



IOWA DEPARTMENT ON AGING
510 E 12TH ST., STE. 2 | DES MOINES, IA 50309 | IOWAAGING.GOV

Performance Results

State Fiscal Year 2017

PREPARED BY THE IOWA DEPARTMENT ON AGING

SUBMITTED: DECEMBER 15, 2017

■ TABLE OF CONTENTS

Executive Summary.....	2
Key Accomplishments.....	2
Vision Statement.....	3
Mission Statement.....	3
Core Functions.....	3
Agency Overview.....	4
Agency Structure and Services.....	4
Population Served.....	5
Services, Programs and Activities.....	5
Agency Performance Results.....	7
Core Function: Advocacy.....	7
Core Function: Health & Support Services.....	10
Core Function: Planning, Development and Coordination.....	15
Core Function: Resource Management.....	16
Resource Reallocation.....	17
Agency Contact.....	17

EXECUTIVE SUMMARY

Reviewing and analyzing fiscal year 2017 performance results help the Iowa Department on Aging (IDA) improve decision-making and accountability to the citizens of Iowa. We are pleased to present IDA's SFY2017 (July 1, 2016 - June 30, 2017) Performance Results report. The report contains information about the services IDA and its partners provided to older Iowans. The focus is on results and aligns with the requirements of Iowa's Accountable Government Act, which requires Iowa state government to adopt strategic planning, agency performance planning, performance measurement and reporting, and performance audits. The report highlights major accomplishments, provides an overview of consumers served, compares IDA's performance results to projected performance targets, and describes challenges.

Key Accomplishments

Our SFY2017 activities addressed the realities of state and federal budget limitations, a changing provider landscape and direct care workforce, and competing demands of caregivers. In SFY2017, we:

- Developed a new State Plan on Aging and ensured the Area Agency on Aging's (AAA) Area Plans on Aging include strategies that:
 - Focus Older Americans Act service delivery, resources, and priorities on older Iowans most at risk for institutionalization or increased reliance on public assistance and to caregivers most at risk for reducing their caregiving activities.
 - Diversify the AAAs consumer base to include a combination of private- and public-pay consumers in order to meet the range of service needs in the state.
- Initiated policy reviews and technical assistance that encourage the AAAs to develop new markets for their services and implement an entrepreneurial nonprofit business model with diverse revenue streams.
- Developed a successful application for a two-year Administration for Community Living nutrition innovation grant to improve health outcomes of participants in the Linn County Innovations in Nutrition Program.
- Assisted Medicaid Managed Care members with grievances & developed a fair hearings process.
- Aligned the Office of the State Long Term Care Ombudsman (OSTLCO) regulations and policies, including the volunteer ombudsman program, with new federal regulations.
- Provided information regarding federal regulations affecting nursing facilities through the OSTLCO electronic newsletter.
- Utilized funding resources to maximum effectiveness, including tele-advocacy for the residents and tenants living in long-term care facilities.

Older Iowans are an asset to our State as employees, volunteers, caregivers, mentors, and in the many other ways they contribute to the strength of our State. Annually, Social Security retirement benefits alone contribute in excess of \$6 billion to the Iowa economy.ⁱ They are home owners and through property taxes support schools and education, counties and municipalities. As the population ages, we must recognize older Iowans as a valuable resource while providing services and long-term community supports needed by older adults, their families and caregivers.

IDA finds strength in its employees and the AAAs who collaborate to provide optimal services for Iowans. Together, we strive to develop a comprehensive, coordinated and cost-effective system of long-term living and community supports to provide older Iowans and their caregivers with the information, resources and support they deserve and need to lead productive, vital and dignified lives.

Linda Miller, Director - Iowa Department on Aging

■ VISION STATEMENT

Building the best place to live healthier, longer.

■ MISSION STATEMENT

The mission of the Iowa Department on Aging is to develop a comprehensive, coordinated and cost-effective system of long-term living and community support services that help individuals maintain health and independence in their homes and communities.

■ CORE FUNCTIONS

Advocacy: Advocate for changes in public policy, practices and programs that empower older Iowans, facilitate their access to services, protect their rights and prevent abuse, neglect, and exploitation. Activities may include legislative advocacy, information dissemination, outreach and referral, research and analysis and coalition building.

Health and Support Services: Support policies, programs, and wellness initiatives that empower older Iowans to stay active and healthy, and that improve their access to affordable, high quality long-term living and community supports.

Planning, Development and Coordination: Conduct planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the objectives of the federal Older Americans Act.

AGENCY OVERVIEW

Agency Structure and Services

The Iowa Department on Aging is a department within the executive branch of Iowa state government, established by Iowa Code Chapter 231, and it is the designated State Unit on Aging (SUA) under the Federal Act. The Federal Act, administered by the U. S. Administration on Aging (AoA) under the governance of the U. S. Department of Health and Human Services, outlines specific requirements for states to establish planning and service areas (PSAs) as well as Area Agencies on Aging (AAAs) to carry out the Federal Act requirements. The SUA is then required to ensure compliance with federal statute and regulations as well as any state or administrative code. Under both the Federal Act and the Elder lowans Act, IDA has the responsibility to serve as an effective and visible advocate for older individuals, their caregivers, veterans and adults living with disabilities. This charge is accomplished by reviewing and commenting upon state plans, budgets, and policies that affect older individuals, and by providing technical assistance to any agency, organization, association, or individual representing the needs of older individuals. IDA develops, submits and administers a State Plan on Aging under the Federal Act in cooperation with AoA. Under federal law, IDA is responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the objectives of these acts along with administering dozens of other associated activities.

IDA works to ensure that a comprehensive, coordinated and cost-effective system of long-term living and community support services is provided to older lowans, their caregivers, veterans and with increasing frequency, adults living with disabilities. IDA had seven citizen and four legislative Commissioners for FY2017 and 40 full time employees (FTEs). Fifteen employees are charged with carrying out the duties of the Office of the State Long Term Care Ombudsmen (OSLTCO) whose role is to ensure the rights of long term care facility and assisted living residents. Eight local Long- Term Care Ombudsmen were housed in counties in their regions; all remaining staff members were housed in the Des Moines, Iowa office located at the Jessie Parker Building, 510 East 12th Street, Suite 2, Des Moines, Iowa 50319.

Partners who assist in achieving IDA's vision and mission include Commission members, AAAs, and a variety of other public and private sector organizations. IDA collaborates extensively with the Departments of Human Services, Public Health, and Inspections and Appeals on many long-term care policies and program issues. IDA also partners with Iowa Vocational Rehabilitation Services, Iowa Workforce Development and the Iowa Department of Transportation. These partnerships are the cornerstone for enhancing a comprehensive and coordinated delivery system for older persons, their caregivers, veterans and adults living with disabilities. Components of this long-term care system include creating a safe environment, making services accessible and providing alternatives and balance between institutional and non-institutional services. IDA exists to advocate for and respond to the needs of an aging society by planning, promoting and coordinating a continuum of accessible and affordable services and choices for older lowans, their caregivers, veterans and adults living with disabilities. IDA provides leadership to both empower and enhance the lives of the populations we serve through choices, services, protection and respect. As Iowa's aging population continues to increase, Iowa must be prepared to meet their changing needs while being cognizant of the effects on families and communities.

Population Served

The estimated number of Iowans aged 60 and over is 712,783 or 22.7 percent of Iowa’s total population.ⁱⁱ Iowans aged 60 and older are one of the fastest growing population groups in Iowa. By 2030, the percentage of Iowans aged 60+ will grow to approximately 26 percent of Iowa’s total population. By 2040, estimates show that in 83 counties the population of residents aged 65 or older will be twenty percent or higher compared to 30 counties in 2000.ⁱⁱⁱ

Table 1: Older Iowans Served Compared to All Older Iowans (Selected Characteristics)

Demographic Characteristic	All Older Iowans	Iowans aged 60+ served by the Aging Network (FY 2017) ^{iv}
Lives Alone	45% ^v	57%
Rural Area	41% ^{vi}	26%
Poverty Rate	7% ^{vii}	38%

Iowa’s six Area Agencies on Aging (AAAs) reported the services provided to Iowans 60+ funded by the federal Older Americans Act through the Administration for Community Living/Administration on Aging (AoA) and by state general fund dollars. Populations groups targeted for services included older Iowans living in rural communities, low-income and minority individuals, and individuals with limited English proficiency. Adults with physical and developmental disabilities and adults with mental and behavioral health concerns were served by IDA and the aging network as were caregivers caring for individuals with Alzheimer’s disease and dementia.

The FY2017 data includes the number of older Iowans served and the number of service units provided. Over 55,000 Iowans received more than 500,000 units of home and community based services. The data collected for the registered clients aged 60+ indicated that 67 percent were female, 57 percent lived alone, and 26 percent lived in rural areas. A more detailed look at the consumer profile revealed that 51 percent were aged 75 or older and that 62 percent reported a functional impairment related to an instrumental activity of daily living, such as shopping, doing chores, or using transportation. Caregiver consumer data showed that 43 percent of caregivers served were the daughter/daughter-in-law of the care recipient and 27 percent were the spouse of the care recipient, with 34 percent of caregivers aged 70 years or older.^{viii}

Services, Programs and Activities

IDA maintains statutory and contractual relationships with the network of six AAAs, which provide services to older Iowans in six PSAs within the state. The AAAs and their contracted service providers, delivered nutrition, access, home and community based services and caregiver services designed to support individuals in their homes and communities. The types of services, programs and activities managed by IDA included:

- Information and assistance on home and community-based services for independent living;
- Home and community-based services, such as chore, homemaker, and case management;
- Nutrition programs and services;
- Counseling, education, and respite care for caregivers of older adults and grandparents-older relatives caring for grandchildren or adult children with disabilities;
- Elder Abuse Prevention and Awareness program activities;
- Older worker training and employment activities;
- Long-Term Care Ombudsman services on behalf of residents of licensed and certified long term care facilities;

- Education, training and public awareness regarding older adult issues including enhanced access to public benefits;
- Development of grants and grant management; and
- Service monitoring, accountability, and assessment activities.

Through two comprehensive web sites and other methods, IDA provides customer access to information 24 hours a day, seven days a week. The web sites are found at: www.iowaaging.gov and www.lifelonglinks.org.

AGENCY PERFORMANCE RESULTS

Core Function: Advocacy

Description: Advocate for changes in public policy, practices and programs that empower older lowans, facilitate their access to services, protect their rights and prevent abuse, neglect, and exploitation. Activities may include legislative advocacy, information dissemination, outreach and referral, research and analysis and coalition building.

Service: Aging & Disability Resource Center (ADRC) Information & Referral/Assistance

Description: The majority of lowans age 60 and older have a strong desire to live safely and independently in their own homes and communities. In order to remain in the setting of their choice, older lowans need information about and access to affordable long-term living and community services and supports that help them age in place. Iowa’s ADRC system, branded as LifeLong Links, is a highly visible and trusted network where consumers and caregivers can obtain information on the full menu of long-term living and community support services. All lowans seeking information and assistance with home and community-based supports and services needed to remain independent can connect with LifeLong Links online through an interactive web portal, by phone through a toll-free call system, and in-person through local coordination centers based at the AAAs. (Link to Strategic Plan Goal 1: Empower older lowans to make informed decisions about, and easily access, existing health and long-term living community supports and services.)

Why we are doing this: The LifeLong Links no-wrong door system is designed to empower lowans to make informed choices, streamline access to supports and services, minimize consumer confusion, and enhance individual choice. LifeLong Links will also enable policy makers and program administrators to effectively respond to individual needs, address system problems, and limit the unnecessary use of high-cost services. The LifeLong Links network serves as a primary source of information about the OAA core programs and other services for older lowans and and caregivers.

What we’re doing to achieve results: Department staff are pursuing the following ADRC activities:

- Working with local and regional partners to ensure comprehensiveness and sustainability of the ADRC network;
- Developing partnerships with healthcare networks and organizations working with veterans, persons with behavior health, intellectual and physical disabilities, and persons who are dual eligible;
- Providing technical assistance and training to support the ADRC;
- Utilizing a standard evaluation process to assess effectiveness and to identify efficiencies with the ADRC;
- Developing a monitoring schedule to review the ADRC for compliance.

Results

Performance Measure	Performance Target	Performance Actual
Number of Individual Consumers Receiving Information and Assistance from LifeLong Links (ADRC)	13,000	17,294

What Happened: In FY2017, the LifeLong Links network responded to 24,109 requests for information, referral, and access assistance requests from 17,294 individuals. The number of individuals served exceeded the target set. Implementation of new Information and Assistance (I&A) service reporting requirements and a new reporting systems impacted the ability to establish a target for FY2017. In the past two fiscal years, the Department has shifted from tracking the total number of I&A contacts to tracking unduplicated consumers and from tracking service activity in two reporting systems to one. FY2017 was the first year in which both the new reporting requirements and reporting system were in place. The SFY2017 results will provide a reliable baseline for future targets related to this measure of success.

IDA focused on activities designed to strengthen the ADRC infrastructure, business processes, and services. Major activities included:

- Continued the engagement of the ADRCs in developing standard operating procedures to ensure statewide consistency in service delivery and data collection.
- Provided technical assistance to the AAAs in evaluating service delivery in the AAA's region, identifying target populations for services, and setting performance measures, target, and priorities as part of the AAAs four-year area plan development process.
- Performed program specific training sessions with the AAAs to ensure that service activities are captured accurately in the new SAMS database.

Data Source: Iowa Aging Program Reporting System (IAPRS) and SAMS case management system.

Resources: Funding for this program is a combination of Federal Older Americans Act Title IIIB \$464,468, Discretionary Grant \$371,428, State General Funds \$1,917,885, and Other \$983,737 totaling \$3,366,090.

Service: Long Term Care Ombudsman (LTCO)

Description: The mission of the Office of State Long-Term Care Ombudsman (OSLTCO) is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolutions to problems, and providing advocacy with the goal of enhancing quality of life and care. (Link to Strategic Plan Goal 4: Ensure the rights of older Iowans and prevent their abuse, neglect, and exploitation.)

Why we are doing this: In 1978, the Older Americans Act mandated a State Long-Term Care Ombudsman office in each state. The purpose of the office is to improve the quality of life and care in long-term care facilities by assisting residents to resolve complaints about the care they receive and to assure that residents' civil and human rights are protected.

What we're doing to achieve results: Iowa's long-term care ombudsmen investigate to help resolve resident and family concerns, provide information and assistance to long-term care providers, offer educational programs to the community, volunteers and long-term care staff, and provide individual consultation on issues important to residents, their families or the public. Long-term care ombudsmen also assist with resident and family councils within long-term health care facilities. The internal processes of the office are continually reviewed for effectiveness and efficiency, and the state, local and volunteer long-term care ombudsmen participate in frequent training.

Results

Performance Measure	Performance Target	Performance Actual
Percent of nursing facilities with a volunteer LTCO.	25%	17%
Percent of Long Term Care Complaints Resolved.	75%	72%

What Happened: The Office of the State Long-Term Care Ombudsman (OSLTCO) continues to administer the activities of the Certified Volunteer Ombudsman Program (VOP). Under the VOP, volunteers perform monitoring visits at assigned nursing facilities to assist in resolving basic resident concerns. This program is designed to allow the local Long-Term Care Ombudsmen to focus on complaints involving the health, safety, welfare, and rights of residents. Iowa has 847 nursing facilities and assisted living programs that need volunteer long-term care ombudsmen. In FY2017, 67 Iowans were placed in nursing facilities across the state to serve as volunteer long-term care ombudsman.

The OSLTCO also serves as the advocate for Medicaid managed care members who receive long-term services and supports (LTSS) in health care facilities such as nursing homes, assisted living programs (ALP), elder group homes, and intermediate care facilities for the intellectually disabled (ICF/ID) or through one of the seven home and community-based services (HCBS) waiver programs. To meet that charge, the OSLTCO administers the Managed Care Ombudsman Program to formalize and promote our advocacy role related to the rights and needs of Medicaid managed care members receiving long-term care. The population encompasses just under 57,000 members which equates to approximately 10 percent of the total Medicaid managed care population. Since the transition to managed care, the OSLTCO has been addressing member concerns and issues, and tracking and monitoring issues affecting members that contact the office. The program has received a total of 4,187 contacts from October 2016 through October 2017 from individuals seeking assistance with their managed care plan.

Data Source: Office of State Long-Term Care Ombudsman; Ombudsmanager

Resources: Funding for this program is \$1,324,202 which comes from the State of Iowa general fund.

Core Function: Health & Support Services

Description: Support policies, programs, and wellness initiatives that promote healthy lifestyles for older Iowans and that improve their access to affordable, high quality long-term living and community supports.

Services: Healthy Aging

Nutrition and Disease Prevention Services

Description: As Iowans age, many require support services to stay healthy, active and independent, thereby allowing them to remain in their homes and communities. IDA, the AAAs, and their providers deliver these support services including congregate and home delivered meals, nutrition education and counseling, and health promotion programs. (Link to Strategic Plan Goal 3: Empower older Iowans to stay active and healthy through Older Americans Act programs and prevention services.)

Why we are doing this: The Older American Act funds supporting the nutrition and health promotion programs are to be used to reduce hunger and food insecurity, promote socialization, and promote health and well-being of older individuals by assisting them to access nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health and sedentary behavior.

What we're doing to achieve results: IDA, through the AAAs and their community networks provide home and community based services including congregate and home delivered meals, nutrition education and nutrition counseling, transportation and evidence-based health promotion programs. Department staff provide technical assistance to the AAAs to help meet the objectives of the OAA and older Iowan's goals for independent living. Staff also reviews program performance and monitor compliance with federal and state regulations.

Results

Performance Measure	Performance Target	Performance Actual
Percent of high nutrition risk home delivered Meal, congregate meals, and nutrition counseling participants with multiple nutrition risk assessments, who maintained or improved their Nutrition Risk Scores	77%	77%

What Happened: The OAA nutrition programs focus on nutritious meals and opportunities for socialization contributed to positive outcomes for meal participants. Nutrition education also played an important role in addressing nutrition risk factors. It is aimed at improving senior health by promoting the consumption of more fruits and vegetables, increased physical activity, and improved food safety awareness through the distribution of educational materials and regular presentations to meal recipients.

In FY2017, over 2.2 million congregate and home delivered meals were provided to 32,548 older Iowans. Of meal consumers who are at high nutrition risk and completed multiple nutrition screenings, 80 percent of congregate meal consumers improved or maintained their nutrition risk score while 75

percent of home delivered meal consumers improved or maintained their nutrition risk score. Overall, 77 percent of consumers improved or maintained their nutrition risk scores thus demonstrating the benefit of program participation.

Over the past several years, meal service delivery has shifted to serving fewer congregate meal consumers and more home delivered meal consumers - who are older, frailer, and have higher nutritional risk. This shift not only impacts the outcome on this performance measure, it impacts the ability of the aging network to provide interventions that address the negative impacts of poor nutrition and social isolation. Older adults who connect with the congregate meal program are generally younger, healthier and more active. The congregate meal sites provide opportunities to socialize, learn about behaviors and activities to improve or maintain their health, and serve as the entry point to the range of Older Americans Act services. In SFY2017, IDA focused on activities designed to strengthen the congregate meal program. Major activities included:

- Established an IDA-AAA work group to identify innovative practices aimed at revitalizing the congregate meal program and improving participation.
- Based on the workgroup recommendations, IDA applied for a two-year ACL nutrition innovations discretionary grant to improve service delivery in the Linn county area which has experienced a significant reduction in congregate meal participation. (Grant awarded in August 2017).
- Provided technical assistance to the AAAs in evaluating service delivery in the AAA's region, identifying target populations for nutrition services, and setting performance measures, targets, and priorities as part of the AAAs four-year area plan development process.
- Established performance measures and targets for the meal programs, nutrition education, and nutrition counseling to ensure the AAAs target service delivery to consumers at risk for social isolation and/or who are at high nutrition risk.

Data Source: Iowa Program Reporting System (IAPRS) and SAMS case management system.

Resources: Funding for these programs represents a combination of Federal Older Americans Act Title IIIC(1) \$4,103,615 and IIIC(2) \$2,602,384, Nutrition Services Incentive Program \$1,677,166, State General Funds \$3,439,025, and Other \$6,980,160 totaling \$18,802,350.

Case Management for Frail Elders

Description: The Case Management Program for Frail Elders (CMPFE) has served as a gateway to both the Medicaid Elderly Waiver for low income frail older adults and other frail older lowans who need and want a coordinated plan of services which allows them to remain in their homes and avoid premature or unnecessary institutional care settings. With the systems changes occurring in Iowa related to Medicaid waiver services, CMPFE as it has been implemented ended in SFY2017. As noted below, IDA initiated administrative rule changes related to this program. Effective May 2017, Older Americans Act and state elderly services funds for Case Management service delivery will focus on at risk, older lowans who require coordinated supports and services but are not eligible for the Medicaid elderly waiver program.

Why we are doing this: Older lowans want to live in their own homes with dignity and independence as long as possible. Case management coordinates individualized services that help older lowans achieve their independent living goals. Case managers assess both health and social needs of the individual during an in-home visit, develop a personalized plan of care, set up the desired services, and provide

ongoing monitoring of the individual’s plan. Typically, case management services and the array of long-term living and community supports that are coordinated can be provided at approximately one fourth of the cost to the taxpayer when compared to facility based care. (Link to Strategic Plan Goal 2: Enable lowans to remain in their own homes and communities with high quality of life for as long as possible through the provision of a diverse menu of long-term living and community support services, including supports for family caregivers.)

What we’re doing to achieve results: The Area Agency on Aging (AAA) case managers or their subcontractors provide ongoing monitoring of the needs of the consumer as well as conduct consumer satisfaction surveys at least annually.

Results

Performance Measure	Performance Target	Performance Actual
Average number of months a client’s independent living status is maintained via the Case Management Program for the Frail Elders (CMPFE) prior to institutionalization or death.	40	53

What Happened: In SFY2017, a total of 4,015 consumers were served by the Case Management Program for Frail Elders (CMPFE) resulting in 18,220 hours of assistance to older persons and their caregivers in the form of access to care coordination. SFY2017 has been a transitional year for the AAAs delivery of case management services. As a result of the implementation of the managed care system in SFY2016, AAAs shifted focus to consumers who would benefit from case management but are not eligible for the service under the Medicaid managed care system. With updates to administrative rule chapter 17.21 (effective 5/31/2017), the CMPFE program formally changed from a program to a service. The service of Case Management offered by the AAAs and funded with Older Americans Act and state elderly service dollars will focus on a new type of consumer. The AAAs and IDA are adjusting the outreach, awareness, and coordination of the case management service to reach this new consumer population.

This change in direction and strategy will continue to be built and customized according to identified needs and applicable partners. Due to the transitioning of consumers to managed care and the change in population focus, the number of consumer served in SFY2017 decreased significantly from SFY2016. While the numbers of older lowans receiving case management services funded by OAA and state elderly service dollars declined, the program’s impact to those consumers served was significant. Case Management consumers were able to maintain their independent living status for an average of 46 months before leaving the program.

As noted above, approximately 23 percent of lowans are aged 60 or older. Nearly 12 percent of lowans aged 65 or older and nearly 19 percent of lowans aged 75 or older have a disability and could potentially benefit from the service of case management. The AAAs will continue to adapt to the new system and direction and will align their focus on a new type of case management service in the coming years.

Data Source: IAPRS and Seamless.

Resources: Funding for this program is a combination of Federal Older Americans Act Title IIIB: \$44,087, State General Funds: \$425,803, and Other: \$18,066 totaling \$487,956.

Caregiver Services

Description: The program supports the array of long-term living and community supports that are instrumental in helping older Iowans remain in their homes. The program is primarily supported by Older Americans Act funds and assists persons 18 years of age and older who care for a frail older adult. A small portion of the program allows for services for older relatives supporting dependent minors or persons living with a disability. (Link to Strategic Plan Goal 2: Enable Iowans to remain in their own homes and communities with high quality of life for as long as possible through the provision of a diverse menu of long-term living and community support services, including supports for family caregivers.)

Why we are doing this: Family caregivers, who are often unpaid caregivers, are critical partners in helping older Iowans remain in their homes. Family and friends who serve as caregivers, however, often do not identify themselves as caregivers and thus do not seek out assistance. Supporting caregivers in locating and providing information and services for their loved ones allows many caregivers to continue their efforts longer, which often delays more costly institutional care.

What we're doing to achieve results: The Iowa Aging Network is building support for family caregivers to ensure the services they need to sustain their role as a caregiver, and to maintain their emotional and physical health, are available and accessible to them. The focus of the program is to promote and provide caregiver training and support services.

Results

Performance Measure	Performance Target	Performance Actual
The number of clients receiving assistance from the National Family Caregivers Support Program in Iowa	37,000	3,764

What Happened: The implementation of new service reporting requirements and a reporting system as described above impacted the tracking and reporting of caregiver service. In the past two fiscal years, the Department has shifted from tracking aggregate estimates of caregivers to tracking an unduplicated count of caregiver consumers served. FY2017 was the first year in which both the new reporting requirements and reporting system for caregiver services were in place. This change resulted in a lower but more accurate count.

Caregivers obtain information and assistance or other supportive services, such as respite, options counseling, counseling, and home delivered meals from the AAAs and contracted providers. In SFY2017, 925 consumers received 6,065 hours of Respite service. This necessary service provides caregivers a short break from their caregiving duties. The AAAs provided one-on-one or support group counseling to 435 caregivers across the state. In addition, they offered training and educational opportunities to caregivers through local support groups, evidence-based training classes (Powerful Tools for Caregivers) and statewide/regional caregiver conferences.

In SFY2017, IDA initiated activities to strengthen the caregiver program. Major activities included:

- Established standard business processes for caregiver services and provided training to the AAA to capture activities accurately in the new SAMS database.

- Provided technical assistance to the AAAs in evaluating service delivery in the AAA's region, identifying target populations for nutrition services, and setting performance measures, targets, and priorities as part of the AAAs four-year area plan development process.
- Established performance measures and targets for the respite and counseling services to ensure the AAAs target service delivery to caregivers who are at risk for increased stress or reducing their caregiver role.

Data Sources: IAPRS and SAMS

Resources: Funding for this program is a combination of Federal Older Americans Act Title IIIE \$1,497,006, State General Funds \$592,424, and other \$377,447 totaling \$2,466,877.

Core Function: Planning, Development and Coordination

Description: Conduct planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the objectives of the Older Americans Act.

Activity: Oversight & Operations

Description: IDA is responsible for the application and receipt of Older Americans Act funds as well as state appropriations. IDA is a focal point for all activities related to the needs and concerns of older lowans. Staff serve as advocates for older persons by:

- Reviewing and commenting upon all state plans, budgets, and policies that affect elders.
- Providing technical assistance to any agency, organization, association, or individual representing the needs of elders.
- Assuring that preferences for services will be given to older individuals with greatest economic or social needs.
- Assuring that preference for services will be given to low-income minority and rural older adults.

Staff review mandated program and financial reports from the AAAs in order to evaluate the effectiveness of Older Americans Act programs in meeting the needs of older lowans. IDA has updated its data collection and analysis tools to facilitate reporting and service delivery evaluation.

Why we are doing this: IDA is ensuring data sharing among state agencies and other aging network partners to better identify high risk older adults and family caregivers.

What we're doing to achieve results: IDA staff provides ongoing technical assistance and training on quality data collection procedures to the AAAs. They also work with the AAAs to review and analyze program data to determine outcomes of client services and identify unserved / underserved consumers, service delivery gaps, and resource utilization efficiencies. The collection of consumer demographic and functional impairment information through the intake form is vital to determining service delivery reach, quality, and impact.

Results

Performance Measure	Performance Target	Performance Actual
Percent of consumers who receive registered service that complete a Consumer Intake Form once during the state fiscal year.	90%	90%

What Happened: IDA finalized the migration to a more robust consumer tracking and service reporting system that combines data collection previously recorded in three separate systems. IDA and AAA staff worked collaboratively to identify system and reporting requirements and standard business processes throughout SFY2017 and into SFY2018 to ensure the new reporting system meets the aging network's needs.

Resources: Funding for IDA and the AAA staff activities comes from a combination of federal Older Americans Act appropriations, state general funds, and other sources.

Core Function: Resource Management

Activity: Annual Management

Description: In FY2017, IDA employed 40 FTEs. Throughout FY2017, Department management and fiscal staff developed and trained AAA staff on new policies and procedures to assist the six AAAs in expanding their operations.

Why we are doing this: To ensure effective administration of IDA.

What we're doing to achieve results: Management staff trained and provided support to Department and AAA staff on contracting rules, procurement policies, match requirements, and other financial matters to ensure compliance.

Results

Performance Measure	Performance Target	Performance Actual
Number of reportable comments in the annual audit pertaining to the Department.	0	0

What Happened: The audit resulted in no reportable comments.

Data Source: The FY2016 Audit Report. (The FY2017 Audit Report has not yet been issued.)

Resources: Funding for IDA and the AAAs comes from a combination of federal Older Americans Act appropriations, state general funds, and other sources.

RESOURCE REALLOCATION

In FY2017, the Iowa Department on Aging did not reallocate any resources.

AGENCY CONTACT

Copies of the *Iowa Department on Aging Performance Results Report* are available on the IDA Web site at www.iowaaging.gov or email Shan Sasser at the Department on Aging: Shan.Sasser@iowa.gov.

**Iowa Department on Aging
510 East 12th Street, Suite 2
Des Moines, IA 50319**

**Telephone: 515-725-3333
TTY Accessible Telephone Number: (800) 532-3212
WATS: 1-800-532-3212**

ⁱ *Older Iowans: 2017*. State Data Center of Iowa and the Iowa Department on Aging, 2. May 2017. Accessed 11/29/2017. www.iowadatacenter.org/Publications/older2017.pdf.

ⁱⁱ *Data-at-a-Glance (State-level Population Estimates): Iowa*, Administration for Community Living, AGING Integrated Database (AGID), Accessed 11/29/2017. <https://agid.acl.gov/StateProfiles/>.

ⁱⁱⁱ *Older Iowans: 2017*, 4.

^{iv} Iowa Department on Aging's Iowa Aging Program Reporting System (IAPRS) and SAMS Case Management database.

^v Percentage reflects Iowans aged 65 or older. *Older Iowans 2017*, 1.

^{vi} *Profile of State OAA Programs: Iowa*. Administration for Community Living – AGING Integrated Database (AGID). Accessed 11/29/ 2016. www.agid.acl.gov/StateProfiles/.

^{vii} *Profile of State OAA Programs: Iowa*.

^{viii} IAPRS/SAMS databases.