[Agency Name]
PSA

Area Plan on Aging
SFY 2022 – 2025

[Agency logo]

Effective Dates: July 1, 2022-June 30, 2025

CONTENTS

Executive Summary

[Insert Executive Summary here.]

Context

[Insert Context summary here.]

Section 1: 2022-2025 Goals and Strategies

Goal 1: Iowa Aging Network will work with older Iowans, Iowans with disabilities, and caregivers as they fully engage and participate in their communities, <u>make informed decisions</u>, and <u>exercise self-determination and control</u> about their independence, well-being, and health.

Agency programs and services that address goal 1

[In two to three paragraphs, describe how your agency addresses this goal (services, initiatives, special projects), typical consumers, common issues addressed, and partner collaborations. This brief description should provide enough information for a general audience to understand how the service relates to the goal, who receives it, and why.

Provide a summary of emerging trends related to this goal and service gaps identified through your assessment.]

Strategies to Address Service Gaps

[LIST SERVICE GAP #1]

    Strategies to address service gap.
    [Describe strategies designed to remedy service gap #1]

[LIST SERVICE GAP #2]

    Strategies to address service gap.
    [Describe strategies designed to remedy service gap #2]

[LIST SERVICE GAP #3]

    Strategies to address service gap.
    [Describe strategies designed to remedy service gap #3]

Indicators, Performance Measures, & Fiscal Year Targets

Indicators & Targets

Progress Indicators	FY Target	Review Frequency
[Indicators to review to determine whether strategies are addressing gaps. Insert additional rows as necessary.]		

Outcome Measures

Measure	Purpose	FY Target	Review Frequency
Percentage of LifeLong Links callers indicating they received the information they were seeking.	To assess and provide information appropriate to the caller's need (from consumer's perspective).		Quarterly
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	To evaluate the success of the service to assist individuals' make informed choices about long-term services and supports.		Quarterly
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	To determine whether consumers who are at risk for poor nutrition and health status receive information so that they have better health enhancing options.		Quarterly
Change in consumers receiving nutrition counseling from previous FY.	To determine whether consumers who are at risk for poor nutrition and health status receive nutrition counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.		Quarterly

Goal 2: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.

Agency programs and services that address goal 2.
[In three to five paragraphs, describe how your agency addresses this goal (services, initiatives, special projects), typical consumers, common issues addressed, and partner collaborations. This brief description should provide enough information for a general audience to understand how services, initiatives, etc. relate to the goal, who receives the service(s), and why.

Provide a summary of emerging trends related to this goal and service gaps identified through your assessment.]

Strategies to Address Service Gaps

[LIST SERVICE GAP #1]
> **Strategies to address service gap.**
> [Describe strategies designed to remedy service gap #1]

[LIST SERVICE GAP #2]
> **Strategies to address service gap.**
> [Describe strategies designed to remedy service gap #2]

[LIST SERVICE GAP #3]
> **Strategies to address service gap.**
> [Describe strategies designed to remedy service gap #3]

[LIST SERVICE GAP #4]
> **Strategies to address service gap.**
> [Describe strategies designed to remedy service gap #4]

[LIST SERVICE GAP #5]
> **Strategies to address service gap.**
> [Describe strategies designed to remedy service gap #5]

Indicators, Performance Measures & Fiscal Year Targets

Indicators & Targets

Progress Indicators	FY Target	Review Frequency

[Indicators to review to determine whether strategies are addressing gaps]		

Outcome Measures

Measure	Purpose	FY Target	Review Frequency
Percentage of Case Management cases closed because case management service was no longer needed.	To determine whether Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.		Quarterly
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 determine whether Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.		Quarterly
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	To determine whether congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community.		Quarterly
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	To determine whether home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person.		Quarterly
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	To determine whether [case management, and respite services] provide caregivers the supports and services they need to continue to provide informal care to care recipients.		Quarterly

Goal 3: 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 3.

[In two to three paragraphs, describe how your agency addresses this goal (services, initiatives, special projects), typical consumers, common issues addressed, and partner collaborations. This brief description should provide enough information for a general audience to understand how services, initiatives, etc. relate to the goal, who receives the service(s), and why.

Provide a summary of emerging trends related to this goal and service gaps identified through your assessment.]

Strategies to Address Service Gaps

[LIST SERVICE GAP #1]

> **Strategies to address service gap.**
> [Describe strategies designed to remedy service gap #1]

[LIST SERVICE GAP #2]

> **Strategies to address service gap.**
> [Describe strategies designed to remedy service gap #2]

[LIST SERVICE GAP #3]

> **Strategies to address service gap.**
> [Describe strategies designed to remedy service gap #3]

Indicators, Performance Measures & Fiscal Year Targets

Indicators & Targets

Progress Indicators	FY Target	Review Frequency
[Indicators to review to determine whether strategies are addressing gaps]		

Outcome Measures

Measure	Purpose	FY Target	Review Frequency
Percentage of EAPA Assessment & Intervention consumer cases closed with services no longer needed.	To evaluate resolution rate for a consumer's abuse, neglect, or exploitation situation.		Quarterly

Percentage of EAPA Consultation consumers whose needs are met through provider referrals for Self-Advocacy.	To evaluate whether consumers are able to use information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.		Quarterly

Section 2: Service Projections

FY 2022 Projected Older Americans Act Consumers and Service Units
[Insert a copy of your agency's Form 3A-1.]

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
01A: Administration	Gen. Aging						
	Caregiving						
1: Personal Care	Gen. Aging						
2: Homemaker	Gen. Aging						
3: Chore	Gen. Aging						
4: Home Delivered Nutrition	Gen. Aging						
5: Adult Daycare/Health	Gen. Aging						
6: Case Mgmt.	Gen. Aging						
7: Congregate Meals	Gen. Aging						
8: Nutrition Counseling	Gen. Aging						
9: Assist Transportation	Gen. Aging						
10: Transportation	Gen. Aging						
11: Legal Assistance	Gen. Aging						
12: Nutrition Ed	Gen. Aging						
13: Info and Assist	Gen. Aging						
14: Outreach	Gen. Aging						
A01: Material Aid: Home Mod.	Gen. Aging						
B02: Health Promo: Non-Evidence	Gen. Aging						
B04: Emergency Response System	Gen. Aging						
B05: Behavioral Health Supports	Gen. Aging						
B07: Health Promo: Evidence Based	Gen. Aging						
C07: EAPA Consultation	Gen. Aging						
C08: EAPA Assessment & Intervention	Gen. Aging						
CO9: EAPA Training & Ed	Gen. Aging						
D01: Training & Education	Gen. Aging						
E05: Options Counseling	Gen. Aging						
F06: Material Aid: AsstTech Durable Medical Equip.	Gen. Aging						
F07: Mat Aid: Consum. Supports	Gen. Aging						

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
F08: Mat. Aid Other	Gen. Aging						
CG3: CG Counseling	Caregiver						
CG4: CG Info Systems	Caregiver						
CG5: CG Respite	Caregiver						
CG6: CG Support Services	Caregiver						
CG7: Home Dlvr. Nutrition	Caregiver						
CG8: CG Options Counseling	Caregiver						
CG9: CG Case Mgmt.	Caregiver						
CG10: CG Info & Asst.	Caregiver						
CG11: CG Support Grps	Caregiver						
CG12: CG Training	Caregiver						
CG13: CG Congregate Nutri.	Caregiver						
CG14: Emergency Resp. Sys	Caregiver						
CG 23: CG Respite Care: In-Home	Caregiver						
CG 24: CG Respite Care: Out-of-Home (Day)	Caregiver						
CG 24: CG Respite Care: Out-of-Home (Overnight)	Caregiver						
CG26: CG Respite: Other	Caregiver						
GO1: GO Access Assist	Caregiver						
GO2: GO Self-Dir Care	Caregiver						
GO3: GO Counseling	Caregiver						
GO4: GO Info Services	Caregiver						
GO5: GO Respite	Caregiver						
GO6: GO Support Services	Caregiver						
GO7: GO Home Del. Meals	Caregiver						
GO8: GO Options Counsel.	Caregiver						
GO9: GO Case Mgmt	Caregiver						
GO10: GO Info. & Asst.	Caregiver						
GO11: GO Support Groups	Caregiver						
GO12: GO Training	Caregiver						
GO13: GO Congregate Nutri.	Caregiver						
GO14: GO Emrg. Resp. Sys	Caregiver						
GO23: GO Respite Care: In-Home	Caregiver						
GO24: Respite Care: Out-of-Home (Day)	Caregiver						
GO25: GO Respite Care: Out-of-Home (Overnight)	Caregiver						

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
GO26: GO Respite Care: Other	Caregiver						

Self-Direction Service Delivery

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

OR

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

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

> Services:

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

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

Caregiver Respite Voucher

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

OR

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

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

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

Service Coverage & Wait List Information

Information & Service Assistance Services

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

Mandatory Services	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Case Management												
EAPA Assessment & Intervention												
EAPA Consultation												
Information & Assistance												
Legal Assistance												
Options Counseling												
Assistance: Information & Assistance (Family Caregiver)												
Assistance: Case Management (Family Caregiver)												
Counseling (Family Caregiver)												
Options Counseling (Family Caregiver)												

Optional Services	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Assistance: Information & Assistance (Older Relative Caregiver)												
Assistance: Case Management (Older Relative Caregiver)												
Counseling (Older Relative Caregiver)												
Options Counseling (Older Relative Caregiver)												

Nutrition & Health Promotion Services

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

Mandatory Services	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Congregate Meals												
Evidence-Based Health Activities												
Health Promotion & Disease Prevention												
Home Delivered Meals												
Nutrition Counseling												
Nutrition Education												

Optional Services	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Home Delivered Meal (Family Caregiver)												
Home Delivered Meal (Older Relative Caregiver)												

Services to Promote Independence

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

Optional Services	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Adult Day Care / Health												
Assisted Transportation												
Behavioral Health Supports												
Chore												
Emergency Response System												
Homemaker												
Material Aid												
Outreach												
Personal Care												
Training & Education												
Transportation												
Information Services (Family Caregiver)												
Respite Care: • In-home(day) • Out-of-home (day) • Out-of-home (overnight) • Other (Family Caregiver)												

Optional Services	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Supplemental Services: • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Family Caregiver)												
Support Group (Family Caregiver)												
Training (Family Caregiver)												
Information Services (Older Relative Caregiver)												
Options Counseling (Older Relative Caregiver)												
Respite Care (Older Relative Caregiver)												
Supplemental Services: • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Older Relative Caregiver)												
Support Group (Older Relative Caregiver)												
Training (Older Relative Caregiver)												

Area Plan Service Waiting List

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

OR

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

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

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

Section 3: Quality Management

[Insert Quality Management summary.]

Section 4: Public Input

[Brief description of methods agency utilized to obtain public input.]

Public Hearing Information

[Insert public hearing information as directed by Area Plan Instructions]

Governing Body for: [Name of AAA].
Updated On: [DATE]

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires

Secretary/Secretary-Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires

Treasurer, (if separate officer)

Name	Address	City & Zip	County	Phone & Email	Term Expires

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires

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:

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)

   [Enter composition criteria yet to be satisfied by the Council or enter: None, all composition criteria are satisfied.]

Advisory Council for: [Name of AAA].
Updated on: [Date]

Chair

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

Vice Chair

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

Secretary/Secretary Treasurer

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

Treasurer (if separate officer)

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

Other Members:

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

LifeLong Links Advisory Council
LifeLong Links Advisory Council for: [Name of AAA].
Updated On: [Date]

Name	Organization	Address	City & Zip	County	Phone & Email

Attachments

Authorized Signatures

Area Agency on Aging Name	Primary Street Address	City & Zip	Type of Agency	Date of AAA Designation

Authorized Signatures for Funding Applications and Contracts

Print Name: [Director's First & Last Name]

Signature of *Executive Director*   *Date Signed*

Print Name: [Chair's First & Last Name]

Signature of Chair, Governing Body   *Date Signed*

Authorized Signatures for Fiscal Reports

Print Name: [Director's First & Last Name]

Signature of Executive Director   *Date Signed*

Print Name: [Chair's First & Last Name]

Signature of Chair, Governing Body   *Date Signed*

Print Name: [First & Last Name, title]

Signature of [Fiscal Staff Title]   *Date Signed*

Authorized Signatures for Program Reports

Print Name: [Director's First & Last Name, title]

_____

Signature of Executive Director   *Date Signed*

Print Name: [First & Last Name, title]

_____

Signature of [Title]   *Date Signed*

Grievance Procedures

[Describe how members of the public may obtain your agency's grievance procedures related service provision.]

Staffing and Volunteer Information

The following table lists the anticipated number of full and part-time positions at the [agency], the number of SCSEP beneficiaries employed at the [agency], and the number of volunteers supporting the [agency] at the start of the SFY 2022 (7/1/2021).

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

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

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

Nutrition Services
Agency staff reviewed the following Nutrition Services information entered into the case management system (Wellsky) and verified that the information is current as of ***[date]***.

Nutrition Services information to be verified for accuracy includes:
- Location (Name, Street Address, City, Zip)
- Frequency

Service Providers of OAA Services
Agency staff reviewed the Service Provider information entered into the case management system (Wellsky) and verified that the information is current as of ***[date]***.

Senior Centers and Focal Points
Agency staff reviewed the Senior Center and Focal Point information entered into the case management system (Wellsky) and verified that the information is current as of ***[date]***.

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

OR

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

Selecting Senior Centers & Focal Points
[Insert summary on process agency uses to identify and select facilities as focal points in the agency's PSA.]

Emergency Plan and Plan Development Summary

[Insert emergency planning summary as directed in instructions..]