a contract with Rebuilding Together for home repair which includes handyman services, window and door repair, plumbing and heating/cooling repair and when possible, ramp building. Aging Resources uses purchase-of-service contracts to provide lawn mowing and snow removal in Polk County. Of the consumers receiving Chore service in Polk County serve a high percentage are minority clients (23%).

We have Homemaker contracts (providing light housekeeping, laundry, shopping) in Boone, Dallas, Marion, Polk and Warren counties and Personal Care contracts in Polk and Warren counties providing services to 168 unduplicated consumers in FY’16. The typical consumers for homemaker and personal care services are older (75 years of age or older) and live alone. For all of the in-home services, 85% of those we serve are low-income.

Community Based Services

Community based services are provided through twelve contracts. We have contracts with adult day care centers in Boone, Ames, Newton, Des Moines and Ankeny. The typical Adult Day Center participant is 75 years of age or older and lives with a caregiver. Forty-two percent of participants we serve are male. Our funds help to provide hours of services that families need but are unable to afford. The contractors determine who receives services and look to every funding source available prior to accessing our funds. The providers do not have waiting lists but are often only able to provide a limited amount of service to each client.

Transportation and Assisted Transportation are provided through contracts with Heart of Iowa Regional Transit (HIRTA) in Jasper, Marion, Story and Warren Counties. In Boone, Dallas, and Madison counties transportation contracts are with local sub-contractors to HIRTA. In Polk County funds are provided to the County for a sub-contract with DART. Polk County also has a transportation contract to provide same day rides for doctor appointments and other critical needs. These rides are provided on a case-by-case basis and use a subcontract with the cab company and other assisted transportation providers like Ambucare. Marion County also has a small contract for transportation service for urgent same day appointments.

Funds are provided to Lutheran Services in Iowa (LSI) for bus passes for LSI's Older Refugee Program. The older refugees have been trained on using the DART bus system. The refugees use the monthly passes to attend programming at the Central Senior Center and also to meet their other transportation needs.

Transportation always ranks high on needs assessment surveys. Transportation is difficult to provide, particularly in rural areas. Only 4% of our 2,151 transportation riders live in rural areas. With the concept of shared transportation becoming more popular, moves to more Uber-type transportation may be coming in the future.

CAREGIVER SERVICES

Agency provides caregiver services to an adult family member or another individual, who is an "informal" provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. Caregiver services are also available for a grandparent, a step-grandparent or other relative caregiver of a child by blood or marriage who is 55 years of age or older and lives with the child; is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

Counseling

Counseling is provided directly by our Caregiver Specialists as they work with caregivers and assist them in voicing their frustrations and concerns, formulating plans, and balancing responsibilities. Counseling is also provided through trainings offered to groups of caregivers.

Respite Care

Caregiver Respite is provided through several different methods based upon the needs and preferences of the caregiver and care recipient. The caregiver typically talks with one of our Caregiver Specialists and the need for respite is discussed and the amount of assistance from Aging Resources is negotiated, but normally no more than \$200 per month is provided. Some recipients attend adult day care centers, some have assistance from a non-medical home care agency and some have a friend or relative provide the respite care. The typical caregiver receiving respite help for their loved one is a daughter or daughter-in-law under the age of 55.

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

FINANCIAL ASSISTANCE: MATERIAL AID & CAREGIVER SUPPLEMENTAL SERVICES

Consumers are identified for material aid either by referral from another service provider who is working with the client and identifies a need that cannot be met by any other program or by consumers who self-identify a need when they discuss their situations with our Options Counselors. The top four areas that material aid funds are utilized for are: utilities, rent or deposits, appliances (purchase or repair), and durable medical equipment (including eye glasses). For Caregiver Supplemental Services, in addition to the items listed above, funds are often used for ongoing services such as personal emergency response systems, nutritional supplements and incontinence supplies.

Services / Initiatives Funded Through Other Sources

Aging Resources has a grant through the Iowa Department on Aging for the Medicare Improvement for Patients and Providers Act (MIPPA) for Outreach and Assistance. Through this grant, we assist clients in applying for Medicare Part D Extra Help/Low-Income Subsidy and the Medicare Savings Programs. MIPPA also funds counseling to clients on Medicare Part D and the promotion of Medicare prevention and wellness benefits. Aging Resources uses part of our funds to contract with IMPACT, the Community Action Agency in our area to reach out to their consumers to inform them about and to assist them with applying for these benefits. Many of the clients are referred to SHIIP (the Senior Health Insurance Information Program).

Aging Resources promotes the Stanford University Chronic Disease Self-Management Program (CDSMP) “Better Choices Better Health” through a grant from the Iowa Department of Public Health that allows us to sub-contract with Mercy Medical Center to market the program within the healthcare network and to deliver the workshops in our service area. Mercy has adopted “Better Choices Better Health” and “Stepping On” programs as part of their wellness offerings. AARP has also partnered with us and Mercy Medical Center to promote “Better Choices Better Health” with its Central Iowa members.

The Senior Farmers Market Nutrition Program (SFMNP) is funded by the Iowa Department of Agriculture and Land Stewardship. The SFMNP provides low-income older adults with ten \$3 checks (\$30 total for each eligible individual) that can be exchanged for eligible foods at

farmers' markets and roadside stands. This program supports the goal of enabling older lowans to remain in their own residence and community of choice by providing them access to fresh fruits and vegetables, providing them with important nutrition and food assistance resources (included in each SFMNP packet), and increasing social and physical activity by encouraging them to visit local farmers markets and roadside stands.

Since 1988, Aging Resources' Holiday Meals on Wheels Program has provided homebound older adults in Polk County with a hot, delicious meal on Thanksgiving and Christmas Day. Hundreds of volunteers support the program through both monetary contributions as well as offering their time to deliver meals. In 2016, over 500 meals were delivered to eligible individuals on Thanksgiving and Christmas Day. The majority of clients receiving holiday meals receive home-delivered meals on a regular basis. Since the regular home-delivered meal providers are closed on the holidays, Aging Resources' Holiday Meals-on-Wheels steps in to provide these meals. All meals are supported by donations and client contributions. In addition to a hot meal and friendly visit, those who receive these meals also receive valuable information about food assistance, nutrition counseling, and other services available.

Aging Resources also has a fund supported by private donations called the Strickler Emergency Assistance Fund. Strickler funds are used for unusual client circumstances or items we do not normally fund or for younger disabled clients.

Collaborations / Partnerships to support Goal 3

We have a strong partnership with our local community action program, IMPACT. IMPACT will screen consumers that may be eligible for material aid, provide the consumers with the services they can and then refer them on to us if additional assistance is needed.

The 35 community meal sites and senior centers and our 19 supportive services contractors serve as excellent referral sources for Aging Resources' programs. The providers' staff are educated about Aging Resources' available services and frequently provide information and/or referral information to their clients.

Strategies to Address Service Gaps

To determine our service gaps we reviewed statistical reports to determine numbers and types of clients we are currently serving through our home and community based programs. We reviewed national statistics to help determine other groups that may be in need of services.

Service Gap #1

Only 5.5% of our case management clients are not enrolled in the Medicaid HCBS Elderly Waiver program. Aging Resources needs to reach out to frail older adults who are not eligible for the Medicaid Elderly Waiver but who need the ongoing coordination or supportive services offered by the service of Case Management.

Strategies to address service gap:

The Case Management staff will work in conjunction with our LifeLong Links staff to identify and target those individuals that may benefit from Case Management services.

Our Options Counselors will use the responses to questions on the Consumer Intake form to identify individuals who due to their need for assistance with activities of daily living may benefit from Case Management.

Others who will be targeted include:

- Persons aged 60 to 64 who do not meet the age requirement (65+) to qualify for the Elderly Waiver and must be on very lengthy waiting lists for other Medicaid waivers
- Those that are applying for the Elderly Waiver but must wait months to be approved
- Those that don't meet the qualifications for Medicaid Waiver programs but have complex needs that warrant coordination of services

A private pay case management service with a sliding-fee-scale is currently under development by Aging Resources' Management Team in cooperation with other AAAs. With the private case management service we hope to tap into the higher income individuals who exceed Medicaid financial qualifications and who can afford to pay for some services and for ongoing service coordination.

Examples of Aging Resources' Development of other Fee-For-Service Products/Programs:

After many discussions with the Iowa Association of Mediators, a major training program was conducted in July 2014. Aging Resources sent 20 staff members, 4 were certified as Elder Mediators. Elder Mediation is utilized with family members who have difficulty reaching an agreement on care for a parent. Every Area Agency on Aging sent a few staff members to this training program in hopes that Elder Mediation would be offered state-wide through the Aging Network.

A formal program called *Aging Issues Mediation (AIM)* was created, materials published, and a sliding fee scale developed. After a few successful demonstrations, the lawyers and mediators within the Iowa Association of Mediators discontinued their participation as they felt they would lose clients to the AAAs and undermine their business plans with a private case management firm. After several lengthy negotiation sessions, communication ceased.

Aging Resources, in cooperation with the Iowa Geriatric Education Center, created an evidence-based mental health screening and treatment program utilizing *Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)* under the guidance of Baylor University and *PEARLS (Program to Encourage Active, Rewarding Living for Seniors)* under the guidance of the University of Washington and then pilot-tested a group method *PEARLS* program called *Transitions...To A Happier, Healthier You*. After a majority of Case Managers were trained in *Healthy IDEAS* and hundreds of case managed clients were screened and received referral to treatment, the program was offered to AmeriHealth-Caritas as an addition to the proposed Managed Medicaid Long Term Care system. A team of Vice-Presidents from AmeriHealth-Caritas met with our staff and our Aging and Mental Health Specialist with promises of linking their corporate mental health team members with our staff. However, once the three

Managed Care Organizations were selected, AmeriHealth-Caritas was not interested in this community-based mental health program despite repeated attempts to contact the corporation. Since there was no funding stream to sustain our efforts, all community-based mental health screening ended and our Aging and Mental Health Specialist was laid off in 2016.

During the early planning stages of a state-wide demonstration program for a new substance use screening tool called *SBIRT+* (*Screening, Brief Intervention and Referral to Treatment-for the Special Needs of Older Adults*) with the Iowa Geriatric Education Center, Aging Resources met with all AAA directors and IDA to introduce the concept in 2016. The original project was to train all Case Managers in *SBIRT+* and conduct screenings with all case managed clients across the state. However, several months later the Managed Care Organizations were selected and were not interested in any new screening programs within the Managed Medicaid Long Term Care system. Given those restrictions, Aging Resources implemented the *SBIRT+* program on a smaller scale with Home Instead Senior Care in several regions in Iowa.

In 2017 Aging Resources, in cooperation with the Iowa Geriatric Education Center, trained 89 AAA staff members (Case Managers, Information and Assistance Specialists, Options Counselors, Family Caregiver Specialists) in Motivational Interviewing, a technique directly related to ADRC, LifeLong Links, and Options Counseling. It is hoped that at some point, *SBIRT+* training will be offered to AAA staff to further develop their expertise.

Service Gap #2

The congregate meal program struggles to find new participants.

Strategies to address service gap:

Several of our contracted nutrition service providers have initiatives planned to modernize and promote the congregate meal programs in their areas:

- In Marion County, our contractor is focusing on lifelong learning classes and experiences such as computer classes, exercise/fitness class, and group trips.
- Our contractor in Dallas County is working to create regular weekly activities and to market their programs to their agency's home care aide and transportation clients as well as the public healthcare nurses and nearby doctors' offices.
- Our contractor for congregate meals in Polk County plans to work with students at Central College in Pella to develop marketing materials (both print and video). They are also studying the movement through the Polk County congregate sites to determine which consumers are visiting meal sites for activities and which are staying for meals. This is accomplished through the utilization of their MySeniorCenter tracking software.
- Our contractor for home-delivered meals in Polk County is planning to re-vamp their meals through marketing and consumer surveys.

Aging Resources plans to support these initiatives through continued marketing of the congregate meal program, providing technical assistance, and making referrals. Our marketing plan will target elder housing complexes, hospitals and doctors' offices, and pharmacies. The marketing materials will contain information including the location of meal sites in central Iowa, how to order a meal, and details about the cost of the meals. It is hoped that continued

marketing will combat the stigma associated with congregate meals and will highlight the multiple activities and services available at our sites.

Aging Resources also plans to diversify our funding sources for the congregate meal program by seeking grants, increasing contributions, forming partnerships, and fundraising. If additional funding or support is obtained, the following would be considered as options for increasing program attendance:

1. Modernization of congregate meal programs including (but not limited to): new dinnerware, upgrades to buildings/facilities, implementation of meal choices (flex meals, breakfast/dinner meals, or deli/cold home-delivered options), or salad bar equipment.
2. Program marketing and promotion including updated flyers, brochures, website development (some contractors do not have websites specifically for their meal programs), press releases and news coverage of large events.
3. Work with Accountable Care Organizations (ACO) to provide meals for older adults when they are discharged from the hospital. This would be promoted as a way to reduce hospital readmissions.

Service Gap #3

1 in 3 Americans aged 65+ falls each year (In our service area 1 in 3 would be 28,640 individuals. However, our fall prevention program reached only 46 older adults in FY'16.

Strategies to address service gap:

Statistics indicate that even falls that don't result in injury can cause fear of falling leading to physical decline, depression and social isolation. Falls are a significant problem for individuals who desire to remain independent. The following strategies will be used to increase our reach in promoting fall prevention.

- Hold "A Matter of Balance" (MOB) coach training in our area every other year to increase the number of available coaches.
- Hold yearly coach update trainings and appreciation events to keep coaches involved.
- Set a goal to have a MOB class available at least every other month in our area.
- Provide marketing assistance including promotional materials and incentives to assist in finding sponsor groups and in recruiting participants.
- Promote other evidence-based fall prevention programs such as "Stepping On" and Tai Chi through information on our website and promotion through LifeLong Links.
- Promote the falls prevention website available through the Iowa Department of Public Health which provides many fall prevention strategies.
- Have staff involved in the Iowa Falls Prevention Coalition and the annual falls symposium.

Service Gap #4

Although there are a high percentage of home-delivered meal clients who are unable to perform daily tasks and/or personal care, many do not receive additional services.

Strategies to address service gap:

From reviewing data concerning home-delivered meal clients, we found that 34% are unable to perform at least one activity of daily living (ADL) and over half (57%) of home-delivered meal recipients are high nutrition risk 2/3 of them live alone, and over 1/3 (35%) of them have an income at or below Federal poverty.

- We will create a referral process when determining the need for additional services (based on the Consumer Intake Form). Clients can be referred to Aging Resources' Family Caregiver staff, Information and Assistance staff, or Elder Abuse and Prevention staff depending on their response to specific questions on the Consumer Intake Form.
- We will also continue to provide home-delivered meal clients with valuable information about available services in our monthly nutrition newsletter.

Service Gap #5

It is estimated that that up to 25% of the United States workforce is caring for an older adult. Our caregiver services have not been specifically targeted to this group.

Strategies to address service gap:

- Partner with employers to provide presentations to their employees on strategies for balancing work and caregiving.
- Create articles on caregiving that can be used in business publications, newsletters and local newspapers.
- Collaborate with others working with caregivers (i.e. Hale Group, Alzheimer's Association) to develop presentations and training.

Section 2: Performance and Service Projections
Performance Outcome & Fiscal Year Target

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

Program: Elder Abuse Prevention and Awareness (EAPA)

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

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

Program: LifeLong Links

Performance Outcome Measure	Evaluate Agency's Ability...	FY2018 Target
Percentage of LifeLong Links callers indicating they received the information they were seeking.	To assess and provide information appropriate to caller's need (from consumer's perspective).	95%
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	To conduct an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports.	95%

Service(s): Nutrition Education and Nutrition Counseling

Performance Outcome Measure	Evaluate Agency's Ability...	FY2018 Target
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	To ensure those at risk for poor nutrition and health status receive information so that they have better health enhancing options.	62%
Percent change in consumers receiving nutrition counseling from previous FY (percentage and number).	To ensure those at risk for poor nutrition and health status receive counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.	10% Increase, 100 Consumers
Agency Specific Measure: Number of consumers receiving nutrition counseling who are identified as high nutrition risk.	To ensure a greater number of people with multiple risk factors for poor nutrition receive nutrition counseling.	20 Consumers

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

Service: Case Management

Performance Outcome Measure	Evaluate Agency's Ability...	FY2018 Target
Percentage of Case Management cases closed because case management service was no longer needed.	To ensure Case Management clients receive the supports and services they need to remain at residence of choice for as long as they need or desire them.	60%
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	To ensure Case Management clients receive the supports and services they need to remain at residence of choice for as long as they need or desire them.	41 Months

Service(s): Congregate Meal and Home Delivered Meal

Performance Outcome Measure	Evaluate Agency's Ability...	FY2018 Target
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	To ensure those congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community.	48%
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	To ensure those home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person.	64%
Agency-Specific Measure: Of home-delivered meal clients, the percentage receiving more than one service.	To ensure those who receive home-delivered meals who need other services receive information about how to access additional resources.	34%

Service(s): Caregiver Counseling and Caregiver Respite Care

Performance Outcome Measure	Evaluate Agency's Ability...	FY2018 Target
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	To ensure caregivers receive the supports and services they need to continue to provide informal care to the care recipient.	90%

FY 2018 Projected Older Americans Act Consumers and Service Units

SERVICE		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
01A: Administration	General Aging						
	Caregiver						
1: Personal Care	General Aging	1,119	24	3	2	1	7
2: Homemaker	General Aging	4,905	130	20	8	5	72
3: Chore	General Aging	3,342	285	6	68	24	88
4: Home Delivered Meals	General Aging	261,000	2,200	480	75	55	1,375
5: Adult Daycare	General Aging	44,304	118	16	7	5	23
6: Case Management	General Aging	560	73	8	15	8	39
7: Congregate Meals	General Aging	265,000	4,900	480	325	145	1,250
8: Nutrition Counseling	General Aging	70	65	20	2	1	19
9: Assisted Transportation	General Aging	63,170	827	49	29	19	199
10: Transportation	General Aging	75,923	1,450	53	179	89	457
11: Legal Assistance	General Aging	1,865	900	45	200	75	225
12: Nutrition Education	General Aging	21,000	2,900	350	160	75	775
13: Information & Assistance	General Aging	2,850	1,900	171	300	140	855
14: Outreach	General Aging	2,260	2,060	164	430	192	742
B02: Health Promotion & Disease Prevention	General Aging	14,420	2,065	65	151	51	355
B07: Evidence Based Health Activities	General Aging	50	50	3	3	1	10
C07: EAPA Consultation	General Aging	36	25	3	5	3	11
C08: EAPA Assessment & Intervention	General Aging	250	70	7	7	4	20
C09: EAPA Training & Education	General Aging	30	5,000	950	500	180	1,500
C10: Self-Directed Care	General Aging						
C12: EAPA Non-Consumer Consultation	General Aging	300	200	38	20	8	60
D01: Training & Education	General Aging	60	17,000	2,550	1,360	476	4,250
E05: Options Counseling	General Aging	165	55	6	8	4	22
F02: Material Aide	General Aging	750	300	28	88	50	174

Area Plan on Aging SFY 2018 – 2021

SERVICE		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
CG1: CG Access Assist	Caregiver	1,600	1,100	110	100	35	275
CG2: CG Self-Directed Care	Caregiver						
CG3: CG Counseling	Caregiver	290	275	28	27	10	96
CG4: CG Information Services	Caregiver	24	2,500	475	175	52	250
CG5: CG Respite	Caregiver	7,000	70	7	7	4	25
CG6: CG Supplemental Services	Caregiver	765	130	13	30	15	60
CG7: CG Home Delivered Meals	Caregiver	60	2		1		1
CG8: CG Options Counseling	Caregiver	120	40	5	4	2	10
GO1: GO Access Assistance	Caregiver	150	75	9	8	3	15
GO2: GO Self-Directed Care	Caregiver						
GO3: GO Counseling	Caregiver	22	20	3	3	2	4
GO4: GO Information Services	Caregiver	2	100	19	8	2	18
GO5: GO Respite	Caregiver	2,000	15	2	2	1	5
GO6: GO Supplemental Services	Caregiver	100	25	3	3	1	10
GO7: GO Home Delivered Meals	Caregiver	300	3	1			1
GO8: GO Options Counseling	Caregiver	15	5	1	1		2

Service Coverage & Wait List Information

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

Mandatory Services	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Case Management	X	X	X	X	X	X	X	X
Congregate Meals	X	X	X	X	X	X	X	X
Health Promotion	X	X	X	X	X	X	X	X
Home Delivered Meals	X	X	X	X	X	X	X	X
Information & Assistance	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X

Other Services	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Adult Day Care/Adult Day Health	X		X			X	X	
Chore				X		X		
EAPA Consultation	X	X	X	X	X	X	X	X
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X
EAPA Training & Education	X	X	X	X	X	X	X	X
Evidence-Based Health Activities	X	X	X	X	X	X	X	X
Health Promotion & Disease Prevention						X	X	
Homemaker	X	X			X	X		X
Material Aid	X	X	X	X	X	X	X	X
Outreach	X	X	X	X	X	X	X	X
Personal Care						X		X
Self-Directed Care								
Training & Education	X	X	X	X	X	X	X	X
Assisted Transportation	X	X	X	X	X	X	X	X
Transportation	X	X	X	X	X	X	X	X

Family Caregiver & Grandparent/Other Elderly Caregivers	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Access Assistance	X	X	X	X	X	X	X	X
Counseling	X	X	X	X	X	X	X	X
Home Delivered Meal	X	X	X	X	X	X	X	X
Information Services	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X
Respite Care	X	X	X	X	X	X	X	X
Self-Directed Care								
Supplemental services	X	X	X	X	X	X	X	X

Grandparent/Other Elderly Caregivers	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Access Assistance	X	X	X	X	X	X	X	X
Counseling	X	X	X	X	X	X	X	X
Home Delivered Meal	X	X	X	X	X	X	X	X
Information Services	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X
Respite Care	X	X	X	X	X	X	X	X
Self-Directed Care								
Supplemental services	X	X	X	X	X	X	X	X

Service Waiting List

Aging Resources has no waiting lists for services we provide directly. One of our contractors reports having a waiting list. WesleyLife, which is a contractor for homemaker and personal care services in Polk County, currently has a waiting list of 45 people. WesleyLife receives funding from a number of sources in addition to Aging Services funds from Aging Resources. WesleyLife's waiting list is due primarily to a shortage of direct care workers. The new director reports that with their recent change to centralized recruitment and hiring of aides, the home care aide situation is improving, and she hopes to eliminate the current waiting list in 90 days.

Consumers on the waiting list are prioritized by need. Consumers needing personal care have priority over individuals needing homemaking services. Consumers who have multiple health problems, and live alone are also given priority.

Section 3: Quality Management

All services that are contracted to local providers have contract conditions that state that contractors shall maintain records supporting units of service reported. The units of service and funds requested are reported monthly on a form prescribed by Aging Resources. On a quarterly basis, a desk review is performed on the previous quarter's reports. If one or more of the following conditions are discovered, Aging Resources will discuss the concern with the project manager and may give written notice to the contractor. Reasons for a notice may include:

1. A variance of 10% or more between the services performed and the projected level of service for the portion of the year which has passed.
2. Excessive use of funds.
3. Unsatisfactory performance or service.

After receipt of a notice, the contract will within ten (10) working days present a plan for corrective action including the date on which results of the corrective action may be expected, or the contractor will request a modification of the service projections and explain the reason for the request. Aging Resources will then approve or disapprove the plan.

Rosters received from contractors are monitored to assure that an "Aging & Disability Network Consumer Intake Form" is completed yearly by all clients. If a form is not completed, the contractor is notified that a form is needed prior to the processing of the roster and corresponding report.

As part of the contract conditions, the contractor must maintain a plan to target services to those with the greatest economic and social need, with special attention to minorities, low-income, and low-income minority individuals. Contractors will also reach out to older individuals residing in rural areas, those with severe disabilities, older individuals with limited English proficiency, individuals with Alzheimer's disease and related disorders, and people at risk for institutional placement. This plan is reviewed at the annual on-site monitoring visit.

Also monitored at the annual visit are client confidentiality practices, processes to safeguard client contributions, and methods used to gain public comment on services. Client satisfaction monitoring is also mandated and the results of satisfaction survey or outcome monitoring are reviewed.

Services provided directly by Aging Resources, such as Information and Assistance, Options Counseling, and Family Caregiver Services are monitored through quarterly client satisfaction survey calls. Employee performance including client interactions, documentation, and time management, are routinely monitored by supervisors. All consumer feedback is reviewed with staff as are any trends staff notes with callers. Weekly team meetings are held with LifeLong Links staff to provide updates on community services and to brainstorm on solutions to difficult client situations.

Section 4: Public Input

Aging Resources held a public hearing on Thursday, March 9th prior to its Advisory Council meeting. Holding the public hearing in conjunction with our Advisory Council meeting assured participation from older adults and providers from each of our counties. Aging Resources asks for and receives input from our Advisory Council, Board of Directors and LifeLong Links Advisory Council on service provision. The Older Iowans' Legislature (OIL) meets at our office providing OIL members easy access to providing input to staff.

Staff regularly receives feedback from clients, contractors, and stakeholders concerning the services we provide. We have staff workgroups (Management, LifeLong Links, and Case Management) that meet regularly and discuss trends we are encountering with client contacts and the direction to take to best meet clients' needs.

Staff are also members of numerous community-based groups that serve older adults and persons with disabilities. Through participation in these groups, staff learn of trends noted by other professionals.

Public Hearing Information

Public Hearing Notice:

For Immediate Release

February 21, 2017

**Contact:
Margaret DeSio
515 633-9520**

PUBLIC HEARING

Aging Resources of Central Iowa is seeking comments from the public on its Fiscal Year 2018 - 2022 Area Plan. The area plan describes the agency’s strategic plan for services to be provided for older adults and persons with disabilities in Boone, Dallas, Jasper, Madison, Marion, Polk, Story, and Warren Counties in Central Iowa. Aging Resources is also proposing to provide Family Caregiver Counseling and Evidence Based Health Promotion directly to consumers in the counties it serves. Services are provided using federal and state funds. The public hearing will be held at:

Aging Resources of Central Iowa

Conference Room

5835 Grand Avenue, Suite 106

Des Moines, IA 50312

Thursday, March 9, 2017

at

1:00 PM

For additional information, or if you want to call into the hearing, contact Aging Resources of Central Iowa at 515 255-1310.

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

Notice sent to:	Aging Resources’ Board of Directors	2/16/2017
	Aging Resources’ Advisory Council	1/12/2017 & 2/28/17
	Contracted Providers (37 individuals)	2/21/2017
	Posted to Aging Resources’ website	2/21/2017

Public Hearing Agenda:

**PUBLIC HEARING
March 9, 2017
1:00 P.M.**

**Aging Resources of Central Iowa
Large Conference Room
5835 Grand Avenue, Suite 106
Des Moines, Iowa**

**PUBLIC HEARING
FY'18 - '21 AREA PLAN
A G E N D A**

- | | | |
|------|---|------------------------------|
| I. | Overview of Area Plan (1:00 – 1:15) | Joel Olah/
Margaret DeSio |
| II. | Funding Transfer (1:15 – 1:20) | Les Bascom |
| III. | Priority Services Expenditures (1:20 – 1:30)
Access Services 10%
In-home Services 5%
Legal Services 3% | Les Bascom |
| IV. | Services to be Provided Directly (1:30 – 1:40)
A. Evidence Based Health Activities
B. Counseling | Margaret DeSio |
| V. | Questions and Comments | Margaret DeSio |

People Present at the Public Hearing:

Ray Ann Scione
Ruth Bartels
Dawn Allspach-Kline
Vicki White
Al Bergman
Marvin Grace
Sharee Owens
Carol Carter

Helen Sellers
Paul Hunt
Bonnie Stalzer
Joy Ihle
Jackie Sharp
Marilyn Heikes
Ann Grove
Charla Kudej

By Phone:

Deb Anderson
Marge Westphall
Heidi Campbell

Staff:

Joel Olah
Margaret DeSio
Les Bascom
Ellen Gilstrap

Public Hearing Summary:

I. Overview of Area Plan

Joel Olah, Executive Director, welcomed participants to the Public Hearing. Margaret DeSio, Contracted Services Director, outlined the components of the FY'18 – FY'21 Area Plan.

II. Funding Transfer

Les Bascom, Fiscal Director, explained that in FY'18 the plan is to transfer 34.90% Congregate Meals funding out of Title IIIC1 Congregate Meals to Title IIIC2 Home Delivered Meals. This transfer of \$325,000 is needed due to a decrease in the demand for Congregate Meals and an increase in the demand for Home Delivered Meals. The 34.90% transfer is below the 40% transfer limit.

III. Priority Services Expenditures

Les Bascom explained that priority services expenditures must meet or exceed set percentages of funding. Access services (Transportation, I&A, Outreach, and Assisted Transportation) must be at least 10% of Title IIIB funding allocations, Aging Resources' allocation is 62.54%. In-Home Services (Adult Day Care, Chore) must be at least 5% of allocations; Aging Resources' is 22.93%. Legal Assistance must be at least 3% of funding allocations; Aging Resources' is 12.10%.

IV. Proposed Services to be Provided Directly

A. Evidence-Based Health Activities - Margaret DeSio explained that there are several evidence-based health programs in our area that we help promote, for example "Better Choices Better Health", "Diabetes Self-Management Program" and "Stepping On" fall prevention program. When needed, Aging Resources directly provide one evidence-base health workshop, "A Matter of Balance" (MOB). We have two master trainers for MOB, who train coaches, and a total of four staff members who can coach classes. Aging Resources only provides this program directly if there are not coaches from the community available to lead a class. Aging Resources also assists community coaches by filling in as coaches when needed. Aging Resources will provide this service directly to assist with an adequate supply of coaches so that the service is available throughout our area.

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

V. Questions and Comments

No questions or comments were received.

Governing Body

Governing Body for Aging Resources of Central Iowa

Updated On: February 23, 2017

Chair

Name: **Crystal McIntyre**
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County: Warren
Phone: 515 961-1029
E-mail: crystal@warrencountyia.org
Term Expires: 12-31-17

Vice-Chair

Name: **Kim Chapman**
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County: Dallas
Phone: 515 993-6850
E-mail: kim.chapman@dallascountyiowa.gov
Term Expires: 12-31-17

Secretary

Name: **Colleen Farley**
Address: 232 SW Ringold St
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County: Boone
Phone: 515 432-5874
E-mail: mikefarley1951@gmail.com
Term Expires: 2nd Term: 12-31-18

Treasurer (if separate officer)

Name: **Carl Stoffer**
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City & Zip Code: Bussey 50044
County: Madison
Phone: 641 660-6066
E-mail: clstoffer@outlook.com
Term Expires: 2nd Term: 12-31-17

Other Members

Name: **Craig Agan**
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City & Zip Code: Knoxville 50138
County: Marion
Phone: 641 828-2231
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Term Expires: 12-31-14

Name: **Denny Carpenter**
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County: Jasper
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Term Expires: 12-31-17

Name: **Marty Chitty**
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Term Expires: 12-31-17

Name: **Phil Clifton**
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Term Expires: 12-31-17

Name: **Robert Mahaffey**
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County: Polk
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Term Expires: 2nd Term: 12-31-18

Name: **Ardis Myers**
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County: Madison
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Term Expires: 3rd Term: 12-31-18

Area Plan on Aging SFY 2018 – 2021

Name: **Quincy Southers**
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Phone: 515 991-4105
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Term Expires: 3rd Term: 12-31-18

Name: **Max Worthington**
Address: 5005 E 36th St S
City & Zip Code: Newton 50208
County: Jasper
Phone: 641 792-7728
E-mail: n/a
Term Expires: 2nd Term: 12-31-17

Name: **Steve Van Oort**
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Phone: 515 286-3119
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Term Expires: 12-31-1

Name: **Bill Zinnel**
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County: Boone
Phone: 515 433-4933
E-mail: bzinnel@boonecounty.iowa.gov
Term Expires: 12-31-17

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.

Aging Resources' has met all required composition criteria for its Advisory Council.

Advisory Council for Aging Resources of Central Iowa

Updated on: February 24, 2017

Chair

Name: **Dawn Allspach-Kline**
Address: 308 E Montgomery St
City & Zip Code: Knoxville 50138
County: Marion
Phone: 641 842-6070
E-mail: dallspach-kline@co.marion.ia.us
Term Expires: 3rd Term: 06-30-17
OAA Composition Criteria (1 to 7): 2 4 5 6 7

Secretary

Name: **Barb McClintock**
Address: 669 41st St
City & Zip Code: Des Moines 50312
County: Polk
Phone: 515 255-2108
E-mail: mcclintockbk@gmail.com
OAA Composition Criteria (1 to 7): 1 2 4 5 7
Term Expires: 06-30-17

Other Members:

Name: **Amy Alden**
Address: 215 North Warrior Ln, Ste. B
City & Zip Code: Waukee 50263
County: Story
Phone: 515 233-3539
E-mail: a.alden@homeinstead.com
OAA Composition Criteria (1 to 7): 2 3 4 5 7
Term Expires: 2nd Term: 06-30-19

Name: **Al Bergman**
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City & Zip Code: Ames 50014
County: Boone
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Email: abergma@msn.com
OAA Composition Criteria (1 to 7): 1 2 5 7
Term Expires: 2nd Term: 06-30-17

Vice Chair

Name: **Sharee' Owens**
Address: 1006 N John Wayne Dr.
City & Zip Code: Winterset 50273
County: Madison
Phone: 515 462-1334
E-mail: mcestag@gmail.com
Term Expires: 3rd Term: 06-30-19
OAA Composition Criteria (1 to 7): 2 4 5 7

Treasurer (if separate officer)

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

Name: **Ruth Bartels**
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County: Polk
Phone: 515 279-1729
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OAA Composition Criteria (1 to 7): 1 2 5 7
Term Expires: 1st Term: 06-30-18

Name: **Shala Harsh**
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County: Story
Phone: 515 233-2906
E-mail: sharsh@hsservicesis.com
OAA Composition Criteria (1 to 7): 2 5 7
Term Expires: 1st Term: 06-30-17

Name: **Marilyn Heikes**
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Phone: 515 987-2110
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Term Expires: 3rd Term: 06-30-19

Name: **Joy Ihle**
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Phone: 515 286-2062
E-mail: joy.ihle@polkcountyiowa.gov
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Term Expires: 1st Term: 06-30-17

Name: **Jon McAvoy**
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County: Dallas
Phone: 515 993-3977
E-mail: jon@webmcavoy.com
OAA Composition Criteria (1 to 7): 1 2 5 6 7
Term Expires: 2nd Term: 06-30-19

Name: **Ray Ann Scione**
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County: Polk
Phone: 515 288-3734
E-mail: rayann.scione@polkcountyiowa.gov
OAA Composition Criteria (1 to 7): 1 2 4 5 7
Expires: 1st Term: 06-30-18

Name: **Jackie Sharp**
Address: 1313 N Grant St
City & Zip Code: Knoxville 50138
County: Marion
Phone: 641 218-9059
E-mail: jacqualeigh71@yahoo.com
OAA Composition Criteria (1 to 7): 1 2 5 7
Term Expires: 1st Term: 06-30-18

Name: **Paul Hunt**
Address: PO Box 2
City & Zip Code: Hartford 50118
County: Warren
Phone: 515 989-0094
E-mail: n/a
OAA Composition Criteria (1 to 7): 1 2 5 7
Term Expires: 1st Term: 06-30-17

Name: **Charla Kudej**
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City & Zip Code: Madrid 50156
County: Boone
Phone: 515 795-2199
E-mail: charla.kudej@gmail.com
OAA Composition Criteria (1 to 7): 1 2 7
Term Expires: 1st Term: 06-30-20

Name: **JoAnn McKibben**
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County: Polk
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OAA Composition Criteria (1 to 7): 1 2 5 7
Term Expires: 06-30-17

Name: **Helen Sellers**
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OAA Composition Criteria (1 to 7): 1 2 5 7
Term Expires: 2nd Term: 06-30-18

Name: **Kelli Van Manen**
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OAA Composition Criteria (1 to 7): 2 4 5 7
Term Expires: 3rd Term: 06-30-19

Area Plan on Aging SFY 2018 – 2021

Name: **Bill Ward**

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Email: [bilbarward@mchsi.com](mailto:billbarward@mchsi.com)

OAA Composition Criteria (1 to 7): 1 2 5 7

Term Expires: 3rd Term: 06-30-17

Name: **Vicki White**

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County: Warren

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E-mail: vickiw@co.warren.ia.us

OAA Composition Criteria (1 to 7): 2 4 5 7

Term Expires: 2nd Term: 06-30-19

LifeLong Links Advisory Council
For Aging Resources of Central Iowa
Updated On: 03/23/2017

Name: **Brandi Jensen**
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County: Polk
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Name: **Megan Hartwig**
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Name: **Reyma McCoy McDeid**
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Name: **Tracy Keninger**
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County: Polk
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Name: **Kim Barber**
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County: Polk
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Name: **Annie Wood-Long**
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County: Polk
Phone: 515 558-9957
E-mail: annieW@vnsia.org

Name: **Bob Steben**
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City/Zip Code: Johnston, IA 50131-1824
County: Polk
Phone: 515 727-3438
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Area Plan on Aging SFY 2018 – 2021

Name: **Becky Groff**
Address: SHIIP
601 Locust, 4th Floor
City/Zip Code: Des Moines, IA 50319
County: Polk
Phone: 515 242-5300
E-mail: becky.groff@iid.iowa.gov

Name: **Lloyd Hughes**
Address: 341 Pioneer Road
City/Zip Code: Des Moines, IA 50315
County: Polk
Phone: 515 243-1182

Attachments

Authorized Signatures

Name of Area Agency on Aging: Aging Resources of Central Iowa
Street Address: 5835 Grand Avenue, Suite 106
City, State, Zip Code: Des Moines, IA 50312

Type of Agency: Single Purpose Private Non-Profit
Date of Area Agency on Aging Designation: April, 1982

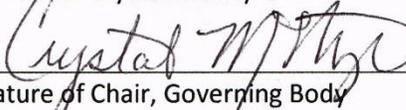
AUTHORIZED SIGNATURES FOR FUNDING APPLICATIONS AND CONTRACTS

Print Name: Joel L. Olah, Ph.D., LNHA



Signature of Executive Director 3/17/17
Date Signed

Print Name: Crystal McIntyre



Signature of Chair, Governing Body 3-16-2017
Date Signed

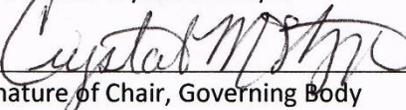
AUTHORIZED SIGNATURES FOR FISCAL REPORTS

Print Name: Joel L. Olah, Ph.D., LNHA



Signature of Executive Director 3/12/17
Date Signed

Print Name: Crystal McIntyre



Signature of Chair, Governing Body 3-16-2017
Date Signed

Print Name: Les Bascom



Signature of Fiscal Director 3-16-17
Date Signed

AUTHORIZED SIGNATURES FOR PROGRAM REPORTS

Print Name: Joel L. Olah, Ph.D., LNHA



Signature of Executive Director 3/12/17
Date Signed

Print Name: Margaret O. DeSio



Signature of Contracted Services Director 03/16/2017
Date Signed

Grievance Procedures

Aging Resources' grievance procedures are available upon request and are also available on Aging Resources' website. Individuals seeking information on grievance procedures from any of our contracted service providers may access the procedures by contacting the service provider directly or by contacting Aging Resources.

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

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

Nutrition Services

Agency staff reviewed the following Nutrition Services information entered into SAMS and verifies that the information is current as of **03/20/2017**.

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 SAMS and verifies that the information is current as of **03/20/2017**

Senior Centers and Focal Points

A focal point means a facility established to encourage the maximum collocation and coordination of services for older individuals. Our focal points generally offer more than one service and serve as a hub for older adults in the community.

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

Agency staff reviewed the Senior Center and Focal Point information entered into SAMS and verifies that the information is current as of **03/20/2017**.

Emergency Plan Summary

Aging Resources' staff is involved in a number of activities on an ongoing basis to increase the agency's preparedness for a disaster or emergency. In FY17, an updated Emergency Preparedness Plan was completed. The Emergency Plan outlines each staff person's tasks in the event of an emergency and describes Aging Resources' role in the community before, during, and after a disaster. The Emergency Preparedness Plan was provided to all staff, as well as Aging Resources' Board of Directors, Advisory Council, and contracted service providers. The plan is available to the public on Aging Resources' website.

Collaboration with other entities is an essential component of Aging Resources' disaster plan. Our contracted service providers are prepared to communicate regarding areas of need, gaps in service, locations of vulnerable older adults, and other vital information in the event of a disaster. Each contracted service provider is also required by contract to provide any assistance that might be deemed reasonable and appropriate by Aging Resources to areas outside its primary service area in the event of a disaster. Contractors also agree to accept assistance from other contractors in the event that a disaster strikes the contractor's primary service area.

In addition to collaboration with our contracted service partners, Aging Resources has relationships with relief agencies such as the American Red Cross and FEMA and is prepared to assist individuals with applications for disaster assistance if the need arises. Aging Resources also has relationships with county health departments and community action agencies to help in the provision of information and services following a disaster. A full list of central Iowa emergency management agencies, relief/assistance agencies, hospitals, first responders, and citizen corps are listed in Aging Resources' Emergency Preparedness Plan.



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Website: www.agingresources.com

PUBLIC HEARING BY TELECONFERENCE
May 30, 2017
1:00 P.M.

Toll-free at (877) 820-7831 Access Code: 546578

PUBLIC HEARING
FY'18 - '21 AREA PLAN
A G E N D A

- | | | |
|------|--|----------------|
| I. | Review Priority Services | Margaret DeSio |
| II. | Review Services Proposed to be Provided Directly | Margaret DeSio |
| III. | Questions and Comments | Margaret DeSio |

**PUBLIC HEARING
FY'18 - '21 AREA PLAN
TELECONFERENCE: 1 877 820-7831
ACCESS CODE: 546578**

**May 30, 2017
1:00 P.M.**

**Aging Resources of Central Iowa
Large Conference Room
5835 Grand Avenue, Suite 106
Des Moines, Iowa**

People in Attendance at the Public Hearing:

By Phone:

Bret Peterson, WesleyLife MOW

Staff:

Joel Olah, Executive Director

Margaret DeSio, Contracted Services Director

Kate Rittman, Nutrition Services Director

Ellen Gilstrap, Administrative Associate

Public Hearing Summary

I. Priority Services Expenditures

Margaret DeSio explained that priority services expenditures must meet or exceed set percentages of funding. Access services (Transportation, I&A, Outreach, and Assisted Transportation) must be at least 10% of Title IIIB funding allocations, In-Home Services (Adult Day Care, Chore) must be at least 5% of allocations, and Legal Assistance must be at least 3% of funding allocations.

II. Proposed Services to be Provided Directly

- A. Evidence-Based Health Activities - Margaret DeSio explained that there are several evidence-based health programs in our area that we help promote, for example "Better Choices Better Health." When needed, Aging Resources directly provide one evidence-base health workshop, "A Matter of Balance" (MOB). We have two master trainers for MOB, who train coaches, and a total of four staff members who can coach classes. Aging Resources only provides this program directly if there are not coaches from the community available to lead a class. Aging Resources also assists community coaches by filling in as coaches when needed. Aging Resources will provide this service directly to assist with an adequate supply of coaches so that the service is available throughout our area.
- B. Counseling - Margaret DeSio explained that Counseling is a service through the Caregiver Program. Counseling assists caregivers in making decisions and solving problems related to their caregiver role. Aging Resources' Caregiver Specialists need to

provide this service directly as it is fundamental in appropriately assisting caregivers in making decisions and in determining the other services they need. Aging Resources will provide this service directly because it is fundamental in assisting caregivers and in order to assure there is adequate counseling available to caregivers.

III. Questions and Comments

No questions or comments were received.