

Signed Verification of Agency Compliance

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

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

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

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

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

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

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

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

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

TYPE NAME OF ADVISORY COUNCIL SIGNER

ADVISORY COUNCIL SIGNATURE

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

TYPE NAME OF GOVERNING BODY SIGNER

GOVERNING BODY SIGNATURE

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

TYPE NAME OF EXECUTIVE DIRECTOR

EXECUTIVE DIRECTOR SIGNATURE

The Heritage Area Agency on Aging PSA #4

Area Plan on Aging SFY 2018 – 2021



The Heritage Agency™

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

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Executive Summary

Heritage Area Agency on Aging (Heritage) is a department of Kirkwood Community College and is designated by the Iowa Department on Aging's Commission on Aging as an area agency on aging. Area Agencies on Aging (AAAs) are established under the Older Americans Act of 1965 (revised 2016) to respond to the needs of older adults over the age 60 and family caregivers over age 55. Heritage is also designated as an Aging and Disability Resource Center (ADRC), branded as LifeLong Links, to enhance access to services for individuals with disabilities within its seven-county Planning and Service Area (PSA). Heritage serves Benton, Cedar, Iowa, Johnson, Jones, Linn, and Washington counties.

In goal one, Heritage will protect and enhance the rights and prevent the abuse, neglect, and exploitation of older Iowans through its Elder Abuse Prevention and Awareness (EAPA) program and Legal Services. The EAPA program commonly sees neglect, self-neglect, and/or financial abuse of older adults. Through its program, and with additional funding support from the Victims of Crime Act grant, the program will be able to enhance service to individuals at risk for abuse. Legal Services provides advice and counsel for numerous legal matters to older adults region wide. A focus group dedicated to this specific issue has been created to strengthen scope and reach, and address gaps with self-neglect cases, hoarding, and individuals in rural, difficult to reach areas of the region

In goal two, Heritage will work with older Iowans, Iowans with disabilities, and caregivers as they engage in their communities, make informed decisions, and exercise self-determination about their independence, well-being in health through its LifeLong Links (LLL) service and through nutrition education and counseling. LLL provides access to information and referral assistance to community support programs and to options counseling and caregiver support to assist individuals in developing a person-centered plan for maintaining independence in their community of choice. Nutrition education and counseling is provided to those at risk. The LLL advisory council will serve as a focus group for this Area Plan goal and will help measure determined strategies and a Nutrition focus group has been established to address health and nutrition-related goals including expanding outreach efforts to increase consumers in congregate meals, increased identification of clients at high nutritional risk for nutrition counseling and increasing education on OAA funded meals to help diminish utilization stigma.

In goal three, Heritage will enable Older Iowans with remaining in their residence/community of choice through its home and community-based services (HCBS). Primarily contracted to community-based providers, older adults receive congregate and home-delivered meals, transportation support, and others. Heritage provides non-Medicaid case management services and provides funding for material aid and unmet needs when funds are available. A focus group dedicated to HCBS issues has been created to strengthen Heritage's work on this Area Plan goal in strategies of increasing clients from rural areas and of diverse backgrounds.

Context

Heritage Area Agency on Aging (Heritage) provides and contracts for services in Benton, Cedar, Iowa, Johnson, Jones, Linn, and Washington counties. Based on U.S. Census data projections (<https://www.census.gov/quickfacts/table/PST045216/00>, accessed March 23, 2017), there is an estimated 66,196 individuals over the age of 65 in the PSA, representing an mean of 16.7% of the PSA’s total population. Persons over the age of 65 in rural settings (i.e. all but Johnson and Linn) have a higher percentage of older adults ($\pi = 18.4\%$). Heritage provided services to 4,803 unduplicated individuals in FY 2016, representing approximately 14% of those eligible for Heritage services.

| County | Population | >65 years of age | % population |
|------------|------------|------------------|--------------|
| Benton | 25,658 | 4,387 | 17.2 |
| Cedar | 18,340 | 3,430 | 18.7 |
| Iowa | 16,401 | 3,001 | 18.3 |
| Johnson | 144,251 | 15,002 | 10.4 |
| Jones | 20,466 | 3,888 | 19.0 |
| Linn | 219,916 | 32,328 | 14.7 |
| Washington | 22,247 | 4,160 | 18.7 |

Although some services were provided to individuals under the age of 60 ($n=201$), the overwhelming majority of services were provided to individuals over the age 60. Typically, these individuals were female (68%), Caucasian/White (94%), over the age of 75 (56%), and living alone (59%) in an urban setting (75%). Although this demographic information is representative of older adults throughout the PSA, it raises concern for Heritage that not enough providers are available to reach a higher number of older adults in the rural settings. Heritage is also committed to identifying better methods of reaching communities of color, older adults of the LGBTQ communities, older adults with increased health risk due to poorer nutritional and oral health challenges, and transitional services for those in health care environments and correctional facilities.

Heritage is also dedicated to strengthening its relationships with individuals with disabilities and service providers for individuals with disabilities. The U.S. Census data projected an estimated 31,739 individuals with disabilities under the age of 65, approximately 7.54%, living in the Heritage PSA. Through LifeLong Links partnerships it is expected that more individuals under the age of 60 with a disability will be provided supports and services. The LifeLong Links advisory committee will assist Heritage with its area plan activities by acting as a focus group for Goal #2 of the Area Plan. Additional focus groups have been established and were integral in identifying gaps and strategies for the Area Plan.

On November 16, 2016, Heritage held a public meeting to discuss the Area Plan and to establish focus groups dedicated to different goals of the Area Plan. Focus groups will assist program leadership, management, and the Advisory Council to address Area Plan goals,

strategies, and measures beyond those identified by the Iowa Department on Aging for the Area Plan. The public meeting resulted in generalized service gaps per each Area Plan goal, robust number of potential strategies to address service gaps, and volunteers signing up as focus group members for Area Plan goals about which they were most interested. Additional service gaps and strategies were identified during a staff retreat in December, 2016. These findings were rolled into a general summary based on a United Way model for goal and strategy summarization and presented to the Advisory Council. In mid-February, each of the four focus groups met again and were asked:

- What two (2) services gaps they thought Heritage should add to the Area Plan?
- What two (2) strategies would meet those service gaps?
- What measures would determine progress on the strategies that Heritage and the Advisory Council could evaluate?

Results from these meetings have been incorporated into the Strategies to Address Service Gaps section of this Area Plan.

These areas and underserved target populations will be addressed through the measurements established in each of the goal areas.

Heritage has been a division of Kirkwood Community College (Kirkwood) since its inception. Growing demand for diversification of funding strategies due to long-term stagnant Federal and State funding and increased demand for services that are currently not provided by sub-contracting partners has challenged Heritage to consider pursuit of establishing itself as a 501(c)(3) tax-exempt, non-profit organization. Heritage will continue to explore this option with Kirkwood. However, Heritage has continued to strengthen its partnerships within the academic communities and is working closely with the regent universities and other colleges to address direct-care workforce training and education, identify education and training opportunities for older adults, and to promote research and evidence-informed practices throughout the aging network. This will, in part, occur through Heritage's management/partnership of the Gerontology Society of Iowa. Heritage will continue to work with other entities to strengthen services to older adults, family caregivers, and individuals with disabilities.

Section 1: 2018-2021 Goals and Strategies

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

Agency programs and services that address goal 1.

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

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

ELDER ABUSE PREVENTION AND AWARENESS PROGRAM.

Heritage’s Elder Abuse Prevention and Awareness Program (EAPA) provides a number of services (listed below) to persons aged 60 years and older who are experiencing emotional, physical, financial abuse, and/or neglect. In FY2016 Heritage provided EAPA Assessment & Intervention services to a total of 78 consumers. The typical individual in need of the service has been 78-years-old, female (68%), Caucasian (91%), with a median income of \$21,775. Additional demographic information is provided below. Most commonly, individuals utilizing the service are experiencing caregiver neglect, self-neglect, and/or financial abuse. Areas of emerging concerns or trends include an increases in referrals for hoarding, homelessness, and bed bug issues.

Additional services provided by EAPA include:

- Consultation and follow-up with referral source.
- Unscheduled welfare checks.
- Involves law enforcement and other community partners as needed.
- Files reports with DHS as a mandatory reporter.
- Connects consumers to in-home supports.
- Access resources to assist with recovery.

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

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

LEGAL ASSISTANCE.

Heritage subcontracts its Legal Assistance service to Martha Quint who is a local attorney with a 40-year relationship with Heritage. The contract is provided based on a successful application from Heritage's Request for Proposal (RFP) for Legal Assistance services. Through this contract, Martha Quint provides legal advice, individual counseling, and legal representation for individuals in all the counties in the PSA whether it be in her office or in the individual's home.

Generally, case priorities include issues related to: personal income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. Common issues tend to fall in three main areas:

1. Assistance in maintaining economic independence, such as income maintenance issues (social security benefits or overpayments), Medicare and Medicaid (qualification for the client and asset preservation for the spouse), relief from creditor actions (garnishment) or assistance with insurance claims (particularly long-term care insurance).
2. Assistance in maintaining personal independence, such as protection from financial exploitation, from emotional abuse, from self-neglect, and from threats to personal autonomy with financial and health decisions.
3. Assistance in maintaining independence and dignity such as assisting individuals with remaining in their home or community of choice, identifying legal supports for substitute decisions makers, for care providers in the home and qualifying for in-home services through public programs, such as Elderly Waiver.

An emerging trend appears to be an increase in legal assistance for older adults caring for adult children with disabilities. This creates unique funding challenges as many times the adult child is the legal services client, but the older adult is reaching out to Heritage to help.

Services / Initiative Funded Through Other Sources

The Heritage was awarded a federal Victims of Crime Act (VOCA) grant to enhance our Elder Abuse Prevention and Awareness Program (EAPAP). This grant is awarded through fiscal year 2020 with the hopes of continued renewal.

Provides:

- Coordinates community partnership meetings with victim support service providers
- Enhances EAPA services by providing emotional support and assistance with recovery from abuse
- Assess for past trauma and connects with mental health providers
- Offers victim assistance funds to address housing, personal effects, and transportation needs.
- Connects with legal assistance.

Collaborations/Partnerships to support Goal 1

- Heritage conducts monthly Multi-Disciplinary Team (MDT) meetings in Linn and Johnson counties along with rural counties conference calls. Within the MDT meetings/conference calls, more challenging client cases are discussed and additional options for assistance are explored.
- Linn Co. Triad – is a speaker’s bureau community collaborative that positions Heritage as the community expert and presenter on elder abuse issues.
- Family Violence Prevention Coalition – is a group of community providers that supports families who have experienced violence in the forms of child abuse, intimate partner violence and elder abuse. Its purpose is, “To communicate, link, integrate, and coordinate the activities of agencies and organizations who deal with violence and explore ways of reaching out to families.”
- Johnson Co. Older Adult Death Review Team – is a multi-disciplinary team that seeks to identify and understand factors associated with the deaths of older adults, particularly those deaths that could be related to caregiver abuse or neglect, as well as self-neglect, and any death that could have been prevented.
- Planning efforts with Iowa City Police Department & DHS – this is an effort to build stronger connections among Heritage, the Iowa City Police Department, DHS and other community partners to work collaboratively on abuse related cases.
- Pilot project in partnership with the U.S. Justice Department Fellow, Brian Kaskie, and with the 6th U.S. Judicial District to identify and strengthen the process by which a survivor of elder abuse gains access to supports and services through the prosecution process, when needed.
- The Iowa Attorney General office has been awarded funding from the U.S. Department of Justice as a statewide collaborative to train county attorneys across Iowa regarding elder abuse. Heritage remains a stakeholder in the Iowa Law and Services Together (ILAST) project.
- Statewide Elder Rights Workgroup – An effort coordinated by the Iowa Department on Aging to strengthen the EAPA program across the state of Iowa AAAs.

Strategies to Address Service Gaps

As described in earlier sections, each Area Plan goal has a Heritage focus group established to identify service gaps and review strategies to address gaps. The focus group for elder abuse prevention and legal services will continue to meet throughout the term of the Area Plan. Results from these meetings are indicated below and will be implemented as part of Heritage’s quality assurance activities as well as part of the ongoing reporting to IDA and the Advisory Council.

Goal 1, Service Gap #1: Older adults in the Heritage service area experiencing elder abuse, neglect or financial exploitation do not have information to recognize signs of abuse or how to resolve their situation.

Strategies to address service gap.

- The Heritage Elder Rights Specialist will provide EAPA Consultation services to all EAPA Program referrals with the Heritage service area. (FY2018-2021)
- The Heritage Elder Rights Workgroup will identify target population most in need of EAPA information and services. (FY2018)
- The Heritage Elder Rights Workgroup will create educational materials that communicate how to identify signs of abuse and how to connect with EAPA services. (FY2019)
- The Heritage Elder Rights Workgroup will develop a plan for distributing informational materials to target population. (FY2020)
- The Heritage Elder Rights Specialist will deliver information to target population. (FY2021)

Goal 1, Service Gap #2: Older adults in the Heritage service area experiencing self-neglect issues of hoarding, homelessness, and bed bugs are difficult to reach and serve.

Strategies to address service gap.

- Use existing multidisciplinary teams meetings to explore resources options in difficult, self-neglect cases. (FY2018-2021)
- The Heritage Elder Right Coordinator will establish a referral system and collaborative support plan with homeless service agencies in Linn and Johnson counties for older adults who are homeless or at risk for homeless. (FY2018)
- The Heritage Elder Rights Specialist will explore additional funding options for older adults experiencing self-neglect issues of hoarding and bed bugs. (FY2018)
- Use existing multidisciplinary teams meetings to create educational materials that communicate how to identify signs of self-neglect and how to connect with EAPA services. (FY2019)
- The Heritage Elder Rights Workgroup will develop an outreach plan for distributing informational materials to older adults with self-neglect issues. (FY2020)
- The Heritage Elder Rights Specialist will distribute information to older adults with reported self-neglect issues. (FY2021)

Goal 1, Service Gap #3: Older adults in the Heritage service area who are caring for adult children with disabilities are not aware of available resources.

Strategies to address service gap.

- The Heritage Elder Rights Workgroup will identify common issues for older adults who are caring for adult children with disabilities. (FY2018)
- The Heritage Elder Rights Workgroup to create educational materials that communicate how to care for adult children with disabilities and how to connect with Heritage to explore services options. (FY2019)
- The Heritage Elder Rights Coordinator will distribute materials to legal assistance agencies to share with older Adult who are caring for adult children with disabilities. (FY2020-2021)
- The Legal Services Provider will work with Heritage staff, Options Counselors and Elder Rights Workers to provide education to those seeking services of legal assistance.

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

Agency programs and services that address goal 2.

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

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

LIFELONG LINKS

LifeLong Links is the brand name for Iowa’s aging and disability resource center (ADRC). Heritage is a designated ADRC via IAC231.64 and provides this service to individuals 60+, persons 18+ living with a disability, and their caregivers. The ADRC advisory council provides support in developing partnerships and addressing the needs of individuals for which services are provided amongst the partners. LifeLong Links works to integrate its services in community through disability-service providers, health-service providers, and other community supports.

Information & Referral / Access Assistance:

Helps connect consumers with internal and external resources that keeps them safe and healthy at home. In FY2016 LifeLong Links provided 1,210 consumers with information & assistance Services. Of those accessing this service, 85% are over age 60 with 63% being aged 60-74. Consumers tend to be White (94%) females (70%). Common issues tend to be need for additional supports and planning, which is provided through an options counseling referral, Elderly Waiver application assistance, and assistance connecting with in-home care supports. Emerging trends include an increase in elder abuse referrals, homelessness, and challenges associated with non-emergency/medical transportation.

Options Counseling:

Options counseling provides person-centered planning with individuals ages 60 and over as well as with persons living with disabilities 18 and over. In FY2016, 190 consumers received Options Counseling services. Individuals who receive this service are typically 69 years of age, female (64%), White (93%) with a median income of \$21,755. This short-term person centered service is provided via phone, email, and face-to-face in a person’s home or in the community, based on the preferences of individuals in need of the service. An in-depth assessment of need is conducted with the individual and a service plan is developed to assist the person identify supports and services that will assist them in remaining independent in their community of choice for as long as possible. It is common for services to assist individuals with benefits applications, review long-term care supports and services options, and connect them with area services of interest to them. Utilization of ADRC unmet needs funds have primarily focused on transportation services, homemaker services, and meals for persons unable to access other nutrition programs and are indicative of emerging trends of concern to Heritage. Additionally, denial of an individual’s application to Elderly Waiver has increased the demand for supports and services. This is particularly concerning as individuals in need are unable to access the Medicaid services that would assist them in remaining in their community of choice with supports and services.

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

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

NUTRITION EDUCATION

In FY2016, 2,023 consumers were provided with nutrition education. The typical nutrition education consumer is female (65%), White (95%), 78-years-old, and living in an urban setting (73%) with a median income of \$21,775.

Monthly nutrition education is delivered by nutrition subcontractors either in congregate settings, where education is provided by site managers, or in home deliveries, where printed education materials promote healthy choices. An annual survey of nutrition service consumers assists Heritage with researching and planning monthly education topics and has resulted in the creation of the Heritage Nutrition Education Resource Manual for use by nutrition program partners. The survey has helped Heritage understand trends associated with nutrition needs including: issues associated with sodium reduction, cooking/shopping on a budget, eating healthy for one, exercise, and healthy snacking.

NUTRITION COUNSELING

In FY2016, 30 consumers were provided with nutrition counseling. The typical nutrition counseling consumer is male (67%), Caucasian (97%), 74-years-old, and living in an urban setting (94%) with a median income of \$29,471.

Nutrition Counseling will be provided by HY-VEE Corporation under a new strategy and partnership with Heritage. The service is offered through the thirteen area HY-VEE Food Stores and Drug Town Pharmacies in the greater Cedar Rapids/Marion area. Potential nutrition counseling participants are identified through new Consumer Intake Forms that will be reviewed by the Regional Nutrition Services Coordinator. Those with high risk nutritional scores are referred to the Nutrition Counseling Program for counseling. Heritage will also screen consumers receiving elder abuse prevention services for nutrition risk to minimize barriers to nutritional support that enhance further frailty for this high-risk individuals. Referrals to this program may come from Elder Rights Specialists, registered dietitians and pharmacists based in the thirteen area HY-VEE locations, or by site managers of the various dining sites throughout the Heritage PSA. Based on determination of need from the Region Nutrition Services Coordinator and the HY-VEE dietician, a plan is developed with the consumer, preferably on-site at the HY-VEE located nearest the consumer's place of residence, to provide a complementary tour of the store, educating the participant on how to properly shop for nutritious products, and purchase products based on the participant's individual needs. A home-visit by the dietician is also available.

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

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

OUTREACH / TRAINING & EDUCATION / CAREGIVER INFORMATION SERVICES

The Heritage provides Outreach, Training and Education and Caregiver Information Services through diverse methods. Efforts are made by internal staff, external partners and special events. Heritage believes that it is important for all within the aging network to conduct such efforts to ensure older adults, adults with disabilities and their caregivers to know about services offered and are educated consumers. In addition to one on one outreach, Heritage receives many requests to be speakers to clubs, groups, informal gatherings and agency meetings. Opportunities are also welcomed through engagements on a more formal level as college classes, forums and moderated panels and through agencies such as correctional facilities struggling with meeting the needs of older incarcerated individuals. Topics can cover general agency information, caregiver support, disease specific information, elder abuse, available long term services and supports, nutrition, and long term planning. Training also includes educating providers about needs, trends and consumer unmet needs. An informed population will create a greater access of services and to allow the Aging Network to better reach our goals, so Heritage requires all subcontracted partners to provide and report Outreach as part of their contract.

Heritage’s strategy for implementation of the service of caregiver information services will be coordinated through caregiver support and education opportunities. These programs have traditionally addressed the need for quality information services on available resources and support to individuals who provide care of older adults, both professional and family caregivers. Heritage will offer caregiver seminars, wellness day activities, and other education offerings throughout the year on topics such as legal issues, stress reduction techniques, available resources and more. Also, Heritage will continue to hold the annual Caregiver Wellness Day that is an event for family caregivers.

Services / Initiative Funded Through Other Sources

- Heritage Agreement with The Arbor – In December 2016, Heritage signed a contract to provide onsite Options Counseling services on a part-time basis to all 70 residents (when at full-capacity) of The Arbor at Lindale Trail facility.

Collaborations/Partnerships to support Goal 2

- LifeLong Links – ADRC Advisory Council – Heritage coordinates quarterly meetings of service area providers to identify and address service gaps. The Council is currently working to create TV promos to increase awareness of transportation and long-term care planning issues. The TV promos will advertise using LifeLong Links to get connected with needed services.
- LAP-AID Special Needs Older Adults Team – Heritage participates in this effort and coordinates an annual update of the special need registry for older adults and persons living with a disability to be utilized in time of disaster.
- IA/NE AIRS Board – Heritage participates within this effort to strengthen partnerships and I&A services across the state.
- Johnson County COAD – A group that works together in the event of a disaster.
- SIMS C3 – Linn County Public Health Initiative – Heritage participates in a community collaborative with 33 other providers to select a community referral database that will help track and improve health outcomes for at-risk, high need populations. Partnering with LifeLong Links and connecting to Options Counselors is a requirement of the new SIMS grant and will help increase our visibility and area plan service goals.
- Peer Action Disability Support (PADS) Board – PADS is devoted to the empowerment of people with disabilities by people with disabilities, through peer support, community education, advocacy, and action.
- Statewide Nutrition and LifeLong Links/OC/I&R/Case Management Workgroups – this effort is led by the Iowa Department on Aging and brings together LifeLong Links management staff to create common practices across the state.
- HY-VEE to address nutritional counseling and dietary risk issues for older adults.
- Provide Correctional Institutions and public officers serving those older adults that are incarcerated or paroled with information and education on home and community based services as necessary.

Strategies to Address Service Gaps

As described in earlier sections, each Area Plan goal has a Heritage focus group established to identify service gaps and review strategies to address gaps. The focus group for LifeLong Links is its advisory committee and the committee will discuss service gaps and review strategies to address those gaps as part of their regular advisory council meetings. Additionally, a nutrition focus group was established to address service gaps and strategies associated with both Goals #2 and #3 for the area plan. The focus group will continue to meet throughout the term of the Area Plan. Focus group meetings to prepare this Area Plan provided the results below and will

be implemented as part of Heritage’s quality assurance activities as well as part of the ongoing reporting to IDA and the Advisory Council. Service gaps related to the nutrition program are captured under Goal #3.

Goal 2, Service Gap #1: Older adults within the Heritage rural county service areas do not know about the LifeLong Links Program or how to connect to services.

Strategies to address service gap.

- LifeLong Links Advisory Council will assist in creating a user-friendly website for older adults, adults living with disabilities and caregivers to access information on available services. (FY2018-2021)
- Increase Heritage’s presence within rural counties by having staff attend meetings on a more regular basis and present on LifeLong Links services. (FY2018-2021)
- LifeLong Links Advisory Council will develop materials to use in educating rural older adults about LifeLong Links and how to connect with services. (FY2018)
- LifeLong Links Advisory Council will create a rural outreach plan to increase awareness of LifeLong Links with the following counties: Benton, Cedar, Iowa, Jones, and Washington. (FY2019)
- Heritage staff will distribute materials at congregate meals sites within rural counties. (FY2020-2021)

Goal 2, Service Gap #2: Caregivers within the Heritage services area do not know about the Caregiver Support Program or how to connect to services.

Strategies to address service gap.

- The Heritage Caregiver Planning Committee will develop materials to use in educating caregivers about the Heritage Caregiver Support program and how to connect with services. (FY2018)
- The Heritage Caregiver Planning Committee will develop an outreach plan to increase awareness of LifeLong Links with the following counties: Benton, Cedar, Iowa, Jones, and Washington. (FY2019)
- Heritage staff distribute materials to the Family Caregiver Center of Mercy, Hospitals, doctors’ offices, other local health, and human service agencies. (FY2020-2021)
- Heritage will explore, implement and expand fee-for-service programs for caregivers. (FY2018-2021)

Goal 2, Service Gap #3: Caregivers within the Heritage services area lack caregiver training opportunities and resources.

Strategies to address service gap.

- Expand Powerful Tools for Caregivers training into rural counties including: Benton, Cedar, Iowa, Jones, Washington counties. (FY2018-2021)
- Develop partnership with Iowa Association of Community Providers to create a formalized online training for caregivers that provides specific knowledge regarding the populations that are being cared for. (FY2018-2021)
- Heritage will explore, implement and expand fee-for-service programs for caregivers. (FY2018-2021)

Goal 2, Service Gap #4: High nutrition risk Individuals within the Heritage service area lack sufficient nutrition education and nutrition counseling.

Strategies to address service gap.

- Expand Nutrition Counseling services through HY-VEE to all seven counties. (FY2018-2021)
- Expand Nutrition Education offerings to caregiver groups through the Heritage Caregiver Planning Committee and Family Caregiver Center of Mercy, Hospitals, doctors' offices, other local health, and human service agencies that see persons that are at nutritional risk. (FY2018-2021)
- Work with Elder Rights Specialists to utilize nutrition risk screening tool with those consumers in the EAPAP.

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

Agency programs and services that address goal 3.

Heritage provides and contracts for the provision of home and community-based services and advocates for services that enables older Iowans to remain in the residence and community of choice for as long as possible. The information below summarizes current and planned activities to achieve this goal. Although funding is not directed toward housing, it is important to note that Heritage will continue advocate for and educate the community about the importance of universal design and affordable housing that ensures older adults can remain independent in their homes. Such housing options is key to living in age-friendly communities.

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

CASE MANAGEMENT

In FY2016, 856 consumers were served with case management services. Heritage consumers that use case management services are typically 77-year-old, Caucasian (91%) females (73%) living in urban settings (87%) with a median income of \$21,775. Consumers for this service are

primarily identified through service referral by Options Counselors and Elder Rights Specialists. Typical services are provided face-to-face or via phone and consist of an in-depth assessment, development of a care plan to connect to in-home services and supports, and ongoing contact with consumers as a long-term service.

Significant changes to the case management program occurred during Fiscal Year 2017. Heritage discontinued its hybrid service model with its long-term case management partner in response to the privatization of Iowa’s Medicaid program. At this time one case manager is responsible for 100% of the non-Medicaid case management service consumers. Although the most significant challenge many individuals in need of case management services has been related to the privatization of Medicaid case management, non-waiver consumers, challenges related to ensuring supports and services are available to assist case management consumers remain in the home and community of their choice for as long as possible. Ongoing evaluation of the performance measures for case management include:

- Increasing presence in rural areas
- Increasing diversity of consumers served
- Increasing referrals from Options Counselors and Elder Rights Specialists
- Establishing a waiting list for when the OAA Case Management case load reaches 60 consumers
- Continuous evaluation of meeting needs and discharging from the program when/if appropriate
- Making program adjustments as needed with proposed Iowa Code for the Service of Case Management

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

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

NUTRITION AND WELLNESS SERVICES.

CONGREGATE MEAL

In FY2016, 1,169 consumers were provided congregate meals. Congregate meal consumers are typically 77-year-old Caucasian (98%) females (64%) living in urban settings (59%) with a median income of \$21,775, and living alone with high nutritional risk. Congregate meals are currently provided at sixteen dining sites, by seven subcontractors who range from non-profit organizations, to county governments and local city governments. The vast majority of the dining sites provide a hot lunch meal at least four-five days per week, with a small number of sites serving either weekly or every other week.

Congregate sites, particularly in rural settings, are facing decline in participation, competition from restaurants with more convenient hours of operation, and can order food they want to eat. Heritage continues to provide technical assistance regarding the master menu cycle, responding to annual surveys, identifying methods for retaining and re-investing program income/donations into the congregate site, and identifying modernized concepts for congregate meal programs. Heritage attempts to reduce the food costs for providers through a purchasing program from a common manufacturer.

HOME DELIVERED MEALS

In FY2016, 1,517 consumers were provided with home delivered meals. Home delivered meals are typically provided to consumers who are 78-year-old females (66%), Caucasian (96%), in an urban setting (78%) with a median income of \$21,775, and living alone with high nutritional risk. Home delivered meals are provided by six nutrition subcontractors who are organized as non-profit agencies, county governments, and city governments. Meals are either hot or cold depending on the provider and the need of the consumer. Shelf-stable meals are provided for emergency preparedness, as funding allows. Meals are delivered throughout the PSA throughout the week.

Recent decrease in the number of meals served has raised concern for Heritage, although the demand remains higher than for congregate meal settings. This program is provided to some of the most at-risk individuals as they are typically eating alone, taking two or more medications, and are usually unable to physically shop, cook, or prepare meals. Enhanced marketing efforts to various housing complexes for older adults and hospital social workers and revisions to the master menu cycle are intended to increase participation in this necessary program for the highest at-risk individuals.

EVIDENCE-BASED HEALTH ACTIVITIES

Heritage provides two primary evidence-based programs, as described below. In FY2016, 17 consumers were provided with evidence-based health activities. The typical evidenced-based health client is a 77-year-old female (71%), Caucasian (94%), living in an urban setting (100%)

and with a median income of \$20,090. Heritage has attempted to hire a staff position to grow these programs for the past two years but has been limited by funding options at this time. Heritage will continue to identify methods for expanding these services as it is recognized that health activities are key to optimal aging.

- *Powerful Tools for Caregivers* – Provides family caregivers training on the skills needed to care for oneself. This six week course is typically held once-a-week in community centers, hospitals, and churches, although anywhere in the community is acceptable. Those that attend are current caregivers and caregivers whose loved one has passed. Caregivers are typically in their mid-50 and older and are commonly caring for a loved one with memory impairment or cancer-related health problems.
- *Chronic Disease Self-Management Program (CDSMP)* – This evidence-based program is licensed through Stanford University and helps program participants acquire skills of decision making, goal setting, problem solving, and action planning through topics such as exercise, meditation, better sleep, communication with health care providers and nutrition. Heritage employs a Master T-Trainer for this program, which has historically been provided in partnership with Mercy Medical Center and conducted at health care provider offices, churches, senior centers, and retirement communities. Classes run 2 ½ hours 1x weekly for 6 weeks The program at Mercy is ending during the current fiscal year and Heritage will identify ways to conduct this program with current staff for the immediate future with hopes of expansion during the next several years. It is necessary to note that Heritage staff limitations will result in fewer classes conducted but it remains dedicated to strengthening this program as soon as possible.

HEALTH PROMOTION AND DISEASE PREVENTION

In FY2016, 26 consumers were provided with health promotion & disease prevention services. The typical health promotion and disease prevention client is a 74-year-old female (77%), Caucasian (97%), living in an urban setting (96%) and with a median income of \$21,775. The primary program conducted in this section is the *Chronic Disease Self-Management Program (CDSMP)*. Though a program has not yet been established there is growing interest in developing an oral health program within the Heritage PSA.

- *Chronic Disease Self-Management Program (CDSMP)* – This evidence-based program is licensed through Stanford University and helps program participants acquire skills of decision making, goal setting, problem solving, and action planning through topics such as exercise, meditation, better sleep, communication with health care providers and nutrition. . Heritage employs a Master T-Trainer for this program, which has historically been provided in partnership with Mercy Medical Center and conducted at health care provider offices, churches, senior centers, and retirement communities. Classes run 2 ½ hours 1x weekly for 6 weeks The program at Mercy is ending during the current fiscal year and Heritage will identify ways to conduct this program with current staff for the immediate future with hopes of expansion during the next several years. It is necessary

to note that Heritage staff limitations will result in fewer classes conducted but it remains dedicated to strengthening this program as soon as possible.

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

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

HOME AND COMMUNITY BASED SERVICES

In Home Services

In Home Services are provided via subcontracts following a determination of need and eligibility for specific services by Heritage staff. Contracted services are provided based on the needs of the consumers utilizing the services. Services provided include: chore, homemaker, material aid, and personal care. Homemaker, Material Aid and Personal Care are not provided directly by Heritage, but purchased through unmet needs dollars through community agencies and organizations.

Chore

In FY2016, 70 consumers were provided with chore services. The typical Chore consumer is a 74-year-old female (83%), Caucasian (94%), living in an urban setting (100%) with a median income of \$11,880. Chore services are delivered primarily through a subcontractor identified through the Heritage RFP process. Previously, chore services were only available in Linn County. However, chore services have been expanded into Johnson County for this Area Plan despite difficulties expanding this service due to limited funding and low reimbursement rates from comparable funders (e.g. Medicaid). Heritage plans to utilize direct service dollars for chore services based on consumer referrals from Case Managers, Elder Rights Specialists, Options Counselors and I&A Specialists when unmet chore needs are identified. This is determined through an established assessment through referral process. The use of funds are varied, but common needs are for ramps to access their home, home repairs, lawn care, and snow removal. The provision of funds is based on a person centered assessment with a Heritage professional staff member.

Homemaker

In FY2016, 8 consumers were provided with homemaker services. The typical Homemaker consumer is a 68-year-old female (100%), Caucasian (87%), living in an urban setting (87%) and a median income of \$16,773. Heritage will purchase this service. Service is provided based on consumer referrals from Case Managers, Elder Rights Specialists, Options Counselors and I&A Specialists when unmet homemaker needs are identified. This is determined through an established assessment through referral process. The use of funds are varied, but common needs are for light housekeeping, laundry and kitchen duties. The provision of funds is based on a person centered assessment with a Heritage professional staff member.

Material Aid

In FY2016, 16 consumers were provided with material aid. The typical Material Aid consumer is 76-year-old female (94%), Caucasian (94%), living in an urban setting (62%) and a median income of \$20,783. Heritage will purchase this service. Service is provided based on consumer referrals from Case Managers, Elder Rights Specialists, Options Counselors and I&A Specialists when unmet material aid needs are identified. This is determined through an established assessment through referral process. The use of funds are varied, but common needs may include monthly costs of an emergency response system, and purchasing of essential household items, such as a hospital bed or lift chair. Home modifications, such as lumber for a volunteer ramp installation on the consumer's home, are also essential for older adults to remain in the homes and communities. The provision these funds are especially diverse and are based on a person centered assessment with a Heritage professional staff member.

Personal Care

No data is available for this service as it has not been an available service in the previous Area Plan. Heritage will purchase this service. Service will be provided based on consumer referrals from Case Managers, Elder Rights Specialists, Options Counselors and I&A Specialists when unmet personal care needs are identified. This is determined through an established assessment through referral process.

Community Based Services.

Community Based Services are primarily provided by subcontractors with many of the referrals initiated by Heritage staff. Heritage may also provide services based on need and available direct service funds. Services provided include: adult day health services, assisted transportation, and transportation.

Adult Day Health Services

FY2016, 62 consumers were provided with adult day health services. The typical Adult Day Health consumer is 74-year-old individual, equally distributed between male and female (50% each), Caucasian (92%), living in an urban setting (84%) and a median income of \$21,775. Adult Day Health services are delivered primarily through subcontractors identified through the Heritage RFP process. Services are available throughout the PSA via four licensed Adult Day Health Centers. Three of the four centers are nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Direct service funds may be used based on documented determination of need(s), completion of a person-centered assessment process, and availability of funds.

Assisted Transportation

In FY2016, 120 consumers were provided with assisted transportation services. The typical Assisted Transportation consumer is a 79-year-old female (80.0%), Caucasian (98%), living in a rural county setting (100%) and a median income of \$21,775. Assisted Transportation services are delivered primarily through subcontractors identified through the Heritage RFP process. Services are available in Benton and Jones County. All Assisted Transportation is provided by volunteer drivers. Direct service funds may be used based on documented determination of need(s), completion of a person-centered assessment process, and availability of funds. Assisted Transportation provides transport with an escort primarily to medical appointments throughout the region.

Transportation

In FY2016, 256 consumers were provided with transportation services. The typical Transportation consumer is a 76-year-old female (75%), Caucasian (96%), living in an urban setting (82%) and a median income of \$21,775. Transportation services are delivered primarily through subcontractors identified through the Heritage RFP process. Transportation services are provided by organizations in Linn and Cedar counties. Based on the organizations strategy and RFP proposal, some providers are willing to travel outside of the county, some provide rides for essential errands (e.g. going to the store, trips to the pharmacy). Transportation services include: medical appointments and essential errands transports as well as trips to the hairdresser, social events and religious services provided as well, which are essential to reducing isolation and maintaining independence in the community. Direct service funds may be used based on documented determination of need(s), completion of a person-centered assessment process, and availability of funds.

Transportation funding will also be used to evaluate a pilot program with Transportation Advisory Group (TAG) of Linn County to develop a wider range of transportation options. Older adults or referral sources can call 365-RIDE to get in touch with a Mobility Manager who will help match the consumer with the best transportation option for them including: volunteer

transportation programs, local bus systems, taxi cabs, and other similar services. They will arrange the ride and pay the provider with Heritage reimbursing the expense.

CAREGIVER SERVICES

Heritage provides caregiver services to an adult family member or another individual, who is an “informal” provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction. Caregiver services are also available for a grandparent, a step-grandparent or other relative caregiver of a child by blood or marriage who is 55 years of age or older and lives with the child; is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. Heritage has service dollars to help caregivers and care recipients access needed services such as respite care to reduce caregiver stress, homemaker services to maintain health and independence, and encouraging home modifications such as wheelchair ramps.

Caregiver counseling typically lasts for two or three visits, however, caregivers can schedule for a weekly or monthly check-in by our Family Caregiver Specialist as needed to help reduce their caregiver stress and problem solve.

In FY2016, 54 consumers received caregiver options counseling. The typical consumer of Caregiver Counseling is a 61-year-old woman (70%), Caucasian (100%), that is a daughter/daughter-in-law (44%). Heritage provides emotional support over the phone and face-to-face to caregivers through a Family Caregiver Specialist and also, for general information support, from Information and Referral Specialists. Support commonly addresses emotional support, caregiver stress, and identification of community supports and services. Emerging trends for Caregiver Counseling services include increased need for education on dementia issues and care topics, outreach to working caregivers, and training family caregivers with skills associated with caring for themselves while meeting the needs of their loved one.

Respite Care

Demographic data for respite care was unavailable at the time of this writing. Anecdotally, a wide range of ages represent the family caregivers receiving respite care, are typically women in their 90’s caring for their husbands. However, adult children are also providing care for their parents, with many of these adult children in their 60’s. Respite is primarily provided by subcontractors

Respite care services are delivered primarily through a subcontractors identified through the Heritage RFP process. Services are available throughout the majority of the PSA yet demand for these services are greater than funding that is typically available, limitations in affordable provider, especially in extremely rural areas of the PSA. Heritage plans to utilize direct service dollars for respite care services based on consumer referrals from Case Managers, Elder Abuse

Specialists, Options Counselors and I&A Specialists when unmet respite care needs are identified. This is determined through an established assessment through referral process. The provision of funds is based on a person centered assessment with a Heritage professional staff member.

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

FINANCIAL ASSISTANCE: MATERIAL AID & CAREGIVER SUPPLEMENTAL SERVICES

In order to assess for needed financial assistance and access to Heritage Material Aid and Caregiver Supplemental Services, our Family Caregiver Specialist completes a needs assessment with family caregivers over the phone or within a home visit. Once the need for financial assistance is identified, the Family Caregiver Specialist submits a request for funding that includes caregiver and care recipient demographics, a description of need, and funding requested. The Program Manager and Fiscal Director review and approve all funding requests prior to services being established and delivered. All funding requests are tracked within an Excel spreadsheet and also entered within the Harmony Database to capture service delivery units. Typical use of these funds include: respite care, homemaker services, emergency response devices, and wheelchair ramps.

Services / Initiative Funded Through Other Sources

Powerful Tools for Caregivers – Provides family caregivers training on the skills needed to care for oneself. This six week course is typically held once-a-week in community centers, hospitals, and churches, although anywhere in the community is acceptable. Those that attend are current caregivers and caregivers whose loved one has passed. Caregivers are typically in their mid-50 and older and are commonly caring for a loved one with memory impairment or cancer-related health problems.– provides emotional support, face-to-face visits, in-depth assessment of need, eligibility of benefit programs review, connection to in-home supports, and ongoing support to caregivers.

Caregiver Wellness Day Event-Heritage in partnership with Meth-Wick Community, co-hosted a caregiver wellness event in observance of National Family Caregivers Month on November 10, 2016. This was a free event designed to support the wellbeing of caregivers and promote self-care through various therapeutic activities and informational speakers.

Collaborations/Partnerships to support Goal 3

- Family Caregiver Center of Mercy – Heritage has a service referral MOU with the Caregiver Center. The MOU outlines a process for giving and receiving referrals from each partner.
- Iowa State University Extension & Outreach – Heritage partners with ISU Extension to provide the “Powerful Tools for Caregivers” training within our service region. This six week course is designed to provide family caregivers the skills needed to care for oneself. Caregivers who attend the classes are typically in their mid-50s and are commonly caring for a loved one with memory impairment or cancer–related health problems.
- UnityPoint Health-St. Luke’s Hospital Caregiver Partnership – Heritage is a part of a new collaborative lead by UnityPoint-St. Luke’s Hospital. This effort works towards outreach and support of caregivers who connect with UnityPoint- St. Luke’s Hospital system.
- Johnson Co. Livable Communities-Heritage chairs the Policy Board for this effort and also participates on Action Teams that address issues such as: caregiving, fall prevention, housing, and transportation issues.
- Statewide Family Caregiver Workgroup–This effort is led by the Iowa Department on Aging and brings together Family Caregiver Specialists from across the state to ensure continuity of services.
- Senior Tote Program-This effort is a collaborative effort between Heritage and the HACAP Food Reservoir, to bring weekly supplemental grocery items to those nutrition consumers in more rural areas. HACAP Food Reservoir funds the program and Heritage secured funding from a generous Wal-Mart grant for the program.
- Mobile Food Pantries-This effort is a collaboration with the HACAP Mobile Food Pantries to increase outreach and education to consumers as well as provide fresh produce, bread, and various grocery items. This program is delivered at various locations in the PSA.

Strategies to Address Service Gaps

As described in earlier sections, each Area Plan goal has a Heritage focus group established to identify service gaps and review strategies to address gaps. The focus group for Home and Community Based Services has been established to address Goal #3. Additionally, a nutrition focus group was established to address service gaps and strategies associated with both Goals #2 and #3 for the area plan. The focus groups will continue to meet throughout the term of the Area Plan. Focus group meetings to prepare this Area Plan provided the results below and will be implemented as part of Heritage’s quality assurance activities as well as part of the ongoing reporting to IDA and the Advisory Council.

Goal 3, Service Gap #1: Older Adult within the Heritage service area lack affordable non-medical transportation options on evening and weekends.

Strategies to address service gap.

- Assess current providers' ability to increase services and identify how they might be able to increase transportation and non-medical supports and services. (FY2018-2019)
- Identify and survey non-contracted community-based organizations, faith-based organizations, and businesses (stakeholders) about their ability to invest in non-medical supports and services for older adults. (FY2018-2019)
- Utilize stakeholder survey results to develop a community engagement plan that enhances volunteerism and community participation in transportation and non-medical supports and services. (FY2020)
- Host at least two (2) focus group meetings with current contracted providers regarding issues related to expanding transportation services and non-medical supports and services in their respective communities. (FY2021)

Goal 3, Service Gap #2: Working caregivers within the Heritage service area lack knowledge on how to access available resources to assist with caregiving.

Strategies to address service gap.

- Increase access to information and services for working caregivers. (FY2018-2019)
- Develop a marketing and outreach plan to promote program for working caregivers. (FY2020)
- Use Family Caregiver Specialist to provide on-site services to employers. (FY2021)
- Heritage will explore, implement and expand fee-for-service programs for caregivers. (FY2018-2021)

Goal 3, Service Gap #3: Caregivers who care for adult children with disabilities within the Heritage service area lack knowledge on how to access available resources.

Strategies to address service gap.

- The Heritage Caregiver Planning Committee will offer input on list of common issues for older adults who are caring for adult children with disabilities. (FY2018)
- The Heritage Caregiver Planning Committee will offer input on educational materials that communicate how to care for adult children with disabilities and how to connect with Heritage to explore services options. (FY2019)
- The Heritage Caregiver Planning Committee will help distribute materials to health and human service agencies to share with older Adult who are caring for adult children with disabilities. (FY2020-2021)

- Heritage will continue to utilize ADRC Unmet Needs funds to serve older adults who are caring for adult children with disabilities. (FY2018-2021)
- The Heritage Agency will keep track of the number of cases where the Family Caregiver Specialist delivers service to older adults who are caring for an adult children with disabilities. We will consider using requesting OAA Title III funds to provide GO access assistance, GO counseling, CO respite, etc. if there is a demonstrate need within our service area. (FY2018-2021)
- Heritage will explore, implement and expand fee-for-service programs for caregivers. (FY2018-2021)

Goal 3, Service Gap #4: Older Adults within the Heritage service services area need access to nutritious meals.

Strategies to address service gap.

- Survey older adults regarding a wide range of issues related to nutrition services that include aspects of attitudes toward accessing congregate meal sites, types of places they tend to “congregate” with other older adults for meals, and what would motivate them to congregate for meals as they age. (FY2018-2019)
- Compare findings to national data to develop a strategy for recommended changes in the model of nutrition meal programs. (FY2019)
- Create training and education modules that addresses stigma in receiving meal services and for providers and the community to promote changes within the congregate model based on findings. (FY2020-2021)
- Establish communication plan with urban/rural media about the report findings and proposed changes in communities. (FY2021)
- Work with subcontracted nutrition providers to evaluate food costs and opportunities to minimize them. (FY2018-2021)
- Work towards a needs assessment in determining food deserts for seniors and work to alleviate them by opening dining sites or existing congregations point such as HY-VEE, local restaurants to offer OAA meals to seniors in the food insecure areas. (FY2018-2021)

Goal 3, Service Gap #5: The Heritage Agency needs to increase access to information, education and advocacy efforts within the service area.

Strategies to address service gap.

- The Heritage Agency will launch a new website to strengthen its education and outreach efforts throughout the PSA with timely information about services, advocacy efforts, and educational opportunities for older adults, individuals with disabilities, and family caregivers. (FY2018-2021)

Section 2: Performance and Service Projections

Performance Outcome & Fiscal Year Target

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

Program: Elder Abuse Prevention and Awareness (EAPA)

| Performance Outcome Measure | Evaluate Agency's Ability... | FY2018 Target |
|---|--|---------------|
| Percentage of EAPA Consultation consumers whose needs are met through provider referrals. | To provide information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation. | 90% |
| Percentage of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed. | To resolve consumer's abuse, neglect, or exploitation situation. | 50% |

**Please note: To our best knowledge, EAPA Consultation consumers are considered persons who are currently being abused calling in and asking for assistance.*

HAAA proposes 90% of consumers who receive EAPA Consultation services will either be referred to receive EAPA Assessment & Intervention services or referred to an external provider for assistance.

HAAA proposes 50% of consumers who receive EAPA Assessment & Intervention services will be considered "Stabilized" when case is closed. Stabilized is defined by HAAA as 1) consumer has entered case management, 2) consumer abuse issues have been resolved, 3) consumer has been discharged with successful connection to services, or 4) consumer has moved into a facility.

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

Program: LifeLong Links

| Performance Outcome Measure | Evaluate Agency's Ability... | FY2018 Target |
|---|--|---------------|
| Percentage of LifeLong Links callers indicating they received the information they were seeking. | To assess and provide information appropriate to caller's need (from consumer's perspective). | 85% |
| Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need. | To conduct an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports. | 80% |

**Please note:* HAAA used Consumer Satisfaction Survey results to determine a targets for both of these indicators. HAAA proposes 85% of I&A callers will indicate they were provided information that was appropriate to their needs.

It is HAAA’s understanding that there will soon be an outcomes option within the Harmony database to be able to collect information for this indicator while the I&A Specialist is on the phone prior to ending the call with consumers.

HAAA proposes 80% of Options Counseling consumers will indicate they were provided with information to help them make informed decisions on goal and service needs.

Service(s): Nutrition Education and Nutrition Counseling

| Performance Outcome Measure | Evaluate Agency's Ability... | FY2018 Target |
|---|---|----------------------|
| Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education. | To ensure those at risk for poor nutrition and health status receive information so that they have better health enhancing options. | 65% |
| Percent change in consumers receiving nutrition counseling from previous FY (percentage and number). | To ensure those at risk for poor nutrition and health status receive counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake. | 10 Consumers 100% |

**Please note:* The FY2018 target for nutrition education was developed using the average number of congregate meal consumers that routinely participate in the congregate program and the frequency that nutrition education is offered at the congregate sites. In addition, there are concerted efforts in place to increase the availability and frequency of nutrition education opportunities at the congregate sites starting in FY2018.

The FY2018 target for nutrition counseling was developed by taking the estimated total number of nutrition counseling consumers served in FY2017, and forecasting the potential new reach of eligible consumers with the newly established relationship with the HY-VEE Corporation in the greater Cedar Rapids area. Due to this new collaborative relationship, increasing the number of consumers by 100% over the estimated total consumer number in FY2017 of 5 consumers, is obtainable.

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

Service: Case Management

| Performance Outcome Measure | Evaluate Agency's Ability... | FY2018 Target |
|--|---|---------------|
| Percentage of Case Management cases closed because case management service was no longer needed. | To ensure Case Management clients receive the supports and services they need to remain at residence of choice for as long as they need or desire them. | 75% |
| Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility. | To ensure Case Management clients receive the supports and services they need to remain at residence of choice for as long as they need or desire them. | 54 months |

**Please note: Case management projections are based on past performance and the anticipation of the ability to serve additional consumers due to changes in the IDA service of case management rules.*

Service(s): Congregate Meal and Home Delivered Meal

| Performance Outcome Measure | Evaluate Agency's Ability... | FY2018 Target |
|---|--|---------------|
| Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month. | To ensure those congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community. | 45% |
| Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month. | To ensure those home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person. | 65% |

**Please note: The FY2018 target for congregate meal consumers is a target that is obtainable based on the number of congregate sites operating at least three days, with the majority serving five days per week and the current data showing that the majority of congregate consumers participate in the congregate program at least three days per week.*

The FY2018 target for home delivered meal consumers is a target that is obtainable based on the current number of service days per week and also the several different meal parts such as hot and frozen meals and breakfast bags that are offered on a regular basis. Several providers provide the above services using multiple routes, thus leading to the opportunity of the consumer receiving additional visits than just one visit while delivering a scheduled hot meal.

Service(s): Caregiver Counseling and Caregiver Respite Care

| Performance Outcome Measure | Evaluate Agency's Ability... | FY2018 Target |
|--|--|---------------|
| Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role. | To ensure caregivers receive the supports and services they need to continue to provide informal care to the care recipient. | 80% |

**Please note: HAAA used Consumer Satisfaction Survey results to determine a target for this indicator.*

HAAA proposes 80% of Caregiver consumers will indicate caregiver counseling and/or respite care services allowed them to maintain their caregiver role.

FY 2018 Projected Older Americans Act Consumers and Service Units

Form 3A-1

| 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 | 30 | 10 | 1 | 1 | 1 | 1 |
| 2: Homemaker | General Aging | 743 | 13 | 1 | 1 | 1 | 1 |
| 3: Chore | General Aging | 1,793 | 85 | 1 | 3 | 3 | 42 |
| 4: Home Delivered Meals | General Aging | 256,513 | 1,517 | 337 | 43 | 24 | 550 |
| 5: Adult Daycare | General Aging | 10,385 | 60 | 10 | 5 | 3 | 25 |
| 6: Case Management | General Aging | 750 | 60 | 8 | 5 | 1 | 25 |
| 7: Congregate Meals | General Aging | 59,200 | 1,169 | 483 | 14 | 11 | 327 |
| 8: Nutrition Counseling | General Aging | 18 | 18 | 2 | 1 | 1 | 1 |
| 9: Assisted Transportation | General Aging | 2,720 | 60 | 30 | 1 | 1 | 15 |
| 10: Transportation | General Aging | 8,346 | 145 | 21 | 4 | 1 | 10 |
| 11: Legal Assistance | General Aging | 877 | 190 | | | | |
| 12: Nutrition Education | General Aging | 10,529 | 1,472 | 397 | 29 | 17 | 131 |
| 13: Information & Assistance | General Aging | 6,275 | 4,800 | 153 | 92 | 54 | 378 |
| 14: Outreach | General Aging | 1,200 | 1,200 | | | | |
| B02: Health Promotion & Disease Prevention | General Aging | 80 | 20 | 1 | 1 | 1 | 1 |
| B07: Evidence Based Health Activities | General Aging | 20 | 20 | 1 | 1 | 1 | 2 |
| C07: EAPA Consultation | General Aging | 130 | 65 | 1 | 1 | 1 | 2 |
| C08: EAPA Assessment & Intervention | General Aging | 130 | 65 | 5 | 6 | 3 | 20 |
| C09: EAPA Training & Education | General Aging | 10 | 100 | | | | |
| C10: Self-Directed Care | General Aging | | | | | | |
| C12: EAPA Non-Consumer Consultation | General Aging | 65 | 65 | 1 | 1 | 1 | 1 |
| D01: Training & Education | General Aging | 100 | 3,000 | | | | |
| E05: Options Counseling | General Aging | 200 | 100 | 18 | 6 | 3 | 38 |
| F02: Material Aide | General Aging | 171 | 120 | 30 | 7 | 1 | 60 |
| CG1: CG Access Assistance | Caregiver | 200 | 200 | 34 | 8 | 1 | 1 |
| CG2: CG Self-Directed Care | Caregiver | | | | | | |
| CG3: CG Counseling | Caregiver | 50 | 50 | 3 | 1 | 1 | 1 |
| CG4: CG Information Services | Caregiver | 20 | 100 | | | | |
| CG5: CG Respite | Caregiver | 16,031 | 85 | 9 | 3 | 1 | 1 |
| CG6: CG Supplemental Services | Caregiver | 5 | 5 | 1 | 1 | 1 | 1 |
| CG7: CG Home Delivered Meals | Caregiver | | | | | | |
| CG8: CG Options Counseling | Caregiver | 200 | 100 | 9 | 4 | 1 | 1 |
| GO1: GO Access Assistance | Caregiver | | | | | | |
| GO2: GO Self-Directed Care | Caregiver | | | | | | |
| GO3: GO Counseling | Caregiver | | | | | | |
| GO4: GO Information Services | Caregiver | | | | | | |
| GO5: GO Respite | Caregiver | | | | | | |
| GO6: GO Supplemental Services | Caregiver | | | | | | |
| GO7: GO Home Delivered Meals | Caregiver | | | | | | |
| GO8: GO Options Counseling | Caregiver | | | | | | |

Service Coverage & Wait List Information

Heritage is expanding Chore into Johnson County through a subcontractor identified through the FY 2018 RFP Process. Unfortunately, there is no longer a congregate meal site in Washington County. Please note that Assisted Transportation and Transportation providers, may travel outside of the county in which they are housed. Below represents where the programs are housed and the county of residence of the consumer.

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

| Mandatory Services | Benton | Cedar | Iowa | Johnson | Jones | Linn | Washington |
|---------------------------|--------|-------|------|---------|-------|------|------------|
| Case Management | X | X | X | X | X | X | X |
| Congregate Meals | X | X | X | X | X | X | |
| Health Promotion | X | X | X | X | X | X | X |
| Home Delivered Meals | X | X | X | X | X | X | X |
| Information & Assistance | X | X | X | X | X | X | X |
| Legal Assistance | X | X | X | X | X | X | X |
| Nutrition Counseling | X | X | X | X | X | X | X |
| Nutrition Education | X | X | X | X | X | X | X |
| Options Counseling | X | X | X | X | X | X | X |

| Other Services | Benton | Cedar | Iowa | Johnson | Jones | Linn | Washington |
|---|--------|-------|------|---------|-------|------|------------|
| Adult Day Care/Adult Day Health | X | X | X | X | X | X | X |
| Chore | | | | X | | X | |
| EAPA Consultation | X | X | X | X | X | X | X |
| EAPA Assessment & Intervention | X | X | X | X | X | X | X |
| EAPA Training & Education | X | X | X | X | X | X | X |
| Evidence-Based Health Activities | X | X | X | X | X | X | X |
| Health Promotion and Disease Prevention | X | X | X | X | X | X | X |
| Homemaker | X | X | X | X | X | X | X |
| Material Aid | X | X | X | X | X | X | X |
| Outreach | X | X | X | X | X | X | X |
| Personal Care | X | X | X | X | X | X | X |
| Self-Directed Care | | | | | | | |
| Training & Education | X | X | X | X | X | X | X |

| | | | | | | | |
|-------------------------|---|---|--|--|---|---|--|
| Assisted Transportation | X | | | | X | | |
| Transportation | | X | | | | X | |

| Family Caregiver & Grandparent/Other Elderly Caregivers | Benton | Cedar | Iowa | Johnson | Jones | Linn | Washington |
|--|--------|-------|------|---------|-------|------|------------|
| Access Assistance | X | X | X | X | X | X | X |
| Counseling | X | X | X | X | X | X | X |
| Home Delivered Meal | | | | | | | |
| Information Services | X | X | X | X | X | X | X |
| Options Counseling | X | X | X | X | X | X | X |
| Respite Care | X | X | X | X | X | X | X |
| Self-Directed Care | | | | | | | |
| Supplemental services | X | X | X | X | X | X | X |

| Grandparent/Other Elderly Caregivers | Benton | Cedar | Iowa | Johnson | Jones | Linn | Washington |
|---|--------|-------|------|---------|-------|------|------------|
| Access Assistance | | | | | | | |
| Counseling | | | | | | | |
| Home Delivered Meal | | | | | | | |
| Information Services | | | | | | | |
| Options Counseling | | | | | | | |
| Respite Care | | | | | | | |
| Self-Directed Care | | | | | | | |
| Supplemental services | | | | | | | |

Service Waiting List

At this time, Heritage does not have a Service Waiting List. However, we are working with the other Area Agencies on Aging to develop such tools through the Harmony implementation. It is our understanding that by July 1, 2017, that we will be trained on how to obtain unmet needs data internally and from our subcontractors through the monthly reporting processes. Also, Harmony will allow us to track this information with it being associated to an individual. This allows us as funding becomes available, to address the unmet needs of individuals through a Service Wait List.

Heritage does anticipate creating a Service Wait List for Case management at some point in the next fiscal year. The agency budget allows for one staff person to serve consumers and with the expansion of eligibility with the proposed service of case management rules, Heritage expects this individual's case load to increase. An internal cap of 55-60 clients has been set to ensure timely response to issues/concerns and ensure quality service. This individual currently has a caseload of approximately 40.

Heritage is dedicated to track unmet needs data and to develop tools assist in reaching individuals at-risk for losing their choice of community and housing due to needs being unmet. Harmony will allow us to better communicate the area needs and to establish a systemic strategy to address them as we are able.

Section 3: Quality Management

Heritage is expanding our efforts in the area of Quality Management. This is done through data collection, remediation, and continuous improvement.

There are four main strategies to our overall quality management efforts:

1. **Quality Assurance and Improvement Program.** The purpose of the Quality Assurance and Improvement Program (QAIP) is to provide a formal process by which Heritage evaluates and identifies any need for improvement or adjustment in agency operations, service delivery, and/or community impact.

Information gathered through the QAIP may be used for evaluation of success, to measure impact, communicate effectiveness, advocate on issues related to the target population, and more. Heritage is re-considering our current data points that we collect and analyze with the new Area Plan goals and Harmony data tools. We will be revising our plan to better fit with the Area Plan and other program goals.

2. **Statewide Collaborations.** Heritage has been working with state partners to improve consistency in quality measures through i4a and IDA workgroups. Other areas that Heritage has been working on is standardized Case Management policies and procedures state wide. LifeLong Links continues to develop standard operating procedures.

3. **Internal Controls.** Heritage has assigned Contract Monitors and Grant Managers. The contract monitor is responsible for the monitoring and assessing of the program and subcontractor compliance and performance. This includes written monitoring reports at least quarterly, obtaining participant views and an on-site assessment report at least annually. The role of a Grant Manager is to ensure that Heritage fulfills all obligations of the grant through program activity coordination and achieving grant deliverables.

4. **Focus Groups.** As described in Area Plan Section 4, Public Input/Public Hearing, Heritage established four (4) focus groups to help program leadership, management, and the Advisory Council to further address aspects of the area plan as well as activities, goals, and measures to address service gaps. Those groups are: Elder Abuse Prevention and Legal; Nutrition; Home and Community Based Services; and LifeLong Links. The LifeLong Links focus group is also the LifeLong Links Advisory Council.

Section 4: Public Input

Heritage announced the development of the FY 2018 – 2021 Area Plan on our website and through Public Notice. We also held a Public Hearing and have received written comments from the community. Heritage also has a standing agenda item of Area Plan Update on the Advisory Council agenda each month.

In addition to the traditional means described above, on November 16, 2017, Heritage held a public meeting to discuss the Area Plan and to establish Focus Groups. The purpose of the Focus Groups are to help program leadership, management, and the Advisory Council to further address aspects of the area plan as well as activities, goals, and measures that are not necessarily being tracked by the Iowa Department on Aging within the area plan yet, could be added to the area plan. The intent was to create a stronger voice from the community. Participants which included volunteers, other service providers and community advocates brainstormed and documented on paper service gaps and barriers, innovative models or possible solutions, and additional key interests. At the end of the day, participants were given two stickers to identify which service gaps they believed to be the most critical. This same process was repeated at a staff retreat in December and all results shared with the Advisory Council. In mid-February, each of the four focus groups met again and were asked what two (2) services gaps they thought Heritage should add to the Area Plan, what two (2) strategies would meet those service gaps, and what measures would determine progress on the strategies that Heritage and the Advisory Council could evaluate. Results from these meetings have been incorporated into the Area Plan. Meetings with the Focus Groups will be ongoing.

Public Hearing Information

Text Copy of Public Hearing Notice:

NOTICE OF PUBLIC HEARING ON MULTI-YEAR AREA PLAN FOR BENTON, CEDAR, IOWA, JOHNSON, JONES, LINN AND WASHINGTON COUNTIES

To older persons, public officials and other interested parties, pursuant to Iowa Administrative Code Chapter 17 – 6.2(7)a.(2):

The public is notified and invited to attend a public hearing being conducted by The Heritage Area Agency on Aging regarding the Fiscal Years 2018 - 2021 Area Plan for the seven county region (Benton, Cedar, Iowa, Johnson, Jones, Linn and Washington counties).

The purpose of the public hearings are to gather input and comments from interested parties, including priority services. A public hearing will be conducted on:

Thursday, December 15, 2016 from 1:30 – 2:30 p.m. at Kirkwood Community College, Iowa Hall, Marland Room (212 Iowa Hall), 6301 Kirkwood Blvd. SW, Cedar Rapids, Iowa 52404.

Agenda:

1. Call to order
2. Purpose of hearing
3. Public Comments on Priority Services
Title IIIB Priority services are located within the service categories of Access, In-Home and Legal. The minimum percentage (%) of Title IIIB funding required to be expended within each category are: 1. Access (10%), which includes Assessment/Intervention, Information and Assistance, Assisted Transportation, Outreach, Case Management, and Transportation. 2. In-Home (5%), which includes Adult Day Care/Adult Day Health, Personal Care, Chore, Reassurance/Visiting, Homemaker, and Respite. 3. Legal (3%,) which includes Legal Assistance.
 - a. Written comments
 - b. Other comments
4. Services under consideration to be provided as Direct Services by Heritage
5. Adjournment

The Area Plan will guide Heritage for the period of State Fiscal Years 2018 – 2021. Comments are also welcomed in the written form of choice or by utilizing a form provided on the Heritage website at www.heritageaaa.org. Written comments should be sent to The Heritage Area Agency on Aging, Attention Joe Sample, Kirkwood Community College, 6301 Kirkwood Blvd. SW, Cedar Rapids, Iowa 52404. The public is invited and encouraged to provide feedback and attend one or both the public hearing opportunities and/or provide written comment.

List of Groups Notice Was Sent and Dates:

Current Heritage Subcontractors – Sent via email 11/17/16
Heritage Staff – Sent via email 11/17/16
Iowa City Press Citizen – Sent 11/17/16, Published 11/25/16
The Washington Evening Journal – Sent 11/17/16, Published 11/21/16
The Gazette – Sent 11/17/16, Published 11/23/16
Website Posting – 11/17/16

People Present at the Public Hearing:

Sofia Mehaffey
Peg Moses
Karl Cassell
Devon Inman
Joe Sample
Jill Gleason
Kellie Elliott-Kapparos
Tim Getty
Maude Torp
Sjonna Brunt

Written Summary of the Public Hearing:

Public Hearing
Area Plan Fiscal Year 2018-2021
The Heritage Area Agency on Aging
Thursday, December 15, 2016 - 1:30 p.m. – 2:30 p.m.
Kirkwood Community College, Iowa Hall, Marland Room (212 Iowa Hall)
6301 Kirkwood Blvd SW, Cedar Rapids, IA 52404

Present: Sofia Mehaffey, Peg Moses, Karl Cassell & Devon Inman

Staff Present: Joe Sample, Jill Gleason, Kellie Elliott-Kapparos, Tim Getty, Maude Torp & Sjonna Brunt

Call To Order:

Joe Sample called the Area Plan for Fiscal Year 2018-2021 for Heritage Area Agency on Aging to order at 1:30 pm.

Purpose of Hearing: Joe asked the attendees to please follow along with the provided agenda. The set of slides is for the purpose of our hearing today and this is being recorded and we will have available extensive minutes per our discussion today. Full Presentation attached. The purpose of today's meeting is to get public input on our Area Plan for the 2018-2021 time period. Attached agenda reviewed.

Public Comments on Priority Services: Written statements presented by Bob Welsh, Len Sandler, Johnson County Task Force on Aging and Mike Carberry are attached.

Sofia Mehaffey-Linn County “One thing that I heard that was part of the previous comments, was additional information being provided to clients or some kind of assistance being provided to clients to help them navigate the MCO’s Medicare information. I think that is incredibly important. The other thing that comes to mind that I haven’t heard yet is, Goal #3. Enable older lowans to remain in their own residence in the community of their choice. Obviously, what we do Meals on Wheels is incredibly important to that. Another thing that I think is really important is something that I haven’t necessarily seen is, for example when we had our Linn County Task Force someone came in and showed a lot of safety devices and different things that seniors can use in their own home to better facilitate them being able to age in place. However, homebound seniors weren’t able to make it to that meeting. This is something that I think we could doing a better job of getting out in the community where they are and meeting them where they are.

Joe Sample: Thank you

Services under consideration to be provided as Direct Services by Heritage:

Joe reviewed the services that are under consideration to be provided during the 2018-2012 Area Plan include the following list:

1. Case Management
2. Congregate Meals
3. EAPA Consultation (Elder Abuse and Prevention Awareness)
4. EAPA Assessment and Intervention
5. EAPA Training and Education
6. Health Promotion
7. Home Delivered Meals
8. Homemaker
9. Information and assistance
10. Material aid
11. Nutrition Education
12. Evidence Based Health
13. Options Counseling
14. Outreach
15. Personal Care
16. Training and Education
17. Caregiver Access Assistance
18. Caregiver Counseling
19. Caregiver Information Services
20. Caregiver Options Counseling
21. Caregiver Respite
22. Caregiver Supplemental Services

Joe Sample stated that written comments are accepted until Area Plan is submitted. Please do submit by February 1, 2017 for the most opportunity for everything to be considered.

Open to questions:

Karl Cassell-Linn County, "Is there obviously going to be with the number of services under your consideration, will there be a change in the funding models or the dollar amounts that will be allocated."

Joe Sample-Heritage, "At this point in time that will be a part of the RFP discussion, so we have not made any decisions on how funding would follow. There will be training in January for anybody that is going to apply to any services and it is at that point in time that we will have richer information regarding how the funding will work."

Karl Cassell, "Are any of these service new or are they all existing services that are already covered?"

Joe Sample, "Define new for me."

Karl Cassell, "Ones that you guys didn't cover before that you are now adding in addition to the services that you didn't cover."

Joe Sample, "I believe and correct me if I am wrong, we have added to this list Congregate Meals, and Home Delivered Meals."

Kellie-Elliott Kapparos-Heritage, "And Personal Care and Homemaker."

Devon Inman-Johnson County, "Since Home Delivered Meals and Congregate Meals were added, is the intention to provide or as the backup for current providers or RFP recipients?"

Joe, "Thank you for the clarification. We have to get permission to do any kind of direct services and we also want to put it under public comment related to any direct service that Heritage might do. We have added Congregate Meals and Home Delivered Meals specifically out of concern for our providers who are contracted with at the time in the event that we need to in an emergency situation provide those service and that is the reason for adding those services for the next four years."

Adjournment

Joe Sample thanked everyone for coming out and reminded them that they still have time to submit their thoughts and ideas. If you need a copy of the Area Plan we could be happy to get them to you. Time frame for completion of this. We wrap things up at mid to end of February so we can have everything submitted to the Department in a timely manner including our budget. The budget process is that we have to our budget information, so we can get it approved by our processes and into the

state by April 1 and by May 1 they submit it to the Commission for approval and it takes effect on the new fiscal year which is July 1. We have to have everything done on our end by April 1.

Meeting called adjourned by Joe Sample.

Respectfully submitted,

Sjonna Brunt

Please note: Based on technical assistance provided by the Iowa Department on Aging on May 11, 2017 the Direct Service Waivers of Congregate Meals, Home Delivered Meals, Homemaker, Material Aid and Personal Care are no longer needed.

The Public Hearing was advertised in three area newspapers, posted on the Heritage website, emailed out to our partner providers and volunteers. It was also discussed at volunteer leadership meetings and county task forces. In addition, to the region wide notifications, there are public officials, older individuals and persons with disabilities on many of our volunteer committees and task forces, as well as, the distribution lists.

Governing Body

Governing Body for The Heritage Area Agency on Aging

Updated On: 3/27/17

Chair

Name: Lois Bartelme
Address: 946 23rd Avenue Place #2
City & Zip Code: Coralville, IA 52241
County: District III-Johnson & Linn
Phone: 319-254-2398
E-mail: loisbart@aol.com
Term Expires: 2017

Secretary

Name: Carrie Anderson (appointed by KCC)
Address: 6301 Kirkwood Blvd SW
City & Zip Code: Cedar Rapids, IA 52404
County: n/a
Phone: 319-398-5500
E-mail: carrie.anderson@kirkwood.edu
Term Expires: n/a

Other Members

Name: Keith Stamp
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City & Zip Code: Monticello, IA 52310
County: District I-Jones
Phone: 319-465-5543
E-mail: kstamp@gwaea.org
Term Expires: 2017

Name: Lorraine Williams
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Term Expires: 2019

Name: Joel Thys
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City & Zip Code: Blirstown, IA 52209
County: District VI-Benton & Linn
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Term Expires: 2017

Vice-Chair

Name: James Mollenhauer
Address: 4115 Winslow Road
City & Zip Code: Marion, IA 52302
County: District VII-Linn & Johnson
Phone: 319-431-4374
E-mail: jamollenhauer@gmail.com
Term Expires: 2017

Treasurer (if separate officer)

Name: Jim Choate (appointed by KCC)
Address: 6301 Kirkwood Blvd SW
City & Zip Code: Cedar Rapids, IA 52404
County: n/a
Phone: 319-398-7612
E-mail: jim.choate@kirkwood.edu
Term Expires: n/a

Name: Tracy Pearson
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City & Zip Code: Mechanicsville, IA 52306
County: District II-Cedar & Linn
Phone: 319-895-6224
E-mail: tpearson@pearsoncpas.com
Term Expires: 2019

Name: Alan Jensen
Address: 705 West Broad Street
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County: District V-Iowa & Johnson
Phone: 319-664-3179
E-mail: alanjensen4@gmail.com
Term Expires: 2019

Name: Marcia Rogers
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County: District VII-Linn
Phone: 319.395.9777
E-mail: mrrogers@smartlead.com
Term Expires: 2019

Name: John Swanson
Address: 1529 Bilgarie Court NE
City & Zip Code: Cedar Rapids, IA 52402
County: District IX-Linn
Phone: 319-363.4629
E-mail: jwsltd@msn.com
Term Expires: 2017

Advisory Council

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

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

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

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

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

There are no missing composition criteria for the Heritage Advisory Council.

**Advisory Council for The Heritage Area Agency on Aging.
Updated on: 3/11/17**

Chair

Name: Nancy Lee Siebenmann
Address: 336 Trailridge Rd SE
City & Zip Code: Cedar Rapids, 52403
County: Linn
Phone: 319.365.4117
E-mail: siebenmannN@usa.redcross.org
Term Expires: 6/30/2017
OAA Composition Criteria (1 to 7): 1,2,5,7

Secretary/Secretary Treasurer

Name: Sjonna Brunt
Address: 6301 Kirkwood Blvd SW
City & Zip Code: Cedar Rapids, 52404
County: n/a
Phone: 319.297.8815
E-mail: Sjonna.brunt@kirkwood.edu
OAA Composition Criteria (1 to 7): n/a
Term Expires: n/a

Other Members:

Name: Rex Shepherd
Address: 905 F Ave.
City & Zip Code: Vinton, 52349
County: Benton
Phone: 319.472.4854
E-mail: none
OAA Composition Criteria (1 to 7): 1,2,5,7
Term Expires: 6/30/2019

Name: Darlene Reihmann
Address: 703 31st Avenue, PO Box 91
City & Zip Code: Middle Amana, 52307
County: Iowa
Phone: 319.622.3014
Email: baron@mediacombb.net
OAA Composition Criteria (1 to 7): 1,2,7
Term Expires: 6/30/2020

Vice Chair

Name: Evans Waller
Address: 1726 Taylor Avenue
City & Zip Code: Bennett, 52721
County: Cedar
Phone: 563.249.3410
E-mail: elwaller39@aol.com
Term Expires: 6/30/2019
OAA Composition Criteria (1 to 7): 1,2,5,7

Treasurer (if separate officer)

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

Name: Shirley Geadelmann
Address: 1730 170th Street
City & Zip Code: Clarence, 52216
County: Cedar
Phone: 563.452.4183
E-mail: none
OAA Composition Criteria (1 to 7): 1,2,3,5,7
Term Expires: 6/30/2021

Name: Kice Brown
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City & Zip Code: Lone Tree, 52755
County: Johnson
Phone: 319.629.5524
E-mail: kice@iowatelecom.net
OAA Composition Criteria (1 to 7): 1,2,4,5,6,7
Term Expires: 6/30/2017

Name: Robert George
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City & Zip Code: Iowa City, 52245
County: Johnson
Phone: 319.337.3372
E-mail: rs2george@yahoo.com
OAA Composition Criteria (1 to 7): 1,2,7
Term Expires: 6/30/2021

Name: Robert Welsh
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County: Johnson
Phone: 319.354.4618
E-mail: welshbob@aol.com
OAA Composition Criteria (1 to 7): 1,2,5,7
Term Expires: 6/30/2020

Name: Lisa Tallman
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City & Zip Code: Anamosa, 52205
County: Jones
Phone: 319.462.4484
E-mail: jcsd@co.jones.ia.us
OAA Composition Criteria (1 to 7): 2,4,5,7
Term Expires: 6/30/19

Name: Sallie Streib
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City & Zip Code: Cedar Rapids, 52403
County: Linn
Phone: 319.365.1020
E-mail: streibe@msn.com
OAA Composition Criteria (1 to 7): 1,5,7
Term Expires: 6/30/2020

Name: Jake Hughes
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City & Zip Code: Cedar Rapids, 52402
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E-mail: jakehughes@synergyhomecare.com
OAA Composition Criteria (1 to 7): 3,4,7
Expires: 6/30/2022

Name: Larry Kudej
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County: Johnson
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E-mail: ldkudej@aol.com
OAA Composition Criteria (1 to 7): 1,2,5,7
Term Expires: 6/30/2019

Name: Shawn Zierke
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E-mail: shawn.zierke@gmail.com
OAA Composition Criteria (1 to 7): 5,7
Term Expires: 6/30/2018

Name: Toni Claussen
Address: 1224 13th Street NW
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County: Linn
Phone: 319.365.9171
E-mail: tonic@methwick.org
OAA Composition Criteria (1 to 7): 3,4,5,7
Term Expires: 6/30/2021

Name: Jim Wasta
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County: Linn
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E-mail: jmwasta@gmail.com
OAA Composition Criteria (1 to 7): 1,2,5,7
Term Expires: 6/30/2020

Name: Marj Pepin
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City & Zip Code: Center Point, 52213
County: Linn
Phone: 319.849.1146
E-mail: mmpepin@fmtcs.com
OAA Composition Criteria (1 to 7): 1,2,5,7
Term Expires: 6/30/2020

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County: Linn
Phone: 319.8206.6608
E-mail: renee.riffey@rahcr.com
OAA Composition Criteria (1 to 7): 2,3,4,5,7
Term Expires: 6/30/2021

LifeLong Links Advisory Council

LifeLong Links Advisory Council for Heritage Area Agency on Aging.

Updated On: 3/14/17

Name: John Brandt
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County: Linn
Phone: 319.892.5610
E-mail: John.Brandt@Linncounty.org

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County: Linn
Phone: 319.892.5773
E-mail: Rusty.Goins@Linncounty.org

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E-mail: mcahalan@abbehealth.org

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County: Linn
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E-mail: pat@evergreenstates.biz

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E-mail: Eugenia.Kendall@Kirkwood.edu

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County: Regional
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Name: Jordan Cullen
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County: Linn
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Name: Jena Maloney
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County: Regional
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Name: Leah Donald
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E-mail: melissa@biaia.org

Area Plan on Aging SFY 2018 – 2021

Name: Chris Wolf
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E-mail: lthccadmin@lthcc.com

Name: Deb Schultz
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Name: Terry Bergen
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Name: Mike Lightbody
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City & Zip Code: Iowa City, 52240
County: Regional
Phone: 319.353.8778
E-mail: Michael-Lightbody@uiowa.edu

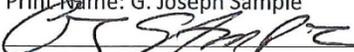
Attachments

Authorized Signatures

Name of Area Agency on Aging: The Heritage Area Agency on Aging
Street Address: 6301 Kirkwood Blvd. SW
City, State, Zip Code: Cedar Rapids, Iowa 52404

Type of Agency: Separate organizational unit within a multipurpose agency – Kirkwood
Community College
Date of Area Agency on Aging Designation: 1971

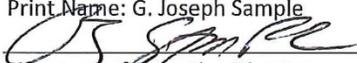
AUTHORIZED SIGNATURES FOR FUNDING APPLICATIONS AND CONTRACTS

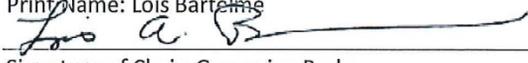
Print Name: G. Joseph Sample

Signature of Executive Director 3/28/17
Date Signed

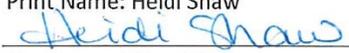
Print Name: Lois Bartelme

Signature of Chair, Governing Body 3/30/17
Date Signed

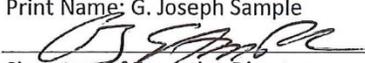
AUTHORIZED SIGNATURES FOR FISCAL REPORTS

Print Name: G. Joseph Sample

Signature of Executive Director 3/28/17
Date Signed

Print Name: Lois Bartelme

Signature of Chair, Governing Body 3/30/17
Date Signed

Print Name: Heidi Shaw

Signature of Fiscal Director 3-28-17
Date Signed

AUTHORIZED SIGNATURES FOR PROGRAM REPORTS

Print Name: G. Joseph Sample

Signature of Executive Director 3/28/17
Date Signed

Print Name: Jill Gleason

Signature of Associate Director 3-28-17
Date Signed

Grievance Procedures

Heritage will resolve complaints of employees, program participants served under the multiyear area plan, applicants to provide services, service providers, subcontractors or any other agency, organization or individual directly aggrieved by action of Heritage. Heritage procedures shall comply with relevant statutes, regulations, or rules and shall contain at least the procedures included in IAC[17]-6.10(231)5.

Heritage has a formal policy available upon request to anyone in the community. This policy is posted in the entry of each of our buildings and will be posted to the Heritage website. (Note: the Heritage website is currently going through a redesign and information will be added upon completion.)

Staff are trained the following:

- Heritage will treat all consumers with dignity, respect and concern regardless of the means in which they come in contact with Heritage staff (ex. Phone, Office Visit or Home Visit). As an Area Agency on Aging/Aging and Disability Resource Center, all reasonable and allowable efforts will be made to provide consumers with assistance, respond to needs in a timely manner, and provide service in a streamlined “no wrong door” mode of operation. Heritage is dedicated to the safety and well-being of staff and consumers.
- It is regrettable, but there are circumstances when communication with a consumer can deteriorate to the point where staff perceive they cannot get through to the individual or a consumer can begin shouting or become verbally abusive. In these situations, intervention as soon as reasonably possible by a member of the management team or their designee is warranted.

Additionally, Heritage provides a number of services that fall under HIPAA rules. HIPAA covered program consumers receive the Heritage Right to Privacy Practices which outlines their rights and how to request their rights, copies of the medical information and how to file a complaint among other things. These consumers have to sign a receipt of receiving this document.

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

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

NUTRITION SERVICES

Heritage staff reviewed the following Nutrition Services information entered into SAMS and verifies that the information is current as of **March 22, 2017**. (At this point it has been determined that much of the information is incorrect and needs to be updated. The SAMS database coordinator is aware of this and will be working on a solution in the near future.)

Nutrition Services information to be verified for accuracy includes:

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

SERVICE PROVIDERS OF OAA SERVICES

Heritage staff reviewed the Service Provider information entered into SAMS and verifies that the information is current as of **March 22, 2017**. (At this point it has been determined that much of the information is incorrect and needs to be updated. The SAMS database coordinator is aware of this and will be working on a solution in the near future.)

Senior Centers and Focal Points

A focal point means a facility established to encourage the maximum collocation and coordination of services for older individuals.

Policy: Heritage shall develop and designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers and congregate nutrition sites as community focal points on aging as required in Iowa Code Chapter 231.33(10).

Procedures:

1. Heritage will specify in the area profile the communities and facilities which are designated as focal points on aging. The AAA shall give special consideration to multipurpose senior centers and ensure that the facility currently or potentially can accommodate the collocation of services. In the designation of focal points on aging, the AAA shall consider:
 - a. Communities with the greatest incidence of older adults with the greatest economic and/or social need with particular attention to low-income older individuals including low-income minority older individuals, older individuals with limited English proficiency, and older adults residing in rural areas;
 - b. Efforts of voluntary organizations in the community;

- c. Needs of participants and the delivery pattern of services funded under this part and funded from other sources;
 - d. Location of multipurpose senior centers and congregate nutrition sites;
 - e. Geographic boundaries of communities and natural neighborhoods; and
 - f. Location of facilities suitable for designation.
2. Heritage will further assure that funded partners are meeting the intent of serving as a focal point under the Older Americans Act by offering the following contractual language.

13.1 Preference

1. Types. The Subcontractor shall give preference, if allowed by law, to:
 - a. Employing persons aged 60 and older.
 - b. Delivering services under this Agreement to older adults with the greatest economic and/or social need with particular attention to low-income older individuals including low-income minority older individuals, older individuals with limited English proficiency, and older adults residing in rural areas.
 - c. Serving elders with the following characteristics in proportion equal to or greater than the proportion residing in the service area who have the same characteristics:
 - Are disabled.
 - Are minorities.
 - Have incomes at or below the poverty level.
 - Are aged 75 and older residing in rural portions of the state.
 - Are frail.
 - Are American Indians.
 - Have limited English proficiency.
2. Written Plan. The Subcontractor shall have, as part of its policies and procedures, a written plan of outreach and service delivery that specifies how

the Subcontractor will accomplish ensuring preference with respect to elders with the characteristics set out above.

In addition, Heritage will consider the evolution of services and funding in a county, especially the development and growth of Case Management for the Frail Elderly (CMPFE), the Aging and Disability Resource Center (ADRC)/LifeLong Links and in coordinating home and community based services to seniors in that county.

Heritage staff reviewed the Senior Center and Focal Point information entered into SAMS and verifies that the information is current as of **March 22, 2017**. (At this point it has been determined that much of the information is incorrect and needs to be updated. The SAMS database coordinator is aware of this and will be working on a solution in the near future.)

Emergency Plan Summary

Heritage has a formal policy available upon request to anyone in the community. This policy is distributed to staff and available in the Emergency Disaster Plan binder. (Note: the Heritage website is currently going through a redesign and information will be added upon completion.)

Heritage plays a very active role in disaster planning in the region. Heritage is the lead agency for the Older Adults/Special Needs Team of Linn Area Partners Active in Disaster (LAP-AID). One of the things Heritage coordinates through this group is the registration recruitment for the Linn County Special Needs Registry.

The Special Needs Registry is a program that allows people with physical, mental, other disability or special need to receive assistance during an emergency or evacuation from the Linn County Emergency Management Agency.

In addition, we recruit and train volunteers to assist in updating the listing each year to ensure emergency officials have current information by calling all registered households before an emergency occurs.

We are also a member of the Johnson County Community Organizations Active in Disaster (JCCOAD) and work with and participate as needed with the Benton County Community Organizations Active in Disaster (BCCOAD).

A summary of our formal plan is below:

Policy: Heritage's primary mission and goal is to plan, advocate, and fund programs and services available to seniors in Benton, Cedar, Iowa, Jones, Johnson, Linn and Washington counties.

Heritage's Role: During a disaster/emergency, Heritage will reorganize and regroup as quickly as possible to evaluate the most appropriate use of available resources to address the mission of the agency. Heritage role is not that of a first responder, but to offer assistance to emergency professionals to help educate them on the needs of seniors and to help in the creation of plans as invited. And if a disaster/emergency occurs, to bring life for seniors and other populations we serve in our area back to normal or as close to normal as soon as possible after the initial danger is under control.

Plan Development: Heritage staff will coordinate planning with other agencies for ensuring the safety of elders in a natural disaster or other safety-threatening situation as stated in (321)6.7(231). This is done by:

- Encouraging individual and organizational planning.
- Participating in emergency drills
- Community planning groups and organizations.

- Maintaining relationships with emergency officials, public health and other members of the aging network.

Heritage requires also subcontractors to have procedures to respond to disasters. Basic planning assistance is offered to subcontractors by Heritage staff.

Key Partners: Local/county/state emergency management offices (EMA), Public Health, FEMA, Homeland Security, Linn Area Partners Active in Disaster (LAP-AID) and Johnson County Community Organizations Active in Disaster (JCCOAD) and a variety of other community groups, both volunteer and professional.

Types of Emergencies/Disasters: The Heritage Disaster/Emergency Plan is purposefully flexible to allow for this plan to be appropriate and meaningful for all situations such as: public health emergencies, natural disasters, nuclear emergencies, economic situations and/or emergencies related to a terrorist attack.

Disaster/Emergency Plan Contents:

- I. Chronology of Response
- II. Disaster Response & Recovery
- III. Agency Personnel Considerations
- IV. Emergency/Disaster Drills
- V. Emergency Management Contacts by County
- VI. Other Important Contact Information for Heritage Director or

Acting Director's Use only