



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

Signed Verification of Agency Intent and Compliance

Agency Name: **Agging Resources of Central Iowa**

(AAA) accepts full authority and responsibility to develop and administer the SFY 2020 Update to the SFY 2018 - SFY 2021 Area Plan on Aging in accordance with all requirements of the Older Americans Act as amended through P.L. 114-144 (2016), state laws, rules, and procedures. The Parties agree that Area Plan is incorporated herein by this reference as if fully set forth in this Agreement. The AAA verifies that the following conditions are and will continue to be met:

1. The AAA agrees it will comply with the Area Plan Assurances. These assurances are available at <https://iowaaging.gov/area-agencies-aging/area-plan-aging-guidance>. The Parties agree that Area Plan Assurances are incorporated herein by this reference as if fully set forth in this Agreement.
2. The AAA agrees it will comply with the Procurement Terms and Conditions for Services as set forth by the Iowa Department of Administrative Services. These Procurement Terms and Conditions for Services are available at <https://das.iowa.gov/procurement/terms-and-conditions>. The Parties agree that Procurement Terms and Conditions for Services are incorporated herein by this reference as if fully set forth in this Agreement.
3. The AAA agrees it will comply with the Department of Health and Human Services Standard Terms and Conditions related to Federal Financial Assistance. These Standard Terms and Conditions related to Federal Financial Assistance are available at <https://iowaaging.gov/area-agencies-aging/area-plan-aging-guidance>. References to "agency" in the Standard Terms and Conditions means the Iowa Department on Aging. The Parties agree that Standard Terms and Conditions related to Federal Financial Assistance are incorporated herein by this reference as if fully set forth in this Agreement.
4. The AAA agrees it will comply with the requirements of Iowa code chapter 8F. These Terms are available at <https://iowaaging.gov/area-agencies-aging/area-plan-aging-guidance>. The Parties agree that 8F Terms and Conditions related to Federal Financial Assistance are incorporated herein by this reference as if fully set forth in this Agreement.
5. The AAA agrees it will comply with the process and procedures described in the reporting manual. The Reporting Manual is available <https://iowaaging.gov/area-agencies-aging/area-plan-aging-guidance>. The Parties agree the Reporting Manual is incorporated herein by this reference as if fully set forth in this Agreement.

By accepting this authority and responsibility, the area agency agrees to develop and administer the Area Plan for a comprehensive and coordinated system of service and to serve as the advocate and focal point for all Iowans 60+ years of age in the area agency's planning and service area. The Area Plan on Aging reflects input from a cross section of service providers, consumers, and caregivers that are representative of all areas and culturally diverse populations in the planning and service area; its contents are true, accurate, and incorporate the comments and recommendations of the Area Agency's Advisory Council and has been reviewed and approved by the Area Agency's Governing Body. It is acknowledged that intentional misrepresentation or falsification may result in the termination of financial assistance.



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

Charla Kudej

NAME OF ADVISORY COUNCIL SIGNER

Charla Kudej Digitally signed by Charla Kudej
Date: 2019.03.26 14:11:43
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ADVISORY COUNCIL SIGNATURE

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

Steve Van Oort

NAME OF GOVERNING BODY SIGNER

Steve Van Oort Digitally signed by Steve Van Oort
Date: 2019.03.26 14:11:56 -05'00'

GOVERNING BODY SIGNATURE

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

Joel L. Olah

NAME OF EXECUTIVE DIRECTOR

Joel L Olah Digitally signed by Joel L Olah
Date: 2019.03.26 14:14:52
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EXECUTIVE DIRECTOR SIGNATURE

Aging Resources of Central Iowa PSA 3

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



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

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Aging Resources of Central Iowa Update

After experiencing significant budgetary and staffing reductions in FY2018, the dynamics of reorganization have stabilized. Staffing has been realigned and additional support has been provided to Family Caregiving, Outreach, and Fiscal. Staff is balanced and operational flexibility has been achieved with cross-training and duty realignment. Budgeting continues to be a challenge as funding reductions to contracted service providers has been initiated for FY2020. This will be the first time in over 28 years that such measures have been proposed. Carry-over funds have been reduced to approximately 15%, giving the agency about 60 days of financial support to meet cash flow needs in case of federal shutdown or shortfalls.

Data management and outreach efforts have been enhanced and other organizational efficiencies have been implemented to ensure that clients are well served and agency services are marketed to the community within our eight county service area. Special attention has been paid to missing service data. Client service data indicates that units of services delivered have increased. The new IDA data dashboard feature continues to be effective in identifying problem areas in reporting/services.

The priority areas covered in the plan begin with the Elder Abuse Prevention and Awareness (EAPA) Program. Building awareness that this program is available through Aging Resources continues to be a priority. Initiatives that our EAPA Specialist continues to undertake include: having leadership roles in several organizations that deal with abuse issues, providing employee trainings to community agencies, providing presentations to older adult community groups, and exhibiting at resources fairs and community events to reach out the public. Our Specialist also continues to advocate for clients, especially through legal proceedings. Aging Resources recently submitted an Abuse Victims of Crime Act (AVOCA) grant application through the Iowa's Attorney General's Office to address elder abuse in our area. If the grant award is received it will allow for the addition of an Abuse Specialist who will concentrate efforts on assisting adults with disabilities, minority individuals, those living in rural areas, and members of the LGBT community.

LifeLong Links, our Aging and Disability Resource Center, encompasses the services of: Information and Assistance, Options Counseling, Case Management, the Family Caregiver Program, and the EAPA Program. The staff within LifeLong Links work closely together to assure that consumers receive the level of services they want and need with reduced available community resources. Staff in this area have become more confident in assisting persons under sixty who have disabilities, and reaching out to agencies and organizations who work with the disability community in order to learn from them and become a trusted partner.

Our Director of LifeLong Links plays a key role in a federal program, Helping Support States Caring for an Aging America, coordinated by the Center for Health Care Strategies and funded by several national foundations. The goal is to provide consistent Family Caregiver service to

consumers. Our program director has also been recommended to serve on the Recognize, Assist, Include, Support and Engage in the Family Caregivers Act committee of ACL. In FY2020 building relationships through regular contact with providers and older adult groups within our more rural counties will continue to be an emphasis. Also in FY2020 the Family Caregiver Program will provide outreach to caregivers in the workforce and will continue to partner with AARP on their caregiver initiatives. Two grant applications have been recently filed, one with the Polk County Board of Supervisors and one with Prairie Meadows. Both grants request funds for additional respite care to help relieve caregiver stress.

Continuing to expand evidence-based health promotion and fall prevention outreach is also a priority. All Des Moines Public Housing complexes will be offered Matter of Balance workshops in FY2020 as will church, and community groups.

Our focus for decreasing gaps in nutrition services is providing outreach to those older adults with the highest need and/or those who are not aware of the services available to them. We are working to increase our nutrition counseling units as our Contracted Dietitian targets congregate meals sites that serve larger numbers of participants with high nutrition risk scores. In addition 2,358 shelf stable meals have been distributed to low-income older adults in Dallas, Marion, Polk, Story and Warren counties related to federal disaster relief efforts.

To address the challenge of attracting new participants to congregate meals sites, area meal staff appreciated the Congregate Meal Revitalization Conversation meetings held by IDA and the information compiled after the meetings. Good strategies were discussed at these meetings and some will be adopted at the meal sites. 770 nutrition resources booklets, funded by Delta Dental Foundation, are being distributed to older individuals in our service area.

We have encountered challenges in our nutrition program in Marion County and have issued Requests for Proposals (RFPs) to interest new contracted meal providers. Transportation services are also undergoing changes as HIRTA the Regional Transit Agency, in our seven more rural counties, has not renewed contracts with their last two county based providers. Transportation over several years has changed from a local county based system to totally regional based system effective in FY2020.

In other initiatives, Aging Resources continues to partner with the Iowa Geriatric Education Center (IGEC) with training and demonstrations of the substance use screen, SBIRT+ (Screening, Brief Intervention, and Referral to Treatment) for older adults. Over 400 home care clients have been screened for substance use during the first three years of the project. Currently, Aging Resources participates in an additional (4th) year of the project to expand SBIRT+ screening regionally.

The Age-Friendly Cities of Greater Des Moines project was officially certified by the World Health Organization in 2018. The project continues under a new REFRESH initiative to replicate the project in other regions of the state. Aging Resources partners with AARP Iowa, Des Moines University, the City of Des Moines, and Broadlawn Medical Center on this project.

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

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

Prioritized Service Gaps

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 (IDA) 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.

Indicators to gauge progress in addressing service gap

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

- Number of EAPA Training & Education activities and number of attendees.
- Number of EAPA Non-Consumer Consultation contacts and new EAPA consumers.
- Number of Adult Abuse Mandatory Reporters trained.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
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.	No	In Progress
The Specialist will also collaborate with professionals on strategies to detect, report and mitigate abusive situations.	No	In Progress
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	No	In Progress

Current Strategies	Revised or New Strategy?	Status
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.		

Update on Strategy Activities to Date

Our EAPA Specialist continues to be involved with groups of professionals who work to address abuse including: the Iowa Dependent Adult Protective Advisory Council which makes recommendations to the Governor on dependent abuse issues, Seniors and Law Enforcement Together (S.A.L.T.) in Polk County, the Leadership Team of the Abuse in Later Life Grant/Coordinated Community Response Team through the Iowa Attorney General’s Office, Des Moines Area Community College (DMACC) Human Services Advisory group, and the Planning Committee for “Take Back the Night” event being held during Crime Victims week, April 7-13, 2019.

Our Dependent Adult Abuse Mandatory Reporter Training is stalled at least temporarily due to pending legislation that mandates an on-line training through the Iowa Department of Human Services. If this legislation is not adopted we will continue to provide trainings.

With annual on-site visits to our 30 service contractors in the spring the EAPA Program will be discussed with each contractor, brochures will be provided and training will be offered to their employees and/or participants.

A “Need a Speaker” listing has been added to our website and includes a number of topics related to Elder Abuse.

Strategy Activities Planned for SFY 2020

Staff members have a plan for personal visits to our seven rural counties’ public health nursing agencies and hospitals to provide EAPA information and offer trainings.

In-service trainings on recognizing abuse will be offered to nutrition providers for the Home Delivered Meals drivers.

A promotional sheet will be created listing topic for Elder Abuse trainings that Aging Resources can provide. This information will be disseminated at county service provider meetings and as staff meet with home care agencies, senior housing units, hospitals, and financial institutions. An expanded list of abuse and exploitation topics will be added to the “Need a Speaker” listing on our website.

Aging Resources has applied for a three year grant through the Iowa Attorney General’s Office which will allow us to hire a full-time Elder and Disabilities Abuse Specialist. Part of this Specialist position will be outreach to organizations who work with minority, and LBGQTQ

communities and to reach out to our more rural counties. We will know if this position is funded in May, 2019.

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.

Indicators to gauge progress in addressing service gap

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

- Number of new EAPA Assessments & Interventions clients & units.
- Number of EAPA Consultation clients.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
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.	No	In Progress
Our marketing plan for EAPA includes placing advertisements on both Des Moines Area Regional Transit (DART) Paratransit vehicles and Heart of Iowa Regional Transit Agency (HIRTA) 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.	No	In Progress
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.	No	In Progress

Update on Strategy Activities to Date

Aging Resources designed an Elder Abuse Prevention and Awareness brochure that fits the look and format of our other agency services brochures. 5,000 brochures have been printed and are being distributed throughout our PSA.

A popular item that both promotes our program and is useful to our consumers, is a plastic sleeve that holds emergency medical information and has a magnet to secure it to the refrigerator. Over the last two years about 1,500 of these medical information holders have been distributed at health fairs and presentations.

Small durable wallet cards (2,500) were created and distributed to first responders (firefighters and EMTs), so they have an easily accessible reference for assisting older adults and prompting them to make referrals to our EAPA program. These cards along with the brochures are also being distributed to court houses, older adult apartment complexes, senior centers and congregate meal sites.

EAPA advertisements were placed on DART vehicles last year and the placards will be used again on DART buses during May or June to recognize Worldwide Elder Abuse Awareness Day on June 15th. In researching advertisements on HIRTA (the rural transit provider) vehicles it was determined that the ads needed to be on the outside of the buses for maximum visibility, however the cost of that type of advertisement was prohibitive so this strategy did not move forward.

Strategy Activities Planned for SFY 2020

Presentations concerning recognizing and reporting suspected dependent adult abuse or exploitation will continue to be provided to church groups, clubs, and civic organizations.

EAPA brochures will be provided to Home Delivered Meal clients with their meals on a rotating basis throughout the year.

Ads and/or articles will be placed in the Polk County Senior Bulletin (which reaches 3,200 older adults) and to other newsletters and publications on a regular basis.

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.

Indicators to gauge progress in addressing service gap

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

- Number of EAPA Assessment & Intervention Clients with closed cases.
- Number of EAPA Consultation Clients.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Building rapport with victims so they feel able to tell their stories.	No	In Progress
Providing possible strategies for dealing with the abuse/financial exploitation and the abuser. Assuring victims that the Specialist will act as an advocate.	No	In Progress
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.	No	In Progress

Update on Strategy Activities to Date

In order to assure the availability of staff to assist abuse victims a Caregiver Specialist with a background in family dynamics has been cross-trained in the EAPA program protocols. The combination of experience in working with family caregivers and with elder abuse has worked well as often assistance to caregivers can mitigate problems before they escalate. Family mediation meetings are offered in a relaxed environment with an emphasis on creating a workable plan for all involved.

Staff have a meeting set with DHS adult abuse intake workers and their supervisor to promote referrals to the EAPA program when dependent adult abuse reports do not meet the criteria for DHS involvement. We find reminders are needed for DHS staff so that they keep our services in the forefront when working with clients.

Our EAPA Specialist has recognized the importance of activities to prevent abuse. There are a number of groups that assist victims with resources after abuse occurs however, our Specialist is working to identify at risk individuals and families and to provide services to ease their stressors prior to abuse occurring. All efforts are made to avert crisis situations.

Our EAPA Specialist is working on a conversational interview to use with at-risk individuals, in order to aid in determining strategies to empower the individual to take proactive steps to remain safe.

Strategy Activities Planned for SFY 2020

Continue to identify issues that may lead to elder abuse in order to provide additional elder abuse prevention education. Possibly adding prevention education/consultation for at-risk persons as a service.

Finalize an interview tool to use with persons who are at-risk of abuse or exploitation. Train other Aging Resources staff, other Area Agencies on Aging, and IDA staff on the tool.

Continue to work in coordination with I&A Specialists/Options Counselors and Family Caregiver staff to identify those clients who are at-risk of abuse, in order to build rapport and to offer assistance prior to a crisis.

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

Prioritized Service Gaps

In order to determine service gaps, we held a discussion with our LifeLong Links (LLL) 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 is not as comfortable and confident in assisting individuals with disabilities as they are in helping older adults.

Indicators to gauge progress in addressing service gap

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

- Listing of representatives of programs or agencies that service persons with disabilities that have presented to staff.
- Listing of trainings that LLL staff have attended related to adults living with disabilities.
- Number and percentage of I&A clients served who are under 60 with a disability and report they received the information they were seeking.
- Number and percentage of Options Counseling clients served who are under 60 with a disability that report they received the information they needed to make an informed choice regarding goals and services.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
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.	No	In Progress
The LifeLong Links Coordinator will work with our LifeLong Links Advisory Group to add members	No	In Progress

Current Strategies	Revised or New Strategy?	Status
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.	Revised	Not Started
Aging Resources will exhibit at disability-related conferences & seminars in order to increase our visibility.	No	In Process

Update on Strategy Activities to Date

The LLL staff has become more familiar with services and organizations for people with disabilities by collaborating with the LifeLong Links Advisory Council. The Council is currently made up of 15 organizations.

The LLL Advisory Council wanted to take on a project in 2018, so after looking at the low voter turnout for persons with disabilities, the council decided to focus on educating and encouraging the people they work with to register to vote and to cast their ballots when elections are held. At a meeting, information was provided on the rights of persons with disabilities when voting. In addition, instructional posters in English and Spanish were provided to all members to distribute.

In an effort to allow more Advisory Council members to participate in our quarterly meetings, conference calls are made available for each meeting. LLL staff members are also meeting with the Board on a rotating basis in order to highlight their positions and to facilitate interactions.

Information and Referral Specialists have a meeting scheduled with the Department of Human Services to educate their staff about LifeLong Links and how to refer appropriate callers to Aging Resources.

Aging Resources staff presented information about our services to all five of the Des Moines Public Housing buildings, Mercy Clinic Social Workers, Central Iowa Counseling Services Staff and Employee and Family Resources. Aging Resources continues to participate in fairs and expos. One of the newest events is the People’s Law School that is presented by the Iowa Bar Association.

Outreach to organization who work with persons with disabilities and to adults with disabilities has helped increase our reach. In the first half of FY’18 we provided Information & Assistance (I&A) to 264 persons under the age of 60, in the first half of FY’19 we have provided I&A to 331 consumer who are under 60 years of age. This is a 25% increase. In looking at total I&A calls

we increase the percentage of calls from people under the age of 60 from 6.5% in the first half of FY18 to 19% in the first half of FY'19.

Strategy Activities Planned for SFY 2020

New and existing service providers will continue to be invited to present at LLL team staff meetings.

We are looking at creating a more active partnership with our Older Worker Employment Specialist who works with job seekers who have a disability and are over the age of 55. Although our specialist makes referrals to LifeLong Links, we may be able to become a more active participant in covering all of his clients’ needs.

Continue to partner with the Advisory Board members in promoting LLL’s services to their clients with disabilities. Also, continue to invite organizations who work with persons with disabilities to meet with LLL staff. We plan to add the Alzheimer’s Association and Link Associates to the group.

SERVICE GAP #2: Increase reach of nutrition counseling service to individuals who are at risk for poor nutrition and/or have multiple impairments.

Indicators to gauge progress in addressing service gap

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

- Total number of nutrition counseling consumers served.
- Number of nutrition counseling consumers served who are high nutrition risk (as determined by their responses to the Nutrition Risk Screening), who have multiple ADL/IADL impairments, and who live in rural areas.
- Number of nutrition counseling consumers who have not received congregate meals in the last 6 months.
- Number of referrals received from agencies other than congregate meal sites.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
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: <ul style="list-style-type: none"> ○ Live in rural areas ○ Do not attend congregate meal sites ○ Have multiple impairments 	Revised	In Progress

Current Strategies	Revised or New Strategy?	Status
For programs Aging Resources provide 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.	No	In Progress
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.	No	In Progress
Provide information about nutrition counseling to doctors' offices, pharmacies, and hospitals as a preventative service.	No	Completed

Update on Strategy Activities to Date

Our Lifelong Links staff continue to make referrals to Nutrition Counseling as they talk with and assess clients. Nutrition Counseling is also marketed through our monthly *Nutrition News* newsletter which is provided to nearly 3,000 Congregate and Home Delivered Nutrition clients.

Nutrition Counseling is highlighted in presentations at provider meetings and trainings. We also distribute our Nutrition Counseling flyers at health fairs and at community speaking engagements.

We are closely monitoring where Nutrition Counseling referrals originate. We will use this information to target outreach to referral sources where we see the best results. Follow-up is being provided by the Nutrition Director to assist our dietician in scheduling sessions.

Our contracted dietitian has been with Aging Resources for nine years and is very popular with the congregate meal participants and nutrition program staff. She visits the meal sites providing nutrition education and overseeing the Fresh Conversations program. Area senior centers will be scheduling times for the dietitian to come to their center to provide individual Nutrition Counseling. Center staff will promote the event particularly to participants who have special dietary needs. These scheduled events worked well in Polk County in FY'17, so are being duplicated this spring and summer in other communities.

Strategy Activities Planned for SFY 2020

We are revising the first strategy in that we will not target a mailing to high nutrition risk consumers. We know from intake data that Home Delivered Meal clients tend to have higher nutrition risk scores and more impairments than others. We also know that mass mailings have

limited return. We will therefore send a Nutrition Counseling flyer to Home Delivered Meal clients on a rotational schedule with their meals. The flyer will be sent after meal drivers have received training on our Nutrition Counseling program. The meal clients trust their drivers so having the flyer brought by a person they trust who has some knowledge of the program we believe will be a better use of resources than a mailing.

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.

Indicators to gauge progress in addressing service gap

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

- Total unduplicated number of consumers contacting LifeLong Links/Aging Resources for I&A.
- Number of unduplicated consumers contacting LifeLong Links/Aging Resources for I&A who are new to Aging Resources’ services.
- Review of demographics of LLL consumers including county of residence in order to assist us in determining what groups are not being served so that new strategies to reach consumers can be initiated.

Strategies to Address Service Gap

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

Current Strategies	Revised or New Strategy?	Status
Provide notices to local town newspapers highlighting particular services, programs, or events.	No	In Progress
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.	No	In Progress
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.	No	In Progress
Have our website reviewed for accessibility for person with disabilities. Make necessary changes to enhance accessibility.	No	Stalled

Update on Strategy Activities to Date

An additional I&A/Options Counselor was added to the LLL team in September, 2018. This Specialist had been a case manager previously and had a working knowledge of available services and programs so was able to quickly become an active team member.

We again this year have staffed vendor tables at: Senior Expo at Park Fair Mall, Des Moines Public Housing Resource Fair, ISU Retirees' Symposium, Hamilton's Funeral Home Family Services Symposium, Epilepsy Conference, Representative David Young's senior event, the Alzheimer's Association Memory Walk, and Polk, Dallas, Marion, Jasper, Madison, Warren and Story Counties' senior expos/health fairs.

Presentations were made at all Des Moines public housing facilities, ISU Extension, Drake's Ray Society, Central Iowa Community Services (the mental health region that encompasses five of our counties), and to Mercy Medical Center social workers

Last year each LLL team member was assigned a county where they would attend county provider meetings. This has been successful in building visibility and fostering relationships with community organizations.

Articles and advertisements continue to be placed in Aging Resources' nutrition newsletter (distributed to 3,000 congregate and home delivered meals clients) and in the "Polk County Senior Bulletin" which is provided to 3,400 older adults.

Our data on the number of unduplicated consumers receiving Information and Assistance (I&A) in the first half of FY'19 and compared to the first half of FY'18 shows a 15% increase (from 1,498 in FY'18 to 1,718 in FY'19). We also had an increase in I&A consumers in FY'18 over

FY'17. This indicates that our outreach has been working and that more people are aware of our agency and its services.

Over the years the majority of I&A clients have come from Polk County (Polk County has 55% of our PSA's older adult population). Last year 81% of I&A consumers lived in Polk County, so far this year that percentage has dropped to 70%. We have been working hard to reach the residents of our seven surrounding counties. There are however, trusted contractors/focal points in each counties and we feel that many residents rely on those local agencies as their first call for assistance. The local professionals then refer clients on to us if they cannot assist them or the local providers come to us to help them in assisting their consumers.

In realigning duties a part-time staff member is now our Outreach Specialist. She is currently spending time on outreach specifically to Marion County where our percentage of I&A callers is low for the population of the county. Madison County will be targeted next.

Strategy Activities Planned for SFY 2020

Our staff will continue all current outreach activities and our Outreach Specialist will be targeting Marion and Madison counties.

We will continue to look to the Des Moines Area Religious Council (DMARC) in order to expand our reach through churches. Articles in newsletters and presentations to their older adult groups or their outreach ministries will be offered.

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

Prioritized 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.

Indicators to gauge progress in addressing service gap

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

- Number of new Case Management clients.
- Demographics of Case Management clients including deficits in managing Activities of Daily Living (ADLs).

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
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.	No	In Progress
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.	No	In Progress
<p>Others who will be targeted include:</p> <ul style="list-style-type: none"> • 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 	No	In Progress
A private pay case management service with a sliding-fee-scale is currently under development by Aging Resources' Management Team in cooperation with other Area Agencies on Aging (AAA). 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.	Revised	In Progress

Update on Strategy Activities to Date

Options Counselors and our EAPA Specialists continue to assess clients on their need for Case Management service. Consumers who through assessment, report an inability to perform activities of daily living, need multiple services, and/or need ongoing monitoring and assistance are offered Case Management.

LifeLong Links staff are attending monthly provider group meetings in each county to promote Aging Resources' services including Case Management services. We currently have Case Management clients from all counties except Madison.

Aging Resources has been working to build our Case Management program since the loss of Title XIX Case Management. In the first half of FY2018 twelve clients were Case Managed. In the first half of FY2019 thirty-two clients have been Case Managed which is a 166% increase in clients served. 100% of Case Management clients had two or more Instrumental Activity of Daily Living (IADL) deficits and 70% and at least one Activity of Daily Living (ADL – bathing, dressing, eating) deficit.

We currently have one Case Manager and who is also an Options Counselor. She spends half of her time case managing clients. To most efficiently use time, many clients start out in Options Counseling and only progress to Case Management if ongoing assessment and monitoring is needed. For example, the Option Counselor assesses if a consumer appears eligible for the Title XIX Elderly Waiver. She will provide Options Counseling explaining the benefits of the Waiver along other options and assisting the consumer in completing the application paperwork if needed. The hope is that the consumer will be approved for the Elderly Waiver within 90 days and the Options Counselor will have only short-term involvement as the client will then be case managed by an MCO.

Many of the consumers who are determined to need Case Management are lower income individuals with high needs. In working with clients to develop care plans the Case Manager first looks at referrals to our contracted providers to fulfill service needs. If the needed services are not available through contractors then Aging Resources has set aside a small amount of funding to pay for services. Services such as emergency response systems, homemaking, and material aid may be provided on a limited basis in order to keep clients safely in their homes.

To pursue our fee-for-service plan, a meeting was held with Walnut Ridge Senior Living Community in Clive, to discuss a possible partnership. Walnut Ridge is a housing complex made up of independent living options as well as assisted living options and dementia care. The initial meeting explored their needs and how our skills might assist the facility and their residents. As a start Aging Resources would provide "Matter of Balance" classes and other monthly educational sessions in order to build rapport with residents, other services, like case management would be added later. Another meeting is scheduled in mid-April when a list of possible services and a fee schedule will be created and discussed.

Strategy Activities Planned for SFY 2020

Our Case Management service will continue to be promoted to professionals at county provider meetings and as staff visits public health agencies and hospitals. LifeLong Links staff will continue to refer clients with high service needs and limited support systems and those at risk of institutional placement to Case Management. Options Counseling will continue to be used as the first vehicle of planning and assistance but when clients need long term assistance and monitoring they will be transitioned to Case Management services.

Efforts will be made to reach out to rural counties particularly Madison County.

SERVICE GAP #2: The congregate meal program struggles to find new participants.

Indicators to gauge progress in addressing service gap

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

- Number of consumers attending congregate meal sites.
- Number of congregate meals served.
- Positive or innovative changes made at meal sites in our area, including new activities, building updates, marketing initiatives, etc.
- Results of satisfaction surveys from our congregate meal providers.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
<p>Several of our contracted nutrition service providers have initiatives planned to modernize and promote the congregate meal programs in their areas:</p> <ul style="list-style-type: none"> • 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 developed 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. 	<p>Revised</p>	<p>In Progress</p>

Current Strategies	Revised or New Strategy?	Status
<ul style="list-style-type: none"> • Our contractor for home-delivered meals in Polk County is planning to revamp their meals through marketing and consumer surveys. 		
<p>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 the meal sites.</p>	No	In Progress
<p>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:</p> <ol style="list-style-type: none"> 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. 	No	In Progress

Update on Strategy Activities to Date

Several of the initiatives planned were not executed as Polk County was not able to work with Central College students on marketing. However, several other initiatives have come about.

A direct mail campaign was completed by Madison County Elderly Services highlighting their Home Delivered, Congregate Meal and Transportation programs. The mailing targeted Madison County residents 60 years of age and older living in Winterset and Earlham. The cost for this project was relatively low, and it did attract several new and several returning Congregate Meal participants but the results were not as great as anticipated.

To encourage participation at the Sugar Creek meal site in Waukee, they offer a special meal one time per month with dessert prepared by one of the participants. This effort has been successful attracting the largest participation on that day each month.

Aging Resources' staff continues to share information about congregate meal programs to groups and individuals on a regular basis. We also present nutrition services information at health fairs, conferences and county service provider meetings.

The Congregate Meal Revitalization Conversation meeting held in Des Moines on 9/7/18 in collaboration with the Iowa Department on Aging was well attended. Meal site managers in attendance were receptive to new ideas and recommendations for possible implementation in the future.

Marion County chose to end their Nutrition contract with Aging Resources. We are in the process of accepting applications from new home delivered and congregate meal providers and remain optimistic that we will have well qualified provider(s) to continue and potentially enhance the provision of nutrition services in Marion County.

Strategy Activities Planned for SFY 2020

Based on a recommendation from the Congregate Meal Revitalization meeting, we plan to implement a "Buddy System" at congregate meal sites to pair regular participants with new participants when they attend for the first time. This will provide a welcoming atmosphere for new participants and therefore increase the likelihood that they will return.

Using Intake data we will send Satisfaction Surveys, with self-addressed stamped envelopes, to random participants in our service area to assess what we can do to improve the congregate dining experience. Questions will address the menu including food preferences, meal variety and quality. We will also assess activities that they would like to see at their sites including entertainment, presentations, health promotion, etc. The results of these surveys will be shared with our contracted dietitian and site managers to enable us to make positive changes in the congregate meal program.

Fresh Conversations is a popular program at our meal sites. Securing and retaining volunteers to facilitate the monthly program can be a challenge. We will continue to add sites to this program as volunteers can be recruited.

Aging Resources and Polk County are working to have Polk County’s MySeniorCenter software interface with our WellSky software in order to more efficiently and cost effectively roster the congregate meals provided at Polk County’s 16 meal sites.

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.

Indicators to gauge progress in addressing service gap

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

- Number of participants who meet the completion standard for Matter of Balance certificates.
- Responses to the workshop evaluation.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Hold “A Matter of Balance” (MOB) coach training in our area every other year to increase the number of available coaches.	No	In Progress
Hold yearly coach update trainings and appreciation events to keep coaches involved.	No	In Progress
Set a goal to have a MOB class available at least every other month in our area.	Yes	In Progress
Provide marketing assistance including promotional materials and incentives to assist in finding sponsor groups and in recruiting participants.	No	In Progress
Promote other evidence-based fall prevention programs such as “Stepping On” and Tai Chi through information on our website and promotion through LifeLong Links.	No	In Progress

Current Strategies	Revised or New Strategy?	Status
Promote the falls prevention website available through the Iowa Department of Public Health which provides many fall prevention strategies.	No	In Progress
Have staff involved in the Iowa Falls Prevention Coalition and the annual falls symposium.	No	In Progress

Update on Strategy Activities to Date

A MOB Coach training was held in July, 2018. Ten coaches were trained, five were from Aging Resources’ service area and five were from other parts of the state. A yearly Coach Update Training is planned for April, 2019 as is a requirement for current MOB Coaches.

In FY19 Aging Resources has sponsored eight A Matter of Balance workshops to date. This is more than what was projected in the strategy. Three workshops are currently in progress and as of December 31, 2018 forty-two consumers have completed classes. We anticipate exceeding our projection of 100 consumers completing workshops in FY19.

Coaches who have recently been trained include two community volunteers who have retired from jobs working with older adults, two employees of Polk County Senior Centers, and two therapists from Emmanuel Pathways PACE program. Aging Resources provides promotional materials, a recruitment presentation, participant workbooks, and coaching over-site and assistance to each group sponsoring a workshop.

All fall prevention workshops in our area are promoted on Aging Resources’ website. A listing of all on-going Tai Chi classes in the area was developed for use by our LifeLong Links staff and posted on our website. Aging Resources works with Mercy Medical Center in promoting “Stepping On” workshops and we also work with the Mercy STRIDE study to recruit their patients into the MOB classes.

An Aging Resources’ staff member is continuing as a co-chairperson of the Iowa Falls Prevention Coalition, working on Falls Prevention Awareness Day and on the Annual Falls Symposium. Staff have given fall prevention talks so far this year to a senior housing complex in Newton and the Foster Grandparents group in Des Moines.

The Iowa Department of Public Health provided a \$4,000 grant to Aging Resources for us to coordinate three MOB coach trainings in three locations in Iowa. Aging Resources subcontracted with Hawkeye Valley AAA for a training in Marshalltown and with Milestones AAA for a training in Scott County. Aging Resources held a training in Des Moines. A total of 23 new coaches were trained with financial assistance from this grant.

One lesson learned is that we have been much more successful in bringing MOB workshops to places older adults already congregate then trying to recruit participants for a program at a

neutral community location. It helps to have a program recruiter affiliated with the location of the workshop.

Strategy Activities Planned for SFY 2020

In FY20 we plan to hold “A Matter of Balance” coach training soon after the July Annual Falls Prevention Symposium so that coaches can be recruited at the event. We are providing yearly Coach trainings which is more often than stated in our strategy because we consistently receive requests for trainings. When a Coach training is held we are willing to have coaches from any part of the state participate, if space is available and if they are willing to pay the cost of materials.

Again in FY20 we plan to hold at least six MOB workshop. However, they may not be scheduled every other month as described in the current strategy. At certain times of the year, we have numerous requests for workshops but other times like during the summer months, the interest is not as great.

Aging Resources will continue to actively support all fall preventions activities available in our area including; A Matter of Balance, Stepping On, Tai Chi, and Fall Prevention Awareness Day activities. A staff member is available to give a talk/PowerPoint presentation on Fall Prevention to community groups.

A part-time staff member is a coach and is working on recruiting sites for future workshops, including senior housing complexes and churches. Des Moines Public Housing has already requested that MOB be offered at all five of their housing complexes in FY’20.

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.

Indicators to gauge progress in addressing service gap

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

- Number of clients receiving only home-delivered meals
- Number of home-delivered meal consumers with impairments to specific ADLs/IADLs (for example, those unable to do housework)
- Number of home-delivered meal consumers contacted by staff
- Number of clients contacting Aging Resources for I&A who receive only home-delivered meals

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
We will create a referral process when determining the need for additional services	Revised	In Progress

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

Update on Strategy Activities to Date

We have determined that we do not have the staff to individually contact nutrition clients who may have additional service needs. We have also found that clients do not respond well to cold calls offering assistance. Consumers accept services more readily if they initiate the contact or if someone they trust has initiated a contact. So we will continue to promote our services and reach out to consumers but not initiate calls.

Our staff are well versed in local services and resources and assist with applications and linking clients to additional services. A major challenge is locating funding to pay for needed services

We have targeted our outreach to Marion County based on Intake statistics showing a lower percentage of client contacts in comparison to other counties that we serve. Our Outreach Specialist has focused on Marion County with ads and press releases in local newspapers touting the services of Aging Resources. She is also scheduling presentations in the community.

Strategy Activities Planned for SFY 2020

We will send a flyer to home delivered meal recipients highlighting the services offered by our agency, specifically Information & Assistance and Family Caregiver programs.

We will continue to highlight Aging Resources' services in our monthly Nutrition newsletter (3,000 issues) encouraging individuals to call our agency for assistance in locating in-home services and resource information.

We will place an Aging Resources brochure and/or a flyer highlighting in-home services in the Senior Farmers' Market Nutrition Program (SFMNP) pouches which is distributed to over 4,000 lower income clients.

SERVICE GAP #5: It is estimated 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.

Indicators to gauge progress in addressing service gap

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

- The number of new coordination efforts with groups working with the workforce.
- Presentations on caregiving provided within work places or to groups that include working caregivers.
- Number of services provided to caregivers, under the age of 65, who most likely will still be in the workforce.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
Partner with employers to provide presentations to their employees on strategies for balancing work and caregiving.	Revised	Not Started
Create articles on caregiving that can be used in business publications, newsletters and local newspapers.	No	In Progress
Collaborate with others working with caregivers (i.e. Hale Group, Alzheimer’s Association) to develop presentations and training.	No	In Progress

Update on Strategy Activities to Date

In FY’18, 40% of caregiver contacting us for assistance were under 65 so far this year 49% of the caregivers calls were from caregivers under age 65, so our numbers of possibly employed caregivers are increasing.

A grant for emergency respite has been submitted to Prairie Meadows Community Betterment Program to aid in providing respite to family caregivers. Since the Iowa Respite Coalition dissolved, there is no funding available to aid families that need respite for a short term because of unexpected circumstances. Employed caregivers often struggle to find cares is they have an unexpected need and at times caregivers themselves fall ill or need hospitalization. If we receive this funding, we will be able to assist families in paying for respite to relieve caregivers both financially and emotionally.

A second grant for respite has been submitted to Polk County. This small grant (\$5,000), if received will help supplement respite services.

A family recently provided \$6,100 to Aging Resources for respite care. This family had witnessed how important respite was when caring for the husband/father in the family. The family said they chose Aging Resources for the donation because they feel we have the expertise to administer the funds wisely and will assist caregivers in accessing needed support. They also appreciated that their entire donation will be used for direct service.

A one sheet insert regarding the Family Caregiver program has been developed and will be distributed to DMARC and Lutheran Church of Hope.

Strategy Activities Planned for SFY 2020

An article on family caregiving will be prepared to share with churches, community organizations and businesses for their newsletters.

A marketing letter will be created to send to Human Resource departments at Principal Financial, Blue Cross/Blue Shield, John Deere, Farm Bureau, Wells Fargo and Prairie Meadows to offer presentations by the Family Caregiver Specialists that would support their caregiving employees.

A list of e-mail addresses for local employers will be created to provide short articles that could be included in workplace newsletters. Family Caregiver Specialists will create e-mail lists which enable to distribute “blasts” to employed caregivers.

Section 2: Performance and Service Projections

Performance Outcome & Fiscal Year Targets

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

Program: Elder Abuse Prevention and Awareness (EAPA)

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/11/19	SFY 2020 Target
Percentage of EAPA Consultation consumers whose needs are met through provider referrals.	95%	100%	95%	66%	75%

Progress to date:

Aging Resources' EAPA staff continue to assess each person's needs and provide appropriate referrals to local community based services. When outside services are provided the consumer is less dependent on the caregiver and additional eyes are on the situation. We strive to provide all consumers with options, but on occasion, there just aren't available resources to address each person's needs or the consumer is not willing to accept referrals.

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/11/2019	SFY 2020 Target
Percentage of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed.	95%	75%	95%	100%	95%

Progress to date:

As of 3/11/19, 100% of our consumer cases are closed with EAPA services no longer needed. Our goal is to address each person’s situation to the fullest extent possible. Aging Resources will not close cases until each consumer is confident that their circumstances are under control. When closing cases, clients are assured that if their situation changes and they need our services again, that we are happy to assist them. EAPA cases can be complicated and the need/desire for assistance may come and go.

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

Program: LifeLong Links

Performance Outcome: Consumer received information appropriate to their need.

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 12/31/18	SFY 2020 Target
Percentage of LifeLong Links callers indicating they received the information they were seeking.	95%	100%	98%	100%	98%

Progress to date:

The expectation for our LifeLong Links I&A Specialists is that when they finish talking with a consumer, the consumer has received the requested information. If at the end of the call, the consumer reports that they “did not receive the information they requested”, our Specialists are expected to continue the conversation and to explore other options. We are pleased that our professional, experienced staff were able to provide 100% of consumers the information they were seeking in FY18 and in the first half of FY19. We anticipate that occasionally consumers will not hear information they want to hear or that there is no service available to meet their needs so our target for FY’20 is 98%.

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 12/31/18	SFY 2020 Target
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	95%	96.5%	96%	100%	96%

Progress to date:

Our expectation with Options Counseling is that, when the Options Counseling comes to a close, the consumer will indicate they were provided the information they needed to make informed decisions concerning their needs and goals. Again, if the consumer indicates they were not provided with adequate information, our expectation is that the Options Counselor will continue to work with that consumer until the consumer is satisfied. We have left our target for FY'20 at 96% because there may be consumers who are not satisfied no matter what assistance is provided.

Service(s): Nutrition Education and Nutrition Counseling

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 12/31/2018	SFY 2020 Target
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	62%	46%	58%	46%	52%

Progress to date:

We continue to hold at least one nutrition education session a month at each meal site. In addition, Fresh Conversations nutrition education sessions are held at 17 meal sites. Our dietician visits many of the rural meal sites each spring providing nutrition education sessions and promoting nutrition counseling. We recently ran a report showing which meal sites have the largest numbers of high nutrition risk consumers. Our dietician will target the meal sites with larger numbers of high nutrition risk participants for additional nutrition education.

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 2/28/19	SFY 2020 Target
Change in consumers receiving nutrition counseling from previous FY (percentage and number).	10% 65	13	300% 48	2	100% 26

Progress to date:

For FY'19 we made our target to 48 consumers, however to date only 2 consumers have had nutrition counseling. Our registered dietician is starting her rounds this spring of visiting congregate meal sites and providing nutrition education and offering nutrition counseling. We are working with site managers to hold nutrition counseling events where nutrition counseling time slots are available for consumers. The number of consumers should show a marked increase by the end of this fiscal year but may not meet the 48 consumer goal. For FY'20 we are projecting twice the number of clients counselled in FY'18.

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

Service: Case Management

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 12/31/18	SFY 2020 Target
Percentage of Case Management cases closed because case management service was no longer needed.	60%	60%	75%	100%	85%

Progress to date:

The number of consumers receiving Case Management services in FY 2018 was low so the number of closed cases is very low. As more clients are being added to the program, we feel the percentage of closed cases may actually decline because there may be other reasons for closure.

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 02/28/2019	SFY 2020 Target
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	41 months	6 months	16 months	8 months	10 months

Progress to date:

Our Case Management service has gone through huge changes since SFY 2017 when we were case managing a large number of Title XIX Elderly Waiver Clients. As of 7/31/17 all Waiver Case Management clients left our program. In the first half of FY2018 twelve clients were Case Managed. In the first half of FY2019 thirty-two clients have been Case Managed which is a 166% increase in clients served. Since most of our clients are new to the program, if they must transition to a facility, they will have only used Case Management services for a brief time.

Service(s): Congregate Meal and Home Delivered Meal

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 12/31/18	SFY 2020 Target
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	48%	87%	87%	88%	87%

Progress to date:

We are increasing the percentage target for FY'19 of socially isolated consumers who eat at least 4 congregate meals a month. Our 48% target for FY'18 was very low compared to the actual 87%. This was the first year that we tracked this statistic and we hypothesized that if people were socially isolated they may also be frail and unable to attend a meal site on a

regular basis. Fortunately, it appears that the majority are able attend at least four times a month. We will continue to work with the transportation/assisted transportation providers we fund to prioritize trips to the congregate meal sites in order to assist isolated consumers in attending the congregate meals. Our percentage of Congregate Meals consumers who are socially isolated but receive at least 4 meals a month has remain consistently at about 87% so will maintain that goal.

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 12/31/18	SFY 2020 Target
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	64%	85%	80%	86%	85%

Progress to date:

As with the congregate meal measure above, we projected a lower percentage of socially isolated consumers receiving at least 8 meals per month than the actual percentage. We are pleased that the percentage so far in FY'19 is 86% because this means that these consumers are not only having a hot meal at least 8 times a month but are also having personal contact with a meal delivery driver. We will continue to work with hospital discharge planners to promote referral for older adults leaving the hospital to the home delivered meal program. We are keeping our target at 85% for FY'20.

Service(s): Caregiver Counseling and Caregiver Respite Care

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 12/31/18	SFY 2020 Target
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	90%	93.3%	95%	100%	95%

Progress to date:

For the first half of FY'19 100% of caregivers state that counseling and/or respite has allowed them to maintain their caregiving role. However, we know that for a small percentage of caregivers the level of care needed by the older adult they are caring for may became too great for them to continue to provide care at home. For this reason we are putting our FY'20 target at 95%.

SFY 2020 Projected Older Americans Act Consumers and Service Units

See next page for table.

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	1,040	13	4	1		4
2: Homemaker	General Aging	6,000	133	9	8	5	69
3: Chore	General Aging	1,270	95	5	15	5	35
4: Home Delivered Nutrition	General Aging	255,223	1,956	334	65	40	718
5: Adult Day Care / Health	General Aging	39,000	101	13	6	4	20
6: Case Management	General Aging	610	40	5	5	2	14
7: Congregate Meals	General Aging	243,304	4,135	210	333	182	730
8: Nutrition Counseling	General Aging	26	20	2	2	1	6
9: Assisted Transportation	General Aging	48,925	611	8	18	10	195
10: Transportation	General Aging	65,850	1,220	7	150	75	390
11: Legal Assistance	General Aging	1,791	850	27	54	43	140
12: Nutrition Education	General Aging	14,500	2,500	200	210	70	800
13: Information & Assistance	General Aging	5,500	3,100	620	300	60	350
14: Outreach	General Aging	3,700	2,800	280	290	60	550
AO1: Material Aid: Home Mod.	General Aging	1,500	150	2	50	15	45
B02: Health Promo: Non-Evidence	General Aging	16,900	1,750	31	151	55	365
B04: Emergency Response System	General Aging	132	11	1			1
B05: Behavioral Health Supports	General Aging	500	315	27	54	25	100
B07: Health Promotion: Evidence-bas	General Aging	100	100	5	7	2	20
C07: EAPA Consultation	General Aging	210	95	8	9	3	28
C08: EAPA Assessment & Intervention	General Aging	120	20	3	4	1	6
D01: Training & Education	General Aging	700	18,000	3,000	2,000	200	1,600
E05: Options Counseling	General Aging	200	50	8	4	1	6
F06: Material Aid: AsstTech Durable MedEquip.	General Aging	38	36	6	4	1	10
F07: Material Aid: Consumable Supp	General Aging	40	4	1	1	1	2
F08: Material Aid : Other	General Aging	410	360	36	37	20	115
CG3: CG Counseling	Caregiver	150	100	10	8	3	10
CG4: CG Information Services	Caregiver	50	11,000	2,000	1,000	20	880
CG5: CG Respite	Caregiver	NA					
CG6: CG Supplemental Services	Caregiver	300	115	17	11	7	30

SERVICE		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
CG7: CG Home Delivered Nutrition	Caregiver	300	3	1	0	0	1
CG8: CG Options Counseling	Caregiver	210	50	6	5	2	7
CG9: CG Case Management	Caregiver	18	2	0	0	0	1
CG10: CG Information & Assistance	Caregiver	2,100	1,050	90	95	30	110
CG11: CG Support Groups	Caregiver	NA					
CG12: CG Training	Caregiver	NA					
CG13: CG Congregate Nutrition	Caregiver	NA					
CG14: CG Emergency Response Sys	Caregiver	220	25	3	3	1	7
CG23: CG Respite Care: In-Home	Caregiver	1,800	25	3	3	1	7
CG24: CG Respite Care: Out-of- Home (Day)	Caregiver	4,500	25	3	3	1	7
CG25: CG Respite Care: Out-of- Home (Overnight)	Caregiver	96	2	0	0	0	0
CG26 CG Respite: Other	Caregiver	NA					
GO1: GO Access Assistance	Caregiver	NA					
GO2: GO Self-Directed Care	Caregiver	NA					
GO3: GO Counseling	Caregiver	12	8	1	1	0	3
GO4: GO Information Services	Caregiver	1	20	3	2	1	6
GO5: GO Respite	Caregiver	NA					
GO6: GO Supplemental Services	Caregiver	75	50	6	10	7	17
GO7: GO Home Delivered Meals	Caregiver	300	2	1	0	0	1
GO8: GO Options Counseling	Caregiver	8	3	0	0	0	1
GO9: GO Case Management	Caregiver	NA					
GO10: GO Information & Assistance	Caregiver	185	120	12	15	9	40
GO11: GO Support Groups	Caregiver	NA					
GO12: GO Training	Caregiver	NA					
GO13: GO Congregate Nutrition	Caregiver	NA					
GO14: GO Emergency Response System	Caregiver	60	6	1	1	0	2
GO23: GO Respite Care: In-Home	Caregiver	500	5	1	1	1	2
GO24: GO Respite Care: Out-of-Home (Day)	Caregiver	2,400	6	1	1	0	2
GO25: GO Respite Care: Out-of-Home (Overnight)	Caregiver	96	2	0	0	0	1
GO26: GO Respite Care: Other	Caregiver	NA					

Self-Direction Service Delivery

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

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

OR

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

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

Services:

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

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

Caregiver Respite Voucher

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

OR

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

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

Item	Projection
Persons Served - Caregivers of Older Adults	52
Does AAA intend to use the funding sources listed below to provide respite services for Caregivers of Older Adults through vouchers?	
OAA Title III E federal funds	Y
Other - State Expenditure	Y
Other - Non-State Expenditure	Y
Program Income Expended	Y
Persons Served - Older Relative Caregivers	13
Does AAA intend to use the funding sources listed below to provide respite services for Older Relative Caregivers through vouchers?	
OAA Title III E federal funds	Y
Other - State Expenditure	Y
Other - Non-State Expenditure	Y
Program Income Expended	Y

Service Coverage

Information & Service Assistance Services

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

Mandatory Services	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Case Management	X	X	X	X	X	X	X	X
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X
EAPA Consultation	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
Options Counseling	X	X	X	X	X	X	X	X
Assistance: Information & Assistance (Family Caregiver)	X	X	X	X	X	X	X	X
Assistance: Case Management (Family Caregiver)	X	X	X	X	X	X	X	X
Counseling (Family Caregiver)	X	X	X	X	X	X	X	X
Options Counseling (Family Caregiver)	X	X	X	X	X	X	X	X

Optional Services	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Assistance: Information & Assistance (Older Relative Caregiver)	X	X	X	X	X	X	X	X
Assistance: Case Management (Older Relative Caregiver)								
Counseling (Older Relative Caregiver)	X	X	X	X	X	X	X	X
Options Counseling (Older Relative Caregiver)	X	X	X	X	X	X	X	X

Nutrition & Health Promotion Services

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

Mandatory Services	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Congregate Meals	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	X	X	X	X	X	X
Home Delivered Meals	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

Optional Services	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Home Delivered Meal (Family Caregiver)	X	X	X	X	X	X	X	X
Home Delivered Meal (Older Relative Caregiver)	X	X	X	X	X	X	X	X

Services to Promote Independence

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

Optional Services	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Adult Day Care / Health	X		X			X	X	
Assisted Transportation	X	X	X	X	X	X	X	X
Behavioral Health Supports	X	X		X		X	X	X
Chore				X		X		
Emergency Response System	X	X	X	X	X	X	X	X
Homemaker	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
Training & Education	X	X	X	X	X	X	X	X
Transportation	X	X	X	X	X	X	X	X
Information Services (Family Caregiver)	X	X	X	X	X	X	X	X
Respite Care: <ul style="list-style-type: none"> • In-home(day) • Out-of-home (day) • Out-of-home (overnight) • Other (Family Caregiver)	X	X	X	X	X	X	X	X

Optional Services	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Family Caregiver)	X	X	X	X	X	X	X	X
Support Group (Family Caregiver)								
Training (Family Caregiver)								
Information Services (Older Relative Caregiver)	X	X	X	X	X	X	X	X
Options Counseling (Older Relative Caregiver)	X	X	X	X	X	X	X	X
Respite Care (Older Relative Caregiver)	X	X	X	X	X	X	X	X
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Older Relative Caregiver)	X	X	X	X	X	X	X	X
Support Group (Older Relative Caregiver)								
Training (Older Relative Caregiver)								

Service Coverage Changes

No service coverage changes planned for SFY 2020.

Area Plan Service Waiting List

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

OR

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

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

Aging Resources has no waiting lists for services we provide directly. Several of our contractors report having waiting lists.

Several Homemaker programs report waiting lists:

- WesleyLife, which has a contract for homemaker and personal care services in Polk County, currently has a waiting list of 53 people who are 60+ and who need approximately 212 hours of homemaker services. 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 funding although at times a shortage of direct care workers is also a problem. 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.
- Marion County Public Health is currently reporting a waiting list of 18 consumers for 63 homemaking hours per month. This provider also reports primarily a shortage of homecare aides to fulfill this need. Consumers are prioritized by need and by length of time on the waiting list as is done with the WesleyLife consumers.
- HomeCare Services Inc. in Dallas County also reports a waiting list for homemaker services of 4 clients who need approximately 12 hours of service due to lack of funding.

Rebuilding Together Greater Des Moines, which provides home repairs through a Chore contract, currently has a waiting list of 18 people for 98 units. This waiting list is made up of consumers who have a need that is either too small or too large for their standard repair program. These consumers are waiting until a volunteer handyman is available for small jobs. Consumers whose homes need multiple repairs are put on a waiting list until a volunteer group is able to take on a larger project during one of their special “Rebuilding Days”.

Dahl Adult Day Center has currently has 5 consumers waiting for approximately 20 additional hours of daycare. Heartland Adult Day Center in Ames has a waiting list of 4 for about 20 hours

of ADC. In both cases these are consumers currently coming to the day center but who have increased care needs that are causing additional stress for their caregivers so that additional respite time at the adult day center would be helpful.

We are one funder for Lutheran Services in Iowa's (LSI) Older Refugee program providing a contract for Training and Education. LSI has a waiting list of 64 older refugees who could use the assistance and training provided by LSI to help them in acclimating to the US, learning English and working toward Citizenship.

Section 3: Quality Management

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

OR

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

Section 4: Public Input

Public Hearing Requirements

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

OR

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

Governing Body

Governing Body for: Aging Resources of Central Iowa

Updated On: March 7, 2019

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Steve Van Oort	Board of Supervisors 111 Court Avenue #300	Des Moines 50309-2214	Polk	515 286-3119 Steve.vanoort@polkcountyiowa.gov	12/31/19

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Colleen Farley	232 SW Ringold Street	Boone 50036-3840	Boone	515 432-5874 Mikefarley1951@gmail.com	3 rd term 12/31/20

Secretary/Secretary-Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires
Ron Jome	1250 Jade Place	Ogden 50212	Boone	515 275-4588 Janron76@icloud.com	1 st term 12/31/19

Treasurer, (if separate officer)

Name	Address	City & Zip	County	Phone & Email	Term Expires
Crystal McIntyre	Board of Supervisors 301 N Buxton Street #202	Indianola 50125	Warren	515 961-1029 crystalm@warrencountyia.org	12/31/19

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires
Denny Carpenter	Board of Supervisors PO Box 944	Newton 50208-0944	Jasper	641 792-7016 dcarpenter@co.jasper.ia.us	12/31-19
Kim Chapman	Board of Supervisors 121 N 9 th Street	Adel 50003-1443	Dallas	515 993-6850 Kim.chapman@dallascountyiowa.gov	12/31/19
Phil Clifton	Board of Supervisors 112 N John Wayne Dr	Winterset 50273-0152	Madison	515 462-3225 pclifton@madisoncoia.us	12/31/19

Don Corrigan	3316 Twana Drive	Des Moines 50310-4930	Polk	515 277-8066 donindsm@msn.com	1 st term 12/31/20
Robert Mahaffey	2220 E 32 nd Street	Des Moines 50317	City of Des Moines	515 266-6825 bobm@fngi.net	12/31/19
Nancy Nichols	6200 EP True Pkwy #505	West Des Moines 50266-6203	Dallas	515 221-3212 narnichols@gmail.com	1 st term 12/31/19
Lauris Olson	Board of Supervisors 900 Sixth Street	Nevada 50201-2087	Story	515 382-7203 lolson@storycountyiowa.com	12/31/19
Mark Raymie	Board of Supervisors 214 E Main Street	Knoxville 50138-2524	Marion	641 828-2231 mraymie@co.marion.ia.us	12/31/19
Kylon Schmitt	118 S 6 th Avenue	Winterset 50273-1813	Madison	515 462-2072 kyschmitt@gmail.com	1 st term 12/31/20
Ron Smith	Mary Greeley Medical Center 1111 Duff Avenue	Ames 50010	Story	515 239-2415 smith@mgmc.com	1 st term 12/31/19
Julie Snodgrass	17078 Illinois Street	Indianola 50125	Warren	515 376-5289 Julsno2007@yahoo.com	2 nd term 12/31/20
Linda Westergaard	City of Des Moines City Council 400 Robert D. Ray Drive, 2 nd Flr	Des Moines 50309	City of Des Moines	515 283-4944 lindaw@dmgov.org	12/31/19
Max Worthington	5005 E 36 th Street S	Newton 50208	Jasper	641 792-7728 N/A	3 rd term 12/31/19

Advisory Council

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

Older Americans Act Code of Regulations, Subpart C, Sec. 1321.57(b) Composition of Council.

The council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the area agency in developing community-based systems of services. The advisory council shall be made up of:

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

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

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

None, all composition criteria are satisfied.

Advisory Council for: Aging Resources of Central Iowa
Updated on: March 7, 2019

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Charla Kudej	616 S Kennedy Avenue	Madrid 50156-1736	Boone	515 795-2199 Charla.kudej@gmail.com	1 st term 06/30/20	2 5 7

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Joy Ihle	Polk County Community, Family & Youth Services 2309 Euclid Avenue	Des Moines 50310-5703	Polk	515 286-2062 Joy.ihle@polkcountyiowa.gov	2 nd term 06/30/20	2 3 4 5 7

Secretary

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Vicki White	301 N Buxton #202	Indianola 50125	Warren	515 961-1003 vickiw@warrencounthyia.org	2 nd term 06/30/19	2 4 5 7

Treasurer (if separate officer)

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
N/A						

Other Members:

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Amy Alden	Home Instead Senior Care 215 N Warrior Lane #B	Wauke 50263	Story	515 233-3539 a.alden@homeinstead.com	2 nd term 06/30/19	2 3 4 5 7
Ruth Bartels	6750 School Street #206	Windsor Heights 50324-1642	Polk	515 279-1729 Ruthbartels1@gmail.com	2 nd term 06/30/21	1 2 7
Denny Bock	1727 14 th Street	Boone 50036-1610	Boone	515 432-5274 Onkt7078@yahoo.com	1 st term 06/30/20	1 2 7
Shala Harsh	Heartland Senior Services 205 S Walnut Avenue	Ames 50010	Story	515 233-2906 sharsh@hsservicesia.com	2 nd term 06/30/21	2 4 5 7
Marilyn Heikes	295 Laurel Street	Wauke 50263	Dallas	515 987-2110 mjheikes@aol.com	3 rd term 06/30/19	1 2 5 7
Sharee' Huffer	Madison County Elderly Services 1006 N John Wayne Drive	Winters 50273	Madison	515 462-1334 mcestag@gmail.com	3 rd term 06/30/19	1 2 5 7
Paul Hunt	PO Box 2	Hartford 50118	Warren	515 402-5645 N/A	2 nd term 06/30/20	2 4 5 7
Jon McAvoy	1126 Grove Street	Adel 50003	Dallas	515 993-3977 jon@webmcavoy.com	2 nd term 06/30/19	1 2 4 5 7
Barb McClintock	669 41 st Street	Des Moines 50312	At-Large	515 255-2108 mcclintockbk@gmail.com	06/30/19	1 2 3 4 5 7
JoAnn McKibben	3909 S Orilla Road	West Des Moines 50061-5661	At-Large	515 285-4555 b.mckibben@mchsi.com	06/30/19	1 2 5 6 7
Alice Musselman	10262 SE Vandalia Drive	Runnels 50237-2067	Polk	515 966-2556 N/A	1 st term 06/30/20	1 2 5 7
Kelli Van Manen	Jasper County Elderly Nutrition Program 2401 1 st Avenue E	Newton 50208	Jasper	641 792-7102 kvanmanen@co.jasper.ia.us	3 rd term 06/30/19	2 4 5 7

Julie Weiss	1863 Summmerhill Trail	Winterset 50273- 1851	Madiso n	515 975-6903 grammyweiss@yahoo.com	1 st term 06/30/22	1 2 7
Jackie Woods Goodwin	909 S 14 th Avenue W	Newton 50208	Jasper	641 791-1126 Jrwoods444@mediacombb.net <u>t</u>	1 st term 06/30/21	1 2 7

LifeLong Links Advisory Council

LifeLong Links Advisory Council for: Aging Resources of Central Iowa

Updated On: March 7, 2019

Name	Organization	Address	City & Zip	County	Phone & Email
Jill Avery	Iowa Department of Human Rights	321 E 12 th Street	Des Moines 50319	Polk	515 242-6334 Jill.avery@iowa.gov
Kim Barber	Iowa Department for the Blind	524 Fourth Street	Des Moines 50309	Polk	515 281-1299 Kim.barber@blind.state.ia.us
Laura Gibson	CICIL	100 E Euclid Avenue #105	Des Moines 50313	Polk	515 243-1742 laura@CICIL.org
Becky Groff	SHIIP	601 Locust Street, 4 th Floor	Des Moines 50319	Polk	515 242-5300 Becky.groff@iid.iowa.gov
Gayla Harken	Iowa Association of Community Providers	7025 Hickman Road, #5	Urbandale 50322	Polk	515 270-9495 gharken@iowaproviders.org
Lloyd Hughes	Consumer Advocate	341 Pioneer Road	Des Moines 50315-1725	Polk	515 243-1182 N/A
Annie Randolph	Brain Injury Alliance of Iowa	7025 Hickman Road #7	Urbandale 50322	Polk	515 331-8984 arandolph@biaia.org
Tracy Keninger	Easter Seals of Iowa	401 NE 66 th Avenue	Des Moines 50313	Polk	515 309-2371 tkeninger@eastersealsia.org
Melissa McCoy	United Way of Central Iowa – 211	1111 9 th Street, #100	Des Moines 50314	Polk	515 246-6631 m.mccoy@unitedwaydm.org
	Polk County Health Services	2309 Euclid Avenue	Des Moines 50310	Polk	515 246-4560
Sydney Petersen	Parkinson's I&R Center at Unity Health-Des Moines	1200 Pleasant Street E-524	Des Moines 50309	Polk	515 241-6379 Sydney.petersen@unitypoint.org
Kelley Rice	Iowa Vocational Rehabilitation Services	510 E 12 th Street	Des Moines 50319	Polk	515 281-4146 Kelley.rice@iowa.gov

Jone' Staley	IA Department of Human Services	2309 Euclid Avenue	Des Moines 50310	Polk	515 725-2725 jstaley@dhs.state.ia.us
Bob Steben	Iowa Department of Veterans Affairs	Camp Dodge, Bldg. 3465	Johnston 50131-1824	Polk	515 727-3438 Bob.steben@iowa.gov
Julia Tiedeman	EveryStep	3000 Easton Blvd.	Des Moines 50317	Polk	515 558-9957 jtiedeman@everystep.org
Kay Vanags	Aging Resources of Central Iowa	5835 Grand Avenue, #106	Des Moines 50312-1444	Polk	515 633-9513 Kay.vanags@agingresources.com

ATTACHMENTS

Authorized Signatures

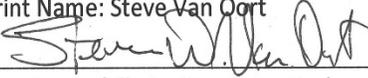
Area Agency on Aging Name	Primary Street Address	City & Zip	Type of Agency	Date of AAA Designation
Aging Resources	5835 Grand Ave., Suite 106	Des Moines 50312	Non-Profit	April, 1982

Authorized Signatures for Funding Applications and Contracts

Print Name: Joel L. Olah

 3/22/19
 Signature of Executive Director Date Signed

Print Name: Steve Van Oort

 3/21/19
 Signature of Chair, Governing Body Date Signed

Authorized Signatures for Fiscal Reports

Print Name: Joel L. Olah

 3/20/19
 Signature of Executive Director Date Signed

Print Name: Steve Van Oort

 3/21/19
 Signature of Chair, Governing Body Date Signed

Print Name: Lester Bascom

 3/21/19
 Signature of Fiscal Director Date Signed

Authorized Signatures for Program Reports

Print Name: Joel L. Olah

 3/22/19
 Signature of Executive Director Date Signed

Print Name: Margaret O. DeSio

 03/22/2019
 Signature of Contracted Services Director Date Signed

Grievance Procedures

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

OR

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

Staffing and Volunteer Information

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

Position	Total Number
Staff (paid) full-time:	15
Staff (paid) part-time:	2
SCSEP Beneficiaries:	0
AAA Volunteers:	1 regular 75 for holiday meals

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

Nutrition Services

Agency staff reviewed the following Nutrition Services information entered into the case management system (Wellsky) and verified that the information is current as of **3/22/2019**.

Nutrition Services information to be verified for accuracy includes:

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

Service Providers of OAA Services

Agency staff reviewed the Service Provider information entered into the case management system (Wellsky) and verified that the information is current as of **3/22/2019**.

Senior Centers and Focal Points

Agency staff reviewed the Senior Center and Focal Point information entered into the case management system (Wellsky) and verified that the information is current as of **3/22/2019**.

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

OR

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

Emergency Plan Summary

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

OR

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

Direct Service Requests

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

OR

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