

Aging Resources of Central Iowa

PSA #3

Area Plan on Aging

SFY 2016 – 2017



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Executive Summary

Aging Resources' planning and service area encompasses the eight counties in the center of the state and includes Des Moines, the state capital. Our region is the most populous of the six area agencies regions with 20% of the state's population age 60+. The proportion of older adults to the total population is not as high as in some areas of the state but the overall numbers of persons 60+ are growing.

The 2000 census reported 99,625 persons age 60 and over, the 2012 census projected 132,248 persons 60+ years of age. This means that there was a 25% increase in the 60+ population between 2000 and 2012. With this large increase in the older population Aging Resources is able to act as a safety net for many older adults especially those who are living on poverty level incomes. In our service area 6% of persons 60+ have incomes at poverty level but 33.3% of the clients we provide services to live in poverty.

Our region benefits from a large number of service providers in the Des Moines Metropolitan area. Metro Des Moines has three large health systems, two adult day centers, and numerous medical and non-medical home care agencies. Polk County government also provides strong support for senior centers and other services for older adults.

However, the majority of our counties are rural in nature and do not have the array of services that are available in Des Moines. Aging Resources' Advisory Council and Board are very cognizant of the need to promote the availability of services in our rural counties. Contractor funding is provided to our seven more rural counties at a higher proportion than to urban Polk County.

Because Aging Resources has served the same counties since its inception in 1982 we have built long standing relationships with our local provider agencies and organizations that serve older adults. Most of our management staff are long-time employees enabling us to have strong relationships with the agencies, organizations and consumers we serve.

Marketing of Lifelong Links is a priority of our agency. All staff members are engaged in marketing Lifelong Links during interactions with providers, organizations and consumers. Increasing our knowledge and visibility within the disability community is also a priority. Working with our LifeLong Links Advisory Council has forged new partnerships with organizations that work with the disability community and has greatly assisted us in expanding our services.

The Family Caregiver Program has a strong presence at Aging Resources. Calls from caregivers to LifeLong Links are almost as frequent as calls from older adults. Our Caregiver Specialists not only provide the referrals that caregivers need, but also spend one-on-one time to let caregivers express their frustrations and to counsel them on caring for themselves so that they can continue to care for their loved ones. The addition of an Elder Rights Specialist to our staff is also assisting us in educating the public and providing services for our most vulnerable clients.

Section 1: 2016-2017 Goals and Strategies

Goal 1: Empower older individuals, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

***Objective:** To increase the number of Iowans obtaining information about home and community-based long-term supports and services.*

***Focus Area:** LifeLong Links*

Strategy: Expansion Activities

In SFY 2016, Aging Resources will continue to expand LifeLong Links (LLL) in order to better reach those needing information on community services and Options Counseling to assist them in planning for and securing the services they need. Staff members including our Executive Director, Family Caregiver Specialists, Elder Rights Specialist, Senior Medicare Patrol Coordinator, Nutrition Director, Case Management Outreach Coordinator, and Older Worker Specialist have joined our LifeLong Links Coordinator and our VISTA worker in marketing the LifeLong Links program at all meetings they attend and as part of any presentations they provide to individuals and groups.

The primary focus of the VISTA worker at our agency is the ongoing marketing of LifeLong Links. Emily, our VISTA worker, has developed a new LifeLong Links banner and updated display materials for use at community events and presentations. She coordinated the production of LifeLong Links brochures for our agency and has worked with staff to ensure distribution throughout our counties. Included in this strategy is providing information and delivering brochures to the following:

- Local DHS offices
- Community Mental Health Centers
- 170 Pharmacies
- Each County's RSVP Directors
- 66 Food/Clothing Pantries
- 22 Community Clinics
- Community Libraries
- County Health Departments
- Chambers of Commerce
- SHIP Coordinators
- Farm Bureaus
- American Legions
- City Halls
- Healthcare system outreach directors
- Area Churches

We also have a number of community events involving both older adults and persons with disabilities where we will have a booth in order to reach out and increase our visibility to diverse groups. The events currently on the schedule include:

- Community Health Fair hosted by Easter Seals/Des Moines University at DMU March 7, 2015
- Alzheimer's Annual Conference hosted by Alzheimer's Association at Prairie Meadows Event/Conference Center April 21, 2015
- Career Workshop for Des Moines Municipal Housing Residents at Royal View Manor April 23, 2015
- Polk County Senior Fest hosted by Senior Services of Polk County at Iowa State Fairgrounds May 13, 2015
- Seniors in Story Expo hosted by Seniors in Story at Quality Inn May 19, 2015
- Ankeny June Affair – Senior Expo hosted by Ankeny Senior Services Committee at TBD June 18, 2015
- Alzheimer's Walk hosted by Alzheimer's Association at State Capital September 19, 2015
- Boone County Health Fair September, 2015
- Senior Life Conference hosted by CISEN at Prairie Meadows Event/Conference Center October 26, 2015
- Senior Health Fair hosted by DMU at DMU November 2015

Our agency is also marketing LifeLong Links through social media including our website, Facebook, Twitter and will be starting a blog. Press releases will be sent to 29 local newspapers and 11 radio stations have been identified to contact. We will be applying for the Google Ad Grant for nonprofits. If we receive the grant, it will allow us to advertise using Google AdWords which will promote our agency and grow our presence on Google search result pages.

Staff has worked to determine some of the primary players in each of our counties in order to provide them with ongoing marketing information; this group includes provider agencies, mental health regional staff, and Aging Resources' Advisory Council and Board of Directors. We keep this group updated regularly on Lifelong Links services and activities in order to keep the message of the services we can provide before them and to encourage them to assist us in marketing to the targeted groups they are in contact with.

Our agency has been distributing our brochures at all the nutritional sites in our region often along with a presentation on Lifelong Links' services. The intention is that the consumers will use the information themselves as well as pass it on to others they think may benefit. Marketing materials will also be provided to all 4,600 older adults who receive Senior Farmers' Market coupons this summer.

The LifeLong Links Coordinator will continue to work closely with the LifeLong Links Advisory Council which is one of our best connections to the disability community. Our Advisory Council

members include the Iowa Department of Human Services, Brain Injury Association, Central Point of Coordination (CPC), Easter Seals of Central Iowa, Iowa Association of Community Providers, Iowa Department for the Blind, Iowa Vocational Rehabilitation Services, Senior Health Insurance Program (SHIP), Visiting Nurses Services of Iowa (VNS) and Iowa Department of Veterans Affairs and Central Iowa Center for Independent Living (CICIL). The Council is dedicated and enthusiastic about the program. They meet every other month and receive program updates, exchange agency information and provide assistance to our LLL staff with difficult client situations. The group is working to add a consumer representative, and other organizations the group feels will assist the goals of LifeLong Links.

The LifeLong Links Coordinator also has cultivated relationships with additional provider groups working with the Iowa Mental Health and Disability Services Commission, Iowa Assisted Living Association Board, Iowans with Disability in Action, and (AMOS) Mental Health and Substance Abuse.

Individuals to Be Served

The table below lists the number of individuals served in SFY 2015 to date from all funding sources and estimated number to be served in SFY 2016 (7/1/2015 – 6/30/2016).

Table 1: LifeLong Links Consumers Served

Category	SFY 2015 3/30/2015	SFY 2016
Total Number of LifeLong Links IR&A consumers	1,952	2,700
IR&A Consumers Served Aged 60+	1,408	1,755
IR&A Consumers who are Caregivers	912	1,296
IR&A Consumers Between 18 and 60 with a Disability	224	540
Total Number of LifeLong Links Options Counseling Consumers	44	100
Options Counseling Consumers Aged 60+	35	70
Options Counseling Consumers who are Caregivers	7	40
Options Counseling Consumers Between 18 & 60 with a Disability	9	30

Source: ESP reports

Innovative Funding

The six Area Agencies on Aging plan to begin collaborative meetings to research a process and procedure to establish a fee-for-service for the LifeLong Links program. The discussions will include possible service packages that can be marketed to hospitals to assist with the safe transition from hospital to home. Aging Resources plans to work with the other Area Agencies on Aging and the Iowa Association on Area Agencies on Aging (i4a) to provide a consistent plan throughout the state.

Partnerships

The partnerships that we have formed have been primarily with the disability provider agencies that are part of the LifeLong Links Advisory Counsel. The members have signed memorandums of understanding which state that the participating agencies will have a collaborative approach to successfully counsel consumers, provide referrals and assist in planning long term care

services and supports. The agencies agree to have a liaison(s) to serve as a single point of contact for call transfers, referrals, or coordination efforts on behalf of a consumer/client.

Aging Resources has also entered into an agreement with Polk County Health Services (PCHS) so that Options Counselors are able to access the (PCHS) database to determine if a client seeking assistance has a targeted case manager. This collaboration helps to reduce duplication of services and facilitate appropriate referrals.

Projected Expenditures

The table below lists budgeted expenditures from all funding sources to support IR&A / Access Assistance and Options Counseling activities.

Table 2: LifeLong Links Funding Sources

Funding Source	FY2015	FY2016
Federal	255,000	150,000
State	167,500	175,000
Local	0	0
In-Kind	0	0
Total	422,500	325,000

Source: IAFRS Budgets

Goal 2: Enable older individuals to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Objective: To increase the number of Iowans accessing home and community-based services they need to remain independent in their home.

Focus Area 1: Transportation

Transportation Needs

The three most frequently identified transportation issues or challenges faced by Iowans aged 60+ in our area are;

- Knowing that public transportation exists, what the service can and cannot provide and how to schedule a ride
- Scheduling appointments so that the transportation provider can accommodate the ride with the least amount of inconvenience for the rider
- Having transportation services available at the times and to the locations to meet the needs of older adults

Strategies to Address Transportation Needs

Strategies we currently have in place to address the issues outlined above vary for transportation provider. In generating our response to this section of the Area Plan we asked each of our transportation contractors to identify the needs of older adult that they most often encounter and to address the strategies they have in place of plan to implement.

Each of our transportation providers had somewhat different answers to these questions. However, all providers acknowledge the need for increased marketing so that older adults and the public in general better understand what transportation is available to them. As with all of our services older adults and their family are not tuned in to what services are available until they need them. Many older adults, especially in rural areas have never accessed public transportation so they fear how it will work for them. Some riders have unrealistic expectations of what the transportation service can provide causing them to reject the service all together.

Outreach and education have been addressed by having two Mobility Managers in our region. One Mobility Manager is assigned to Des Moines Area Regional Transit (DART) and one is assigned to Heart of Iowa Regional Transit Agency (HIRTA). The Mobility Managers spend much of their time providing outreach. They are able to offer travel training on the buses to help riders feel comfortable with how the transportation system works. They also offer free trips to entice riders to try the service.

Transportation providers work with riders and at times medical providers to coordinate appointments so that the appointments are not scheduled at peak hours when it is difficult for the transit provider to accommodate the trip. Scheduling medical appointments mid-day allows the best opportunity for transit providers to be able to schedule a drop off and return

time without long waits or long ride times. For rural providers certain days of the week are dedicated to providing medical transportation from small towns to metro medical clinics.

Having transportation available for nights and weekends so that older adults can attend church activities and other social events is financially very difficult for transportation providers. Some providers have been able to accommodate services on some nights when rides have been most often requested.

Strategies we plan to implement in FY2016 – 2017 to address transportation issues include continuing to work with the Central Iowa Transportation Advisory Group (TAG). This is a group of social service providers (some of which have their own transportation service for their clients), transportation providers and stakeholders that have been meeting for several years. The group has put together a comprehensive list of the transportation services that are available in the area, has brought in experts to address transportation issues, organizes an annual “Mobility Matters” conference and assists the Des Moines Area Metropolitan Planning Organization in completing their federal transportation planning report.

This group has addressed expansion of transportation services to meet the needs of workers on late or overnight shifts, better coordination of transportation vehicles and services between agencies, and starting new volunteer transportation programs. Initiating any new program has been a difficult and slow process.

Barriers to addressing transportation issues include:

- Having the resources in staff, time and funding to devote to meeting the needs of older adults who benefit most from a flexible demand response system.
- The need for education to the public on what transportation providers can and cannot provide. Handling confused and very frail riders may at times be more responsibility than the transportation provider is equipped to handle.
- Funding for staff to develop innovative customer friendly transportation options.

Assisted transportation services are very important to the older adults that access our transportation services. Just as we have seen a shift from congregate meals to home delivered meals because the clients we serve tend to be very frail or have disabilities that make it difficult for them to leave their homes, we have seen a shift from persons who are able to utilize transportation independently to riders who need assistance of the driver to get to and from the vehicles and assist into the vehicles. We also see more and more riders who use walkers and wheelchairs so they need the assistance of a lift or a van that can accommodate them. The number of riders that access assisted transportation has definitely increased over the years and transportation providers have needed to modify their services to meet this increased need.

Individuals to be Served

The table below lists the number of individuals served in SFY 2015 to date from all funding sources and estimated number to be served in SFY 2016 (7/1/2015 – 6/30/2016).

Table 3: Transportation Consumers

Category	SFY2014	SFY 2015 As of: 12/31/2014	SFY 2016
Number of Transportation Units (one-way trips) Provided	122,917	59,835	137,667
Estimated Number of Transportation Consumers Served	1,927	1,640	2,065

Source: IAPRS and Transportation Providers’ estimates for SFY 2016

Projected Expenditures

The table below lists budgeted expenditures from all funding sources to support this effort.

Table 4: Transportation Funding Sources

Funding Source	FY2015	FY2016
Federal	264,038	265,000
State	240,814	240,000
Local	808,574	810,000
In-Kind	0	0
Total	1,313,426	1,315,000

Source: IAFRS Budgets

Focus Area 2: Caregiver: Family & Grandparent-Older Relative

Caregiver Needs

The families we work with face multiple challenges in providing care. The three issues we encounter most frequently are:

1. Assisting caregivers who are caring for a person with dementia. Most caregivers of persons with dementia have little knowledge of what is “normal” for this disease process so they are at a loss on how to best handle difficult behaviors. Caregivers of persons with Alzheimer’s disease or other dementias are also grieving the loss of the person they knew before the onset of the disease. The change in role to caregiver can be extremely difficult.

2. Finding affordable respite and transportation. Finding appropriate, quality, and affordable respite can be difficult. Adult Day Care can be a very viable option if it is available and accessible in the community. However, daily adult day programs can be more costly than families can afford. In-home respite can also be expensive and getting caregivers and clients to try respite options is often a challenge. Transportation is an ongoing issue which is addressed later in this plan.

3. Caregivers struggle to balance their lives and their caregiving responsibilities. Working caregivers express exhaustion in trying to take care of all their duties at work, at their home as well as supporting the care recipient. Caregiving spouses may also jeopardize their health and well-being while caring for their husband or wife.

Strategies to Address Caregiver Needs

Aging Resources provides significant information on dementia cares including providing the publication “Helping Memory-impaired Elders – A guide for Caregivers”, spending time explaining the stages of dementia and encouraging caregivers to access the Alzheimer’s Association for support and education.

Our Caregiver Specialist has established a relationship with Dr. Bender at Broadlawns Geriatric Medicine & Memory Clinic and with Mercy Ruan Neuroscience Center. When staffs at these medical clinics encounter a caregiver they feel needs assistance, they get permission to make a referral to our Caregiver Program and a Caregiver Specialist will initiate a call to the caregiver to offer support, education and assistance.

Caregiver Specialists are also available to listen to caregivers as they express grief and frustration with their caregiving situations. That empathic listening ear can at times be the most important service the caregiver program provides.

To address the need for affordable respite, Aging Resources uses Family Caregiver funding to help pay for adult day center services or to cover the cost for an agency to provide in-home respite. Aging Resources also provides funding through our contracting process to Adult Day Centers to assist clients with the cost. Caregiver funds are often used to entice caregivers to try adult day care when they are reluctant to enroll their loved one in this service because they fear it will not work. Often, once an older adult attends the day center several times they love the attention, programing, and socialization. These participants often change their viewpoint from not wanting to attend the day center, to not wanting to miss. The adult day program provides a stimulating environment for the client and needed relief for the caregiver.

Funds may also be used on a case-by-case basis to pay for a person of the caregiver’s choosing to provide respite. Allowing the caregiver to choose their respite provider, who may be a relative, neighbor or family friend, is comforting to the caregiver and the care recipient as they know the individual who will be providing care. The hiring of informal respite providers is also normally less costly than hiring an agency to provide care.

Aging Resources has also used Family Caregiver funds to helped pay for transportation to such services as dialysis or the adult day centers when needed in order to relieve caregivers of transportation duties.

Our caregiver specialists are trained to listen to our callers and allow them to talk through some of their challenges. Once they have been heard, staff can help them develop tools to cope with being pulled in multiple directions. Options Counseling is now offered to caregivers to assist in making plans and assessing the options available to them.

Some family meetings utilizing formal mediation strategies which help family members get on the same page with caregiving roles and responsibilities. These family meetings can also allow the family to hear and understand the older adults' wants and desires. Most of Aging Resources' LifeLong Links staff have had some mediation training and four are Certified Elder Mediators.

The Strategies that Aging Resources plans to implement in FY2016 include:

- Continuing to educate our staff through attendance at trainings and conferences such as the Alzheimer's Conference. We would like to see the Iowa Department on Aging (IDA) provide some additional education to all Family Caregiver Specialists particularly on coping skills for family members dealing with dementia.
- Aging Resources will continue to partner with the Veterans Administration (VA) and the Iowa Respite Coalition to ensure that caregivers are aware of all respite funding options. We will continue to routinely screen the care recipients for all possible program assistance including VA benefits and waivers.
- Aging Resources' Family Caregiver Specialists will be doing more training at workplaces to help educate working caregivers. We are also going to improve our tracking of counseling hours.

Barriers to assisting caregivers include time, staffing and funding. Calls from caregivers are about half of all the LifeLong Links calls we receive. Over the years, we have found that caregivers crave someone to listen to their stories. One-on-one time spent with caregivers appears to garner the best results. However, spending time to hear the caregiver's situation, to educate on the care recipient's disease process, to determine what services will best assist the caregiver and the care recipient, and then to determine how those services will be paid is a very time consuming process. Staffing to meet these needs is an ongoing challenge.

Requiring that caregivers of disabled adults to be 55 years of age or older hinders support for this younger underserved population. Disabled adults under 60 years of age have to use whatever means they can in getting assistance due to limited options and lack of available funding. Caregivers of someone with early onset dementia have few places to go for assistance. Caregivers need options regardless of their age.

The present duplication in charting/documenting for options counseling restricts staff from providing good customer service. A change to a new client tracking software that will be easier to navigate and that will be able to pre-populate multiple forms with the same client information will increase efficiency tremendously.

Individuals to be Served

The table below lists the number of individuals served in SFY 2015 to date from all funding sources and estimated number to be served in SFY 2016 (7/1/2015 – 6/30/2016).

Table 5: Caregiver Consumers

Category	SFY 2015 As of: 3/30/2015	SFY 2016
Total Number of Caregiver Consumers Served	681	1,100

Source: IAFPS for registered Caregiver services and ESP for Access Services

Additional Services

The additional AAA services caregiver consumers most frequently receive are supplemental services, respite and counseling.

Table 6: Percentage of caregivers receiving more than one AAA service

Category	SFY 2015 As of: 12/31/2014	SFY 2016
Percent of caregivers served receiving more than one AAA service	4%	20%

Source: IDA Workbook sent 2/24/15 from IAPRS data, in SFY 2016 the % will increase as Access Services will be a registered service in IAPRS so we can track those additional services

Projected Expenditures

The table below lists budgeted expenditures from all funding sources to support this effort.

Table 7: Caregiver Funding Sources

Funding Source	FY2015	FY2016
Federal	275,327	282,216
State	93,803	100,000
Local	65,000	65,000
In-Kind	0	0
Total	434,130	447,216

Source: IAFRS Budgets

Goal 3: Empower older individuals to stay active and healthy through Older Americans Act services

***Objective:** To increase the number of Iowans accessing nutrition programs so that they may remain active and healthy as possible*

***Focus Area:** Food Security Project*

Nutrition Needs

In SFY 2015, Area Agencies on Aging received a special appropriation to address food insecurity needs of older Iowans. Each agency committed to developing innovative strategies to address food insecurity among older Iowans and the decreasing participation in the Congregate Meal and Home Delivered Meal programs.

There are several barriers that have contributed to the decreasing participation in congregate and home-delivered meal programs in Aging Resources' service area. Some of the most influential barriers include lack of accessible and affordable transportation, lack of awareness, cultural barriers, and the stigma often associated with these programs.

Many older individuals require assistance with transportation to and from appointments and other destinations such as congregate meal sites. This is especially true in the rural portions of our service area. Although transportation is available in some areas, it is often costly and/or inconvenient to use. For example, buses are available to pick up and drop off consumers at meal sites in Polk County. The buses pick consumers up at the same time each day and take them home at the same time each day. This can be frustrating to bus riders as it limits the involvement they are able to have at the meal site. Some individuals (as well as some transportation providers) may feel that receiving transportation to a meal site is not as important as other trips such as doctor appointments. Some providers place priority on certain types of rides, and limit access to other types if drivers are limited.

Another barrier to participation in congregate and home delivered meal programs in our area is a lack of awareness about the programs by the general public. Many people drive by our meal sites and community centers each day but do not know what they are. If older individuals knew that these programs exist and are there for their benefit, more would participate. People may also be unaware that transportation is a possibility and that the meals are on a contribution basis.

Although we strive to reach a diverse population with our nutrition programs, there are still some cultural barriers that influence participation. The meals served at our meal sites and through home delivered meals may not be palatable to people of varying ethnicities. In addition, the language barrier can make it difficult to draw new people in who do not speak English.

A fourth barrier to participation in meal programs is that individuals may have a stereotypical image of what congregate or home delivered meals are. Often times, congregate meal sites are

thought of as places only for the oldest-old or only for low-income individuals. A common response received from individuals not attending meal sites is that meal sites are “not for them”. It is a challenge to change these perceptions and to market our programs for what they truly have to offer.

SFY 2015 Strategies

In order to reach the most food insecure individuals in a widespread manner, Aging Resources has developed the Weekend and Evening Meals Program. Our plan is to work with our nine contracted nutrition service providers to provide meals in addition to noon meals served Monday through Friday.

We are already serving a large portion of the food insecure older people in central Iowa, but we believe there is a gap of service for weekend and evening meals. Many people currently have limited access to low-cost, nutritious meals beyond the congregate and home-delivered meal programs. This will allow us to reach eligible individuals in all areas of central Iowa – both urban or rural and congregate or home delivered.

Another strategy we have implemented is collaboration between Aging Resources, DART, Polk County Senior Services, and Lutheran Services in Iowa (LSI). LSI provides a program for older refugees who are seeking U.S. citizenship and provides programming to assist their transition to life in the U.S. The lack of English language skills and cultural knowledge puts older refugees at greater risk for isolation. Although LSI offers English as a Second Language (ESL) classes and other activities, LSI has limited space and can only serve these individuals until they become U.S. citizens. To help further assist with LSI’s goals, Polk County Senior Services has offered to provide meeting space at the Central Senior Center with the hope that eventually the refugee group will become involved in the meals and activities taking place there. Aging Resources will provide the funds for bus passes through DART, so that not only will there be transportation to the Central Senior Center, but the individuals will become more comfortable with public transportation.

It is our hope that this program will not only reduce food insecurity but also potentially alleviate some of the barriers mentioned above. The Weekend & Evening Meals Program will help somewhat with the transportation issue, particularly if individuals do not have transportation available in the evenings or over the weekend to get to the grocery store or to a friend/relative’s home. As far as lack of awareness, we are hoping to gain some new meal participants because of the addition of weekend and evening meals. We will also be marketing the program at local food banks, energy assistance agencies, and housing facilities.

Unfortunately, the Weekend & Evening Meal Program will not do much to eliminate the cultural barrier, nor will it have much effect on the stigma associated with congregate and home delivered meal programs. However, it is hoped that we will gain some new clients because of the program and that word of mouth will continue to draw more people in and work to change that stigma.

The transportation project for the Older Adult Refugee Program listed above is fairly new, starting in March, 2015. The program will be monitored monthly and will be evaluated at the end of the fiscal year. It is our hope that this program will reduce the cultural barrier for the older refugees taking part in LSI’s services. By providing transportation and a meeting room for the refugee group, we think the transition into the activities and meals at the Central Senior Center will be much smoother for them.

SFY 2016 Strategies

One project strategy we would like to implement is offering more meal choices. This will be a difficult undertaking, and may begin very small. We are also committed to increase the marketing of the home delivered and congregate meal programs.

By being desirable to more individuals (including the culturally diverse), we will be able to help more food insecure and/or low income individuals. We will also be more apt to compete with other nutrition providers who currently offer more choices.

Increased marketing will allow more people to hear about the programs offered through our meal programs. Our meal programs are already reducing food insecurity and we want anyone who could benefit from congregate or home delivered meals to know it is available.

By providing menus that are more are more desirable to more individuals (including the culturally diverse), we will be able to attract more food insecure and/or low income individuals to our program. We will also be more apt to compete with other nutrition providers who currently offer more choices.

Increased marketing will allow more people to hear about our program options and understand that the opportunities provided through these programs are more than just a meal. Our meal programs are already reducing food insecurity and we want anyone who could benefit from congregate or home delivered meals to know it is available.

Individuals to be Served

The table below lists the number of individuals served in SFY 2015 to date from all funding sources and estimated number to be served in SFY 2016 (7/1/2015 – 6/30/2016).

Table 8: Meal Program Consumers

Category	SFY 2015 As of: 2/4/2015	SFY 2016
Total Number of Meal Program Consumers Served	7,131	9,008

Source: Meal Provider reports on Waiver Meals + IAPRS report and Meal Provider Projections for SFY 2016

Additional Services

Congregate Meal consumers are most frequently receiving Nutrition Education in addition to Congregate Meals. Some of the other services often utilized by Congregate and Home Delivered Meal consumers include Health Promotion and Disease Prevention, Case Management and Assisted Transportation.

Table 9: Percentage of meal program consumers receiving additional AAA services

Category	SFY 2015 As of: 12/31/2014	SFY 2016
Percent of meal program consumers served receiving additional AAA services	58%	65%

Source: IDA Workbook provided 2/24/15 and staff projections

Projected Expenditures

The table below lists budgeted expenditures from all funding sources to support this effort.

Table 10: Meal Programs Funding Sources

Funding Source	FY2015	FY2016
Federal	1,635,647	1,635,000
State	173,612	173,500
Local	2,519,154	2,520,000
In-Kind	0	0
Total	4,328,413	4,328,500

Source: IAFRS Budgets

Goal 4: Ensure the rights of older Iowans and prevent their abuse, neglect and exploitation

***Objective:** To decrease abuse, neglect, and exploitation of older Iowans.*

***Focus Area:** Elder Abuse Prevention and Awareness*

Prevention and Awareness Needs

The three most frequently identified abuse issues Aging Resources Elder Rights Specialist encounters are financial exploitation, neglect with psychological abuse, and self-neglect.

Strategies to Address Needs

Strategies to address all forms of abuse, neglect, and exploitation include:

- Increasing public awareness of the meaning of elder abuse.
- Marketing our Elder Rights program so that the public is aware that we are a resource to call and discuss suspected elder abuse.
- Educating the general public on how to report suspected elder abuse.

Aging Resources of Central Iowa hosts a Dependent Adult Abuse Mandatory Reporter Training for professionals at least once a year. This free training is promoted to all of our contractors and to the agencies we partner with in order to increase awareness of up-to-date abuse laws and reporting criteria.

Presentations have been made to a number of community groups including; men's and women's groups from faith-based organizations, victim advocacy groups, Community Action Programs, and civic groups in Altoona, West Des Moines, and Urbandale.

Along with the presentations, brochures and materials are distributed including the LifeLong Links brochure, Aging Resources' brochures on Caregiving, Case Management, and Nutrition Services, independent and/or assisting living housing lists, and other service information. Information provided by Iowa Legal Aid outlining the July 1, 2014 changes in the Elder Abuse law has been very helpful in educating consumers.

The Elder Rights Specialist attends many community meetings to offer outreach and trainings. Presentations are being made to first responders, paramedics, fire fighters, and police officers. These presentations have increased our calls from emergency personnel. These responders often want consultations and assistance to help them deal with the older adults they encounter that do not fit the DHS reportable criteria for abuse but who clearly have unmet needs that make them dependent and vulnerable to abuse.

Our Elder Rights Specialist has also disseminated information by finding newsletters distributed by community groups who have been willing to run articles regarding the new July 2014 changes in Elder Abuse law and information about the Elder Rights Specialist position and the services Aging Resources of Central Iowa can provide.

Strategies to assist individuals include conducting face-to-face interviews with the alleged victims in a setting in which they are most comfortable (e.g. in-home, at our office, at a coffee shop or in a car). After assessing the situation, available options are discussed with the older adult using Options Counseling. The older adult can then decide what course of action they want to pursue. If immediate safety concerns are noted, action is taken to assure the individual's safety. If the face-to-face interview discloses a reportable incident, this is immediately reported to DHS and/or law enforcement.

The plan for FY 2016-2017 includes a continuation of all the above activities with additional outreach to financial institutions and other checkpoints of financial accountability. Financial exploitation occurs frequently because the older adult signs over financial power of attorney without restrictions.

Emphasis will be put on educating older adults and the general public on power of attorney financial designations. This will assist older adults in putting safeguards in place. There appears to be confusion at all levels, even with professionals, as to what a power of attorney can and cannot do and when it goes into effect. Additional education is required so that people understand what powers they do and do not want to cover and under what circumstances they want to relinquish their decisions to another person. Most Powers of Attorney (POAs) are intended to grant authority only when the person becomes unable to manage their own affairs.

Too often total power is given to an individual who then takes advantage of the older adult's financial situation for his/her own gain. Ongoing education is needed to help safeguard older adults so that the instruments they establish restrict the powers they delegate to only what they want and need.

Preventing exploitation or abuse is always preferred to assisting victims after the abuse occurs. Our Elder Rights Specialist has been able to intervene to assist vulnerable adults who have no trusted family member or anyone to advocate on their behalf. We have encountered several cases where a vulnerable older adult was sheltered by parents and/or siblings throughout his or her life. When family members die then the older person must handle financial affairs and navigate the "outside world" on their own for the first time which leaves them particularly vulnerable. By working up-front with the older adult and establishing services such as a representative payee and in-home care, the vulnerable older person has been able to remain independent with a safety net against abuse.

Neglect with psychological abuse is experienced by vulnerable older adults who have had family members or "friends" move into their homes with the understanding that it was going to be a mutually beneficial situation. The older adult needs assistance with maintaining their home and the family member/friend needs a place to live. At times these relationships can become unbalanced and the older adult is neglected as well as psychologically abused. The older adult is afraid of being forced to move into a nursing home and allows the once helpful individual to become more and more psychologically and verbally abusive.

A strategy that has helped in these situations is family meetings using mediation techniques which allow the older adult to specify what his or her needs and expectations are. The caregiver then has an understanding that others are monitoring the situation and typically acts accordingly.

Self-neglect is one of the most prevalent, yet most difficult forms of abuse to address. Individuals that neglect themselves are especially vulnerable. Often the self-neglected individual has mental health or dementia issues. Strategies to assist persons who are neglecting their own needs may necessitate consultation with a multi-disciplinary team. Self-neglecting individuals must be allowed self-determination of living standards if they are not determined to be incompetent. Persons who are neglecting themselves often cling to their independence and refuse services. Finding a person who can first gain the trust of the client and then address major concerns, often works best. Keeping options open for the self-neglected individual is important.

Barriers that prevent Aging Resources of Central Iowa from addressing the issues of financial exploitation and abuse are varied.

Barriers from the older adult themselves typically revolve around the fact that exploitation, neglect, and abuse are more often than not imposed by someone within the older adult's family or circle of friends. The older often states "I don't want to get them in trouble." With this attitude, the older adult is reluctant to disclose the extent of the exploitation, neglect or abuse. When the abuse is perpetrated by a stranger, the older adult is more likely to want the person held accountable.

With the Elder Abuse initiative, as of July 1, 2014, there is a civil option that can be implemented by the older adult or another person. This civil no-contact order option is often compared to the no-contact order that persons in domestic violence situations can access. However, the older adult does not need to be the one who initiates the no-contact order. Other individuals are able to file this, according to the way the code is written.

Feedback from older adults is often different than from younger domestic violence victims who want no-contact orders from abusive partners. Often older adults who are in abusive relationships with adult sons or daughters simply want the abuse to stop but they want to continue to have a relationship with their son or daughter. This is a barrier to older vulnerable adults. They are anticipating life at a different point than the younger victims who want out of a relationship and to move on. Older adults report that they want the relationship to improve rather than terminate. The older adult needs support if they wish to continue to see their adult children and adult children need to know that others are in contact with the vulnerable adult and advising them of their rights and options.

Barriers to serving the community are a general lack of awareness that Elder Abuse Specialists are able to access community resources and services that improve the quality of the older

adult’s life. This can mean less dependence on caregivers and the more self-reliant older adults are the less vulnerable they are to abuse.

Individuals to be Served

The table below lists the number of individuals served in SFY 2015 to date and an estimated number to be served in SFY 2016 (7/1/2015 – 6/30/2016).

Table 11: Elder Abuse Prevention and Awareness Consumers

Category	SFY 2015 As of: 2/28/2015	SFY 2016
Total Number of EAPA Active Consumers Served	32	50

Source: Elder Abuse Prevention & Awareness Program February Monthly Report and staff projection for SFY 2016

Additional Services

The additional AAA services EAPA consumers most frequently receive are Home Delivered Meals, Case Management, Caregiver Supplemental Services, and Legal Assistance.

Table 12: Percentage of EAPA consumers receiving additional AAA services

Category	SFY 2015 As of: 03/31/2015	SFY 2016
Percent of EAPA consumers receiving additional AAA services	36%	40%

Source: ESP client records cross checked with IAPRS client records

Projected Expenditures

The following table lists budgeted expenditures from all funding sources to support this effort.

Table 13: EAPA Funding Sources

Funding Source	FY2015	FY2016
Federal	0	0
State	87,500	87,500
Local	0	0
In-Kind	0	0
Total	87,500	87,500

Source: IAFRS Budgets

Section 2: Service Planning and Evaluation

FY 2016 Projected Older Americans Act Consumers and Service Units

[Insert a copy of your agency’s Form 3A-1 detailing the services to be provided and projected consumers to be served (total & per targeted population) from Older American Act funds.]

Service Activity and Data Collection Performance

IDA reviews Consumers Served and Units Provided data to evaluate service reach (people served) and activity (most frequently used services, increase/decrease demand or cost, and/or priorities) for mandatory services. IDA also reviews the percentage of consumers who complete an Aging & Disability Network Consumer Intake Form once during the state fiscal year in which they receive a congregate meal and/or another registered service. IDA evaluates this information because it ensures that IDA and agencies have accurate information about the individuals they serve for planning, program evaluation, and required reporting purposes.

Results: Service Data for FY 2014 and FY 2015 YTD

The table below contains the agency's consumer served and units provided for mandatory services in SFY 2014 and for the first quarter of SFY 2015.

Mandatory Service	data category	SFY 2014 Projected	SFY 2014 Actual	2014 % Achieved	SFY 2015 Projected	SFY 2015 Actual (YTD Q1)	2015 % Achieved
Case Management	Consumers	1,620	1,437	89%	1,500	1,135	76%
	Units	8,400	7,504	89%	8,000	1,982	25%
Congregate Meals	Consumers	5,575	5,391	97%	6,203	3,595	58%
	Units	317,232	299,193	94%	306,830	77,633	25%
Health Promotion	Consumers	2,875	2,239	78%	2,975	1,538	52%
	Units	13,005	17,744	136%	15,320	5,076	33%
Home Delivered Meals	Consumers	1,755	2,266	129%	1,937	1,325	68%
	Units	232,627	218,895	94%	223,212	55,372	25%
Information & Assistance	Consumers	4,300	6,053	141%	5,700	1,760	31%
	Units	4,500	6,053	135%	5,700	1,760	31%
Legal Assistance	Consumers	975	828	85%	945	228	24%
	Units	1,816	1,815	100%	1,860	352	19%
Nutrition Counseling	Consumers	190	167	88%	195	1	1%
	Units	190	173	91%	200	2	1%
Nutrition Education	Consumers	6,775	3,499	52%	5,000	2,264	45%
	Units	6,775	31,608	467%	32,000	6,091	19%
Options Counseling	Consumers				360	4	1%
	Units				750	27	4%

Note: Options Counseling was not a mandatory service until January 2014.

Results: Consumer Data Collection

IDA expects that at least 90% of consumers who receive a congregate meal and/or another registered service will complete an Aging & Disability Network Consumer Intake Form once during the state fiscal year.

The table below contains the agency's intake form completion rate for SFY2014 and for the first quarter of SFY 2015.

Congregate Meal Consumers	SFY2014	SFY2015 YTD
# Consumers	5,391	3,595
# Forms Completed	5,267	3,477
% of Consumers Registered	98%	97%

Discussion: Service Projections and Data Collection

Aging Resources does not encounter many issues in projecting units of service and clients to be served with the services we have provided over a number of years, for example transportation, legal assistance, congregate and home delivered meals, and case management. The funding we are able to provide for services has remained flat for a number of years and most of the service providers we contract with have remained the same so we have a good sense of the amount of service we are able to provide. We use a combination of the service providers' projections for the next year and data from the Iowa Aging Program Reporting System (IAPRS) we have for the current year to make projections for the next fiscal year.

We also do not encounter many problems with data collect for most of the services we provide. Our contractors are very good at providing client rosters and "Consumer Intake Forms" for input into the Iowa Aging Information System. We have spent years working with providers on the necessity of completing the "Consumer Intake Forms" so at this point data collection has become a routine part of their reporting process.

When we begin to provide a new service, or if a service definition changes, then projections are more difficult as is data collection. This has been true with Options Counseling. We have over-projected units and clients we will serve in FY15 partly because we have held off on calling the service we provide options counseling because not all staff have received training to be "Certified Options Counselors". Staff have also struggled with when to deem the service they provide as Options Counseling. Uncertainty on the parameters for providing this new service has caused us delays in delivery and documentation. Staff are now better trained and our numbers of Options Counseling units and clients are increasing significantly.

The only other service projection that is currently not meeting expectations for FY 2015 is Nutrition Counseling. Our contracted dietitian has been kept very busy initiating the Fresh Conversations Program at our area meal sites. Now that this program is up and running, we

anticipate an increase in Nutrition Counseling as our dietitian has scheduled visits to many of our meal sites to provide educational presentations and then offer individual Nutrition Counseling. Meal site managers also know to make referrals to our dietitian for one-on-one counseling when they encounter an older adult with particular nutrition issues.

As soon as we identify any performance or data collection issues we work with the provider or with our own staff to determine the cause of the problem. Is the service not being provided as projected, and if not, why not? Is the demand for the service considerably higher or lower than anticipated? Is the service being provided, but the information not being captured or recorded as it should be? Is there misunderstanding on what to report or is there a problem with delivering the service? Once the reason for the problem is determined, the issue is dealt with through additional training and monitoring.

In order to evaluate data for planning and programming purposes, Aging Resources receives monthly reports from all contractors. This allows staff to note problems and work with contractors quickly if reporting appears off from projections. Aging Resources' staff also conducts quarterly desk reviews for each contracted service we provide. By examining the units and services provided by our contractors quarterly, we can detect data collection problems that may not appear significant on a monthly report but are evident when examining a three month period of time.

Yearly on-site monitoring visits are conducted with our contractors during the last quarter of each fiscal year. As part of the visit, we work with contractors to examine the current year's service projections and performance and help them to make projections for the following year.

Monthly reports are run through the ESP client data collection software which provides us information on the number of calls that are being handled internally through the LifeLong Links program. These reports outline which programs are being accessed, which staff member are handling which type of calls and how much time is being spent on each type of call by each staff member. If staff members are not collecting all necessary elements for complete client intake and tracking information, this can be noted. Analyzing the ESP client data is very helpful to management staff in determining staffing levels, in deciding where additional marketing is needed, and in making projections of call volume for future years.

Client information that is inputted into the Iowa Aging Program Reporting System (IAPRS) and submitted to IDA is also very helpful in projecting units of service and numbers of clients to be served. The reports from this system provide accurate unduplicated information on the services that have been provided over time. After many years of work with this data collection system we feel very confident that the information we input and the reports we receive back from IAFPS are accurate and reliable.

Section 3: Intent / Assurances

Verification of Intent

Authorized Signatures

Compliance with Assurances and General Provisions

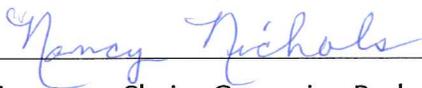
Verification of Intent

[Name of AAA] (AAA) accepts full authority and responsibility to develop and administer the SFY 2016-SFY 2017 Area Plan on Aging in accordance with all requirements of the Older Americans Act as amended 2006, state laws, rules, and procedures. 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 lowans 60+ years of age in the area agency’s planning and service area.

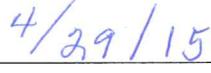
The Area Plan on Aging reflects input from a cross section of service providers, consumers, and caregivers that are representative of all areas and culturally diverse populations in the planning and service area; its contents are true, accurate, and incorporate the comments and recommendations of the 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 Governing Body has reviewed and approved the SFY 2016-SFY 2017 Area Plan on Aging, and hereby submits the Area Plan to the Iowa Department on Aging for approval by the Iowa Commission on Aging.

Print Name: Nancy Nichols



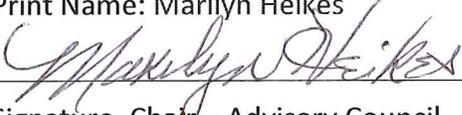
Signature, Chair - Governing Body



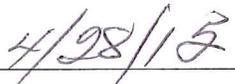
Date Signed

The Advisory Council has reviewed and approved the SFY 2016-SFY 2017 Area Plan on Aging, and hereby submits the Area Plan to the Iowa Department on Aging for approval by the Iowa Commission on Aging.

Print Name: Marilyn Heikes



Signature, Chair – Advisory Council



Date Signed

The Executive Director has reviewed and approved the SFY2016-SFY 2017 Area Plan on Aging, and hereby submits the Area Plan to the Iowa Department on Aging for approval by the Iowa Commission on Aging.

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



Signature, Executive Director



Date Signed

Authorized Signatures

Name of Area Agency on Aging: Aging Resources of Central Iowa

Street Address: 5835 Grand Avenue, Suite 106

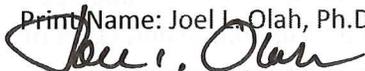
City, State, Zip Code: Des Moines, IA 50312-1444

Type of Agency: Single Purpose Private Non-Profit

Date of Area Agency on Aging Designation: April, 1982

Authorized Signatures for Funding Applications and Contracts

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

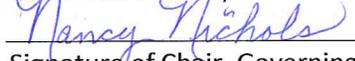


4/30/15

Signature of Executive Director

Date Signed

Print Name: Nancy Nichols



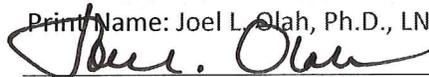
4/29/15

Signature of Chair, Governing Body

Date Signed

Authorized Signatures for Fiscal Reports

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



4/30/15

Signature of Executive Director

Date Signed

Print Name: Nancy Nichols



4/29/15

Signature of Chair, Governing Body

Date Signed

~~Print Name: Les Bascom~~



4/30/15

Signature of Fiscal Director

Date Signed

Authorized Signatures for Program Reports

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

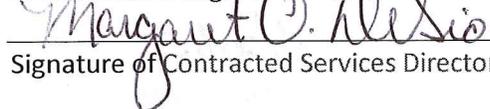


4/30/15

Signature of Executive Director

Date Signed

Print Name: Margaret O. DeSio



04/30/15

Signature of Contracted Services Director

Date Signed

Compliance with Assurances and General Provisions

The Area Agency on Aging hereby assures compliance, on behalf of the area agency, service providers, and/or subcontractors, with any and all applicable federal and state laws, rules, and procedures. Applicable federal and state laws, regulations, rules and procedures include, but are not limited to, the following:

- Older Americans Act, as Amended, 2006
- Code of Federal Regulations
- Assurance of Compliance with the Federal Funding Accountability and Transparency Act (FFATA), which requires grantees and their sub-recipients to have a Dun and Bradstreet Numbering System (DUNS) number (www.dnb.com) and to maintain active and current profiles in the Central Contractor Registration (CCR) (www.ccr.gov).
- Iowa Code Chapter 231, Department on Aging – Older Iowans
- Iowa Administrative Code 17, Department on Aging
- Code of Iowa, Chapter 8F, Government Accountability-Service Contracts, Contractor
- Certification and Reporting

Additionally, the Area Agency on Aging will cooperate fully with the Iowa Department on Aging to assure compliance with provisions required by legislative action taken by the Congress of the United States, and the Iowa General Assembly, and with Iowa Aging Program Instructions during fiscal years 2016-2017 of the Area Plan on Aging.

Further Assurance is given that:

1. The Area Agency on Aging will provide access to and the right to examine all record books, papers or documents related to the Area Plan.

By signing below, the Chair of the Governing Body, and the Executive Director confirm that he or she read, reviewed, and fully understands the federal and state statutes, regulations, rules and procedures identified within the Compliance with Assurances and General Provisions and agrees to fully comply with all terms thereof.

The Compliance with Assurances and General Provisions is hereby submitted for the FY'2016-2017 Area Plan to the Iowa Department on Aging for approval.

Print Name: Nancy Nichols



Signature of Chair, Governing Body

4/29/15

Date Signed

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



Signature of Executive Director

4/20/15

Date Signed

38 Sec. 306 OLDER AMERICANS ACT OF 1965 (As Amended 2006)

Sec. 306, AREA PLANS

- 306(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1).
- 306(a)(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
- 306(a)(2)(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
- 306(a)(2)(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- 306(a)(2)(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.
- 306(a)(4)(A)(i) (I) provide assurances that the area agency on aging will—
 (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
 (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
- 306(a)(4)(A) (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;(II) to the maximum extent feasible, provide services to low-

income- minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

- 306(a)(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area; (II) describe the methods used to satisfy the service needs of such minority older individuals; and (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).
- 306(a)(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on-- (I) older individuals residing in rural areas; (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); (IV) older individuals with severe disabilities;(V) older individuals with limited English proficiency; (VI) older individuals with Alzheimer’s disease and related disorders with neurological and A-3 organic brain dysfunction (and the caretakers of such individuals); and (VII) older individuals at risk for institutional placement; and
- 306(a)(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- 306(a)(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.
- 306(a)(6)(F) Each area agency will: in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

- 306(a)(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.
- 306(a)(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
- 306(a)(11)(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- 306(a)(11)(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- 306(a)(11)(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
- 306(a)(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
- 306(a)(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency—
- 306(a)(13)(B)(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- 306(a)(13)(B)(ii) the nature of such contract or such relationship.
- 306(a)(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.
- 306(a)(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under

this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

- 306(a)(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.
- 306(a)(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.
- 306(a)(15) provide assurances that funds received under this title will be used-
- 306(a)(15)(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- 306(a)(15)(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Section 4: Stakeholder / Public Input

Governing Body

Advisory Council

LLL Advisory Council

Public Hearing Documentation

Governing Body

Governing Body for Aging Resources of Central Iowa

Chair

Name: Nancy Nichols
 Address: 6200 EP True Pkwy #505
 City & Zip Code: West Des Moines 50266
 County: Dallas
 Phone: 515-221-3212
 E-mail: narnichols@yahoo.com
 Term Expires: 12/31/16

Vice-Chair

Name: Robert Mahaffey
 Address: 2220 E 32nd Street
 City & Zip Code: Des Moines 50317
 County: Polk
 Phone: 515-266-6825
 E-mail: bobm@fngi.net
 Term Expires: 12/31/15

Secretary

Name: Quincy Southers
 Address: 8308 Colby Pkwy #107
 City & Zip Code: Urbandale 50322
 County: Polk
 Phone: 515-991-4105
 E-mail: q4lawyers@aol.com
 Term Expires: 12/31/16

Treasurer (if separate officer)

Name: Marvin Grace
 Address: 830 Market Street
 City & Zip Code: Carlisle 50047
 County: Warren
 Phone: 515-989-0684
 E-mail: N/A
 Term Expires: 12/31/16

Other Members

Name: Nancy Brouard
 Address: 2706 Northridge Circle
 City & Zip Code: Ames 50014
 County: Story
 Phone: 515-292-8001
 E-mail: jimnancy47@mchsi.com
 Term Expires: 12/31/16

Name: Phil Clifton
 Address: 112 North John Wayne Drive
 City & Zip Code: Winterset 50273-0152
 County: Madison
 Phone: 515-462-3225
 E-mail: pclifton@madisoncoia.us
 Term Expires: 12/31/15

Name: Denny Carpenter
 Address: PO Box 944
 City & Zip Code: Newton 50208-0944
 County: Jasper
 Phone: 641-792-7016
 E-mail: dcarpenter@co.jasper.ia.us
 Term Expires: 12/31/15

Name: Colleen Farley
 Address: 232 SW Ringold Street
 City & Zip Code: Boone 50036
 County: Boone
 Phone: 515 432-5874
 E-mail: mikefarley1951@gmail.com
 Term Expires: 12/31/17

Name: Kim Chapman
 Address: 121 North 9th Street
 City & Zip Code: Adel 50003
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 Phone: 515-993-6850
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 Term Expires: 12/31/15

Name: Chet Hollingshead
 Address: 201 State Street
 City & Zip Code: Boone 50036
 County: Boone
 Phone: 515-433-0500
 E-mail: chollingshead@boonecounty.iowa.gov
 Term Expires: 12/31/15

Name: Jim Kingery
Address: 214 E Main Street
City & Zip Code: Knoxville 50138
County: Marion
Phone: 641-828-2231
E-mail: jkingery@co.marion.ia.us
Term Expires: 12/31/15

Name: Max Worthington
Address: 5005 E 36th Street South
City & Zip Code: Newton 50208
County: Jasper
Phone: 641-792-7728
E-mail: N/A
Term Expires: 12/31/16

Name: Crystal McIntyre
Address: 301 N Buxton Street, Suite 202
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County: Warren
Phone: 515-961-1029
E-mail: crystalm@co.warren.ia.us
Term Expires: 12/31/15

Name: Ardis Myers
Address: 502 East Green
City & Zip Code: Winterset 50279
County: Madison
Phone: 515-462-4716
E-mail: myers542@gmail.com
Term Expires: 12/31/16

Name: Carl Stoffer
Address: 2454 Hwy G71
City & Zip Code: Bussey 50044
County: Marion
Phone: 641-660-6066
E-mail: clstoffer@outlook.com
Term Expires: 12/31/15

Name: Paul Toot
Address: 900 Sixth Street
City & Zip Code: Nevada 50201-2087
County: Story
Phone: 515-382-7202
E-mail: ptoot@storycountyiowa.gov
Term Expires: 12/31/15

Name: Steve Van Oort
Address: 111 Court Avenue, Suite 300
City & Zip Code: Des Moines 50309-2214
County: Polk
Phone: 515-286-3119
E-mail: steve.vanoort@polkcountyiowa.gov
Term Expires: 12/31/15

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 composition criteria yet to be satisfied by the Council.

Advisory Council for Aging Resources of Central Iowa

Chair

Name: Marilyn Heikes 1,2,5,7
Address: 295 Laurel Street
City & Zip Code: Waukee, 50263
County: Dallas
Phone: 515-987-2110
E-mail: mjheikes@aol.com
Term Expires: 06-30-16

Vice-Chair

Name: Kelli Van Manen 2,4,5,7
Address: 2401 1st Avenue E
City & Zip Code: Newton, 50208
County: Jasper
Phone: 641-792-7102
E-mail: kvanmanen@co.jasper.ia.us
Term Expires: 06-30-15

Secretary/Secretary Treasurer

Name: Dawn Allspach-Kline 2,4,5,6,7
Address: 308 E. Montgomery Street
City & Zip Code: Knoxville, 50138
County: Marion
Phone: 641-842-6070
E-mail: dallspach-kline@co.marion.ia.us
Term Expires: 06-30-17

Name: Jackie Sharp 1,2,7
Address: 1313 n. Grant Street
City & Zip Code: Knoxville, 50138
County: Marion
Phone: 641-218-9059
E-mail: jacqueleigh71@yahoo.com
Term Expires: 6-30-18

Other Members

Name: Sandy Madden 1,2,7
Address: 1914 Linn Street
City & Zip Code: Boone, 50036
County: Boone
Phone: 515-230-9145
E-mail: scmadden1914@hotmail.com
Term Expires: 06-30-16

Name: Al Bergman 1,2,7
Address: 2360 212 Street
City & Zip Code: Ames, 50014
County: Boone
Phone: 515-296-0032
E-mail: abergma@msn.com
Term Expires:

Name: Jon McAvoy 1,2,5,6,7
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Phone: 515-993-3977
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Term Expires: 06-30-16

Name: Bill Ward 1,2,5,7
Address: 113 E 28th Street S.
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E-mail: billward@mchsi.com
Term Expires: 03-30-17

Name: Sharee' Owens 2,4,5,7
Address: 1006 N. John Wayne Drive
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County: Madison
Phone: 515-462-1334
E-mail: mcestag@gmail.com
Term Expires: 06-30-16

Name: Helen Sellers 1,2,7
Address: 114 West Court Avenue
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County: Madison
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E-mail: phillipsellers@msn.com
Term Expires: 06-30-15

Name: Tammy Keiter 2,3,4,5,7
 Address: 1907 Carpenter Ave.
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 County: Polk
 Phone: 515-286-3767
 E-mail: tammy.keiter@polkcountyiowa.gov
 Term Expires: 03-30-16

Name: Joy Ihle 2,3,4,5,7
 Address: 2309 Euclid Avenue
 City & Zip Code: Des Moines, 50310-5703
 County: Polk
 Phone: 515-286-2062
 E-mail: joy.ihle@polkcountyiowa.gov
 Term Expires: 06-30-16

Name: Beulah Fredericks 1,2,7
 Address: 440 NE 48th Place
 City & Zip Code: Des Moines, 50313
 County: Polk
 Phone: 515-244-0094
 E-mail: boots823@webtv.net
 Term Expires: 06-30-16

Name: Mary Ellen Metzger, RD, LD 2,4,5,7
 Address: 205 South Walnut Avenue
 City & Zip Code: Ames, 50010
 County: Story
 Phone: 515-233-2906
 E-mail: memetzger@hsservicesia.com
 Term Expires: 06-30-17

Name: Amy Alden 2,3,4,5,7
 Address: 215 North Warrior Lane, Suite B
 City & Zip Code: Waukee, 50263
 County: Story
 Phone: 515-233-3539
 E-mail: a.alden@homeinstead.com
 Term Expires: 06-30-16

Name: Paul Hunt 1,2,7
 Address: PO Box 2
 City & Zip Code: Hartford, 50118
 County: Warren
 Phone: 515-989-0094
 E-mail: luckorose6@q.com
 Term Expires: 06-30-17

Name: Vicki White 2,4,5,7
 Address: 301 N. Buxton, Suite 202
 City & Zip Code: Indianola, 50125
 County: Warren
 Phone: 515-961-1003
 E-mail: vickiw@co.warren.ia.us
 Term Expires: 06-30-16

Name: JoAnn McKibben 1,2,5,6,7
 Address: 3909 South Orilla Road
 City & Zip Code: West Des Moines, 50061
 County: Polk
 Phone: 515-285-4555
 E-mail: b.mckibben@mchsi.com
 Term Expires: 06-30-15

Name: Barbara McClintock 1,2,4,5,7
 Address: 669 41st Street
 City & Zip Code: Des Moines, 50312
 County: Polk
 Phone: 515-255-2108
 E-mail: mcclintockbk@gmail.com
 Term Expires: 06-30-15

Name:
 Address:
 City & Zip Code:
 County:
 Phone:
 E-mail:
 Term Expires:

Name:
 Address:
 City & Zip Code:
 County:
 Phone:
 E-mail:
 Term Expires:

LifeLong Links Advisory Council

Aging Resources of Central Iowa

This Advisory Council does not at this time have officers or terms.

Name: Brandi Jensen
Address: Brain Injury Assoc., 7025 Hickman
City & Zip Code: Des Moines, 50322
County: Polk
Phone: 515-274-9757
E-mail: brandijo@biaia.org
Term Expires: n/a

Name: Gerald Seeley
Address: CICIL, 655 Walnut St.
City & Zip Code: Des Moines, 50309
County: Polk
Phone: 515-243-1742
E-mail: seeleygerald@yahoo.com
Term Expires: n/a

Name: Susie Osby
Address: Polk Co. Health Servs., 2309 Euclid
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County: Polk
Phone: 515-243-4560
E-mail: s.osby@pchsia.org
Term Expires: n/a

Name: Tracy Keninger
Address: Easter Seral, 401 NE 66th Ave.
City & Zip Code: Des Moines, 50313
County: Polk
Phone: 515-309-2371
E-mail: tkeninger@eastersealsia.org
Term Expires: n/a

Name: Megan Hartwig
Address: IAACP, 7025 Hickman Rd.
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County: Polk
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E-mail: mhartwig@iowaproviders.org
Term Expires: n/a

Name: Kim Barber
Address: Iowa Dept. for the Blind, 524 4th St.
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County: Polk
Phone: 515-281-1299
E-mail: kim.barber@blind.state.ia.us
Term Expires: n/a

Name: Jone' Staley
Address: DHS, 2309 Euclid Ave.
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County: Polk
Phone: 515-725-2725
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Term Expires: n/a

Name: Lee Ann Russo
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Term Expires: n/a

Name: Becky Groff
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County: Polk
Phone: 515-242-5300
E-mail: becky.groff@iid.iowa.gov
Term Expires: n/a

Name: Bob Steben
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Camp Dodge, Bldg. 3465
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Term Expires: n/a

Name: Rhonda Gillette
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City & Zip Code: West Des Moines, 50265
County: Polk
Phone: 515-633-2189
E-mail: rhondag@vnsia.org
Term Expires: n/a

Public Hearing Documentation

Public Hearing Notice:

PUBLIC HEARING

Aging Resources of Central Iowa is seeking comments from the public on its Fiscal Year 2016 - 2017 Area Plan. The area plan describes the agency's strategic plan for services to be provided for older adults and persons with disabilities in Boone, Dallas, Jasper, Madison, Marion, Polk, Story, and Warren Counties in Central Iowa. Aging Resources is also proposing to provide Options Counseling directly to consumers in the counties it serves. Services are provided using federal and state funds. The public hearing will be held at:

Aging Resources of Central Iowa

Conference Room

5835 Grand Avenue, Suite 106

Des Moines, IA 50312

Thursday, March 12, 2015

at

1:00 PM

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

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

List of Outlets Notice was posted:

Aging Resources of Central Iowa Office
Email to Aging Resources Advisory Council
Notice to Aging Resources Board of Directors
Email to Aging Resources Contracted providers
Dallas County News and Roundup
Boone News-Republican
Newton Daily News
The Winterset Madisonian
Knoxville Journal-Express
The Ames Tribune
The Des Moines Register
The Record Herald & Indianola Tribune

**PUBLIC HEARING
and
ADVISORY COUNCIL MEETING**

**March 12, 2015
1:00 P.M.**

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

**PUBLIC HEARING
FY16-17 AREA PLAN
A G E N D A**

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

MINUTES
of the
PUBLIC HEARING
MARCH 12, 2015
1:00 P.M.

Aging Resources of Central Iowa
Large Conference Room
5835 Grand Avenue, Suite 106
Des Moines, Iowa 50312
(515) 255-1310

PUBLIC HEARING

Executive Director, Joel Olah, called the Public Hearing to order at 1:00 PM.

I. **OVERVIEW OF AREA PLAN**

Margaret DeSio, Contracted Services Director, introduced and provided an overview of the FY16-17 Area Plan. Margaret explained that according to Iowa Code, in order to provide most services directly, an AAA must submit a request for a direct service waiver with their area plan and as part of that request must hold a public hearing explaining why the area agency proposes to provide the service directly instead of contracting with a local provider.

Margaret also described the major sections of the plan which include an Executive Summary, a section on LifeLong Links (LLL) and how it will be marketed in order to reach more of our target population of older adults and adults with disabilities. Narratives on the needs we encounter in transportation, in working with caregivers, with food insecurity, and with elder abuse prevention and awareness and how we can best address these needs are also part of the plan. The plan also includes projections on numbers of persons to be served and units to be provided and our projected FY'16 budget.

II. **FUNDING TRANSFER**

Les Bascom, Fiscal Director explained a transfer of \$274,000 from congregate meals to home-delivered meals as budgeted due to the need for additional funding in home delivered meals to meet the demand.

III. PRIORITY SERVICES

Les Bascom, Fiscal Director, explained that the Iowa Department on Aging [IDA] requires all AAAs to budget minimum percentages for priority services. These services and required percentage are: Access, 10%, Aging Resources [AR] is currently budgeting 53.51%; In-Home, 5%, AR 22.81%; and Legal, 3%, AR 10.64%.

IV. PROPOSAL FOR SERVICES TO BE PROVIDED DIRECTLY

Margaret DeSio, explained that Aging Resources will be requesting a Direct Service Waiver in order to continue to provide Options Counseling through LifeLong Links. Aging Resources is a local coordination center for LifeLong Links Aging and Disability Resource Center (ADRC). Options Counseling is a required service for an (ADRC) according to Aging [17] Chapter 23 of the Iowa Administrative Code which states that an ADRC shall "Provide options counseling to assist individuals in assessing their existing or anticipated long-term needs and developing and implementing a plan for long-term care."

Margaret explained that Aging Resources staff work with clients over the phone, in our offices, in their homes or at another location of their choosing to discuss their needs and provide person-centered planning with them to discuss the services, programs, housing etc. that are available to them for now and in the future. The Options Counselor puts in writing the goals and action steps they have discusses. The Options Counselor provides follow-up with the client as needed.

V. QUESTIONS AND COMMENTS

None

Joel Olah closed the Public Hearing at 1:15 PM.

Section 5: Area Profile - Staffing / Coverage

Table of Organization

Service Coverage by County

Nutrition Services and OAA Providers

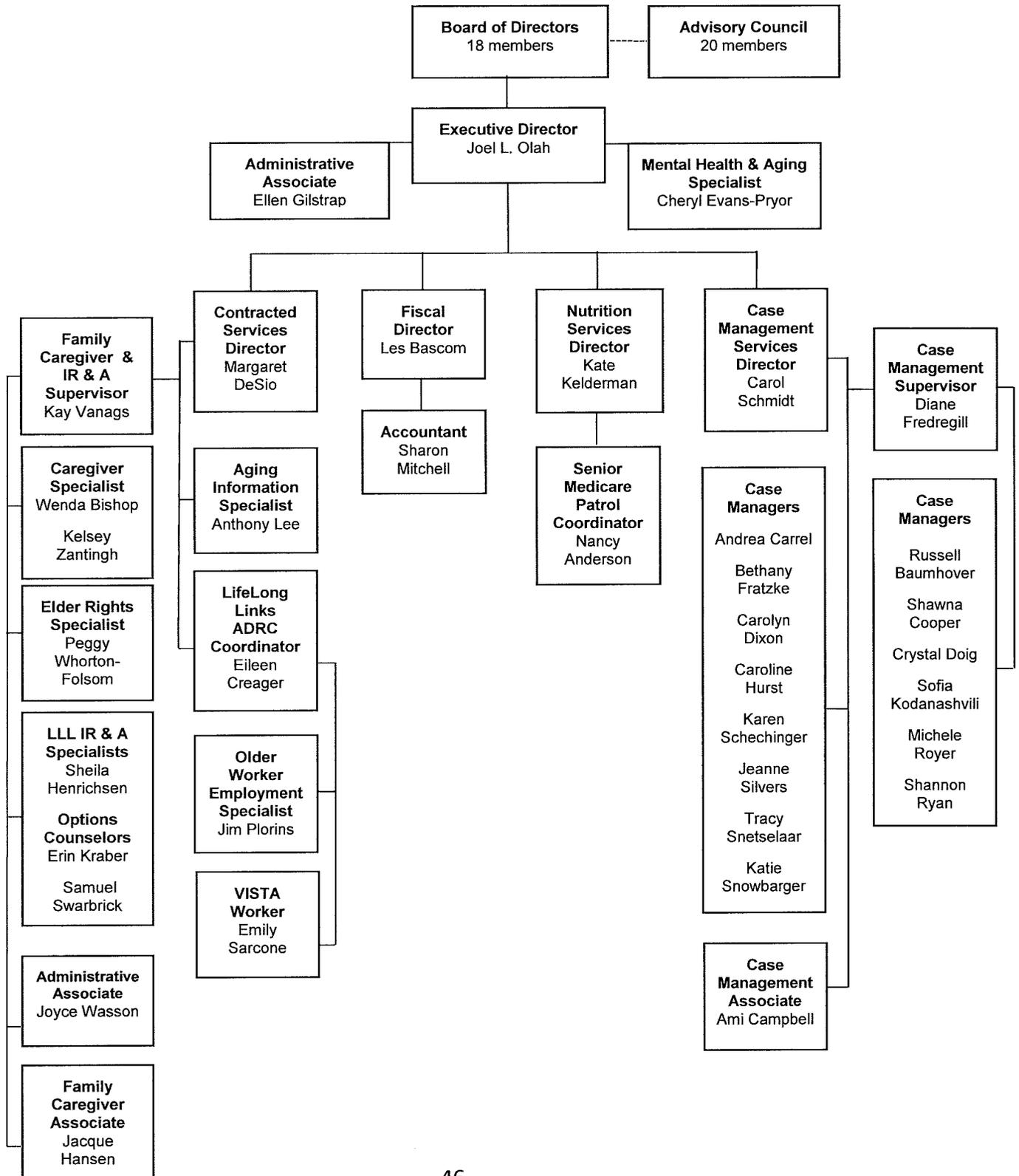
Request for Direct Service Waiver

Service Planning and Data Reporting Performance Measures

Table of Organization

**AGING RESOURCES OF CENTRAL IOWA
April 2015**

No anticipated staffing issues in SFY 2016.



OAA Service Coverage by County

There are not Adult Day Centers in Dallas, Madison or Warren Counties however; there are adult day cares in adjacent counties so that the service can be accessed.

An X indicates the service is offered in the county.

Mandatory & Other Services	Boone	Dallas	Jasper	Madison	Marion	Polk	Story	Warren
Case Management	X	X	X	X	X	X	X	X
Congregate Meals	X	X	X	X	X	X	X	X
Health Promotion	X	X	X	X	X	X	X	X
Home Delivered Meals	X	X	X	X	X	X	X	X
Information & Assistance	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X
Other Service(s)								
Adult Day Care/Adult Day Health	X		X			X	X	
Evidence-Based Health Activities	X	X	X	X	X	X	X	X
Outreach	X	X	X	X	X	X	X	X
Transportation	X	X	X	X	X	X	X	X

Nutrition Services and OAA Providers

Please confirm that the information detailed below is current in the IAPRS for your agency.

Nutrition Services

Agency staff have reviewed the following Nutrition Services information entered into IAPRS and verify that the information is current as of 04/28/2015.

Nutrition Services information to be verified for accuracy includes:

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

Contracts with Service Providers of OAA Services

Agency staff have reviewed the Service Provider information entered into IAPRS and verify that the information is current as of 04/28/2015.

Request for Direct Service Waiver

The service for which the Aging Resources of Central Iowa seeks a Direct Service Waiver for SFY 2016-2017 is: Options Counseling.

1. Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

Please select the basis for which the waiver request is required. (You may select more than one).

- a. Provision of the service(s) by the area agency on aging is necessary to assure an adequate supply of such services;
 - b. Such service(s) are directly related to area agency on aging administrative functions; or
 - c. The service(s) can be provided more economically, and with comparable quality, by the area agency on aging.
2. Provide a detailed justification for the waiver request.
 - The justification should include such factors as a cost analysis or needs assessment, the area agency's efforts to secure services through a competitive solicitation process such as a request for proposal (RFP).
 - If the service is considered part of administration activity, describe the rationale for considering it part of the administrative activity and the authority for that rationale.

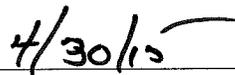
Aging Resources has been designated by the Iowa Department on Aging as a LifeLong Links Local Coordination Center. According to Iowa Administrative Code Aging[17] Chapter 23 An ADRC coordination center shall do all the following: 23.4(4) "Provide options counseling to assist individuals in assessing their existing or anticipated long-term needs and developing and implementing a plan for long-term care."

Options Counseling is therefore an administrative function of Aging Resources as a designated LifeLong Links Coordination Center. As a service required of an ADRC Options Counseling must be provided directly by staff in order to adequately and appropriately serve older and disabled consumers.

Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s), per SFY 2016-2017 Area Plan on Aging instructions.



Signature, Executive Director



Date

Aging Resources of Central Iowa - Area Plan Corrections / Responses

Please complete required actions and respond to requests on issues identified for focus areas noted below. Responses are due by 4:00 pm on May 27, 2015. Please send responses by e-mail to Shan Sasser at Shan.Sasser@iowa.gov.

Strategy – Projections Questions

Goal 1 Focus Area: LifeLong Links

1. Please explain decrease in projected consumer, service unit, and expenditures for Options Counseling services.

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Information and Assistance	4,500	3,250	7,500	4,000	66%	23%	\$111,539	\$233,209	100%
Access Assistance for Caregivers	6,630	3,000	6,000	3,300	-10%	10%	\$153,395	\$158,916	4%
Options Counseling	750	360	350	100	-53%	-72%	\$58,879	\$25,772	-56%
Options Counseling for Caregivers	500	240	140	40	-72%	-83%	\$28,102	\$7,128	-75%

Response: FY15 was the first year that Aging Resources provided Options Counseling and we did not have experience on which to base our projections. Our FY15 projections for Options Counseling were considerably above what we have been providing. In 10 months of FY'15 we have provided 262 units of Options Counseling to 53 clients. In reviewing our projections for FY'16 we have increased our projections to 420 units of Options Counseling to 120 clients.

Reasons for our decreased projections include:

- We have added staff and have been sending them to all trainings, however training staff is time consuming so it takes a while to get an options counselor up and running.
- Funds for staffing are limited in FY'16.
- We have only counted a client as having Options Counseling when all stages of Options Counseling are provided (Level I & II Assessments, written care plan and follow-up). We are finding that not as many clients as we had anticipated want to complete all the stages of Options Counseling.

We have reviewed and revised our projection for Access Assistance for Caregivers units from 6,000 to 7,000, which is a 14% increase instead of a 10% decrease.

Goal 2 Focus Area: Transportation

1. Agency is projecting an increase in assisted transportation units and consumers served with essentially no change in projected funding. Please explain.
2. Agency identified the need educate older individuals about using public transportation as need; however, agency is projecting a decrease in transportation clients from previous fiscal year. Please explain.

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Assisted Transportation	39,630	677	44,548	760	12%	13%	\$516,429	\$511,627	-1%
Transportation	85,669	1,530	93,419	1,305	9%	-15%	\$796,997	\$832,486	5%

Response #1: Aging Resources is projecting an increase in assisted transportation units and consumers served with essentially no change in projected funding. Aging Resources asked our Transportation contractors to project their units of service and clients to be served in FY2016 and those are the numbers we use for our projections. At the end of April, 2015 720 unduplicated clients had been served and 39,496 rides had been provided so we are over our projection for clients and close to our projection for rides so we feel the projections for FY’16 are realistic. The 1% decrease in funding is because the contractors are not receiving additional funds and using the budgets they provide to us along with our calculation this is our best estimate of funding. With transportation service the more riders and more rides (with more riders on a bus) may not cost more to provide due to economy of scale.

Response #2: Aging Resources has identified the need to educate older individuals about using public transportation as need; however, we are projecting a decrease in transportation clients from previous fiscal year. In Polk County, part of the public transportation education we want to provide will be helping older adults learn to use the fixed route DART system. When a person can use the fixed route they have more freedom to travel at a cost that is much less than the door-to-door service. The fixed route system is not a part of the transportation that Aging Resources funds. In re-examining our current service numbers we are at 1,306 riders at the end of April and will add some new riders in May and June so our estimate of 1,305 appears low and will be increased to 1,400 riders.

Goal 2 Focus Area: Caregiver: Family & Grandparent-Older Relative

1. Agency identified a need for respite for caregivers of individuals experiencing dementia; however, agency is projecting a decrease in expenditures and units for this service. Please explain.
2. Agency identified personal and caregiver responsibilities as a caregiver need; however, agency is projecting a decrease in expenditures and units for information services. Please explain.
3. Agency is no longer offering Caregiver Counseling as a service. Please explain.

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Access Assistance	6,630	3,000	6,000	3,300	-10%	10%	\$153,395	\$158,916	4%
Options Counseling (Caregivers)	500	240	140	40	-72%	-83%	\$28,102	\$7,128	-75%
Respite	6,828	75	6,000	85	-12%	13%	\$118,956	\$115,644	-3%
Information Services	26	15,000	15	300	-42%	-98%	\$35,158	\$50,625	44%
Supplemental Services	700	120	560	105	-20%	-13%	\$70,906	\$38,736	-45%

Response #1: Aging Resources is decreasing the expenditure for respite slightly due to the need to shift funds to salaries as we now have three Caregiver Specialists on staff in order to meet the demand for access services. Supplemental Services are also being reduced due to budget constraints.

In re-examining our projections for respite care for FY'16 it appears that our units need to be increased to 6,205 to be only a 3% decrease from FY'15.

Response #2: The decrease in information services units and clients is because we have previously tried to estimate the number of caregivers who would read an article in the paper or in a newsletter. We feel that it is very difficult to accurately estimate those numbers. In FY16 we are planning to report only the presentations that we provide and the number of caregivers that we can actually count at those presentations.

Response #3: Aging Resources is no longer offering Caregiver Counseling as a service because we feel that if our caregiver specialist are counseling a client it can fit under the taxonomy of Options Counseling. Counseling has been removed from the taxonomy for our

general services and is to be aligned with Option Counseling or Case Management. We feel to be consistent we should remove Counseling from the Caregiver area also and align it with Options Counseling.

Goal 3 Focus Area: Nutrition and Food Security Project

1. Agency described activities to expand congregate meal program; however, FY2016 consumer, service unit, and expenditure projections show a decrease from previous year. Please explain.
2. Please explain anticipated decrease in need for or provision of Nutrition Counseling.

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Congregate Meal	306,830	6,203	292,900	5,200	-5%	-16%	\$2,216,768	\$2,176,793	-2%
Home Delivered Meal	223,212	1,937	222,762	1,963	0	1%	\$1,974,226	\$1,935,987	-2%
Nutrition Counseling	200	195	195	190	-3%	-3%	\$2,810	\$2,251	-19%
Nutrition Education	5,000	5,000	25,250	3,400	400%	-32%	\$4,609	\$31,140	575%

Response #1: The FY2015 projection for congregate meals was formulated based on projections provided by Aging Resources’ nine contracted nutrition service providers. The projection for 2015 is high – we have provided 242,193 meals as of the end of April. If we continue on pace, we should serve approximately 290,631 meals this year. Our projection for FY2016 of 292,900 meals, would be a slight increase over the meals actually provided in FY15.

Response #2: The FY’16 projection decrease of 5 units of nutrition counseling and 5 clients from the FY’15 projection is due to the fact that nutrition counseling units have been slightly lower than anticipated in 2015. As of the end of April, we have provided 166 units out of the 200 projected. We feel that our current projections for FY16 are accurate.

Goal 4 Focus Area: Elder Abuse Prevention and Awareness

Agency proposes to provide 96 units of EAPA Assessment & Intervention service to 96 individual consumers, which suggest that Elder Rights Specialists will most likely spend no more than a total of one hour with each Assessment & Intervention consumer. Are these projections accurate? Please explain.

Response: In re-evaluating the number of units of EAPA Assessment & Intervention we believe that the Elder Rights specialist will spend an average of about 3.5 hours per client so we are revising our projection for FY’16 to 336 units for 96 clients.

Form 3A-1 Corrections

Unit Projections

Agency does a very good job on ensuring quality data collection and using data to manage resources. Agency did not indicate using data on evaluating service effectiveness.

Required Action:

Please discuss current or future plans for how agency may use data to evaluate effectiveness of services.

Every year Aging Resources uses demographic data on clients served to evaluate the targeting plans required of all contractors. We look at the number of low income and minority clients assisted by our service providers. We visit with the providers about their targeting plan, evaluating if they are actually providing their services to the clients most in need.

We also compare the numbers of clients, units and the demographics of the clients served when our Grants and Planning Committee reviews applications. We try to provide our funding to the service providers who are providing the greatest amount of service at the most reasonable cost and are providing those services to the populations we target as part of the Older Americans Act.

We are looking forward to using data as outlined in the information IDA has provided to us. We will use the data to analyze client needs, what types of clients are using what services and in looking at what services are most needed by the consumers we serve. This information will be useful to us next fall when we conduct our request for proposals process. Our Advisory Council and Board of Directors can use an analysis of our client's needs to help determine levels of funding for our providers.

Area Plan Budget Corrections

No issues identified.

Other Corrections

Public Hearing

Unable to determine whether agency published public hearing notice 30 days prior to hearing as agency did not provide dates notifications were published in outlets identified in public hearing documentation.

Required Action:

Resubmit Public Hearing notifications listing with dates published.



List of Outlets Notice was posted:	Date Posted:
Aging Resources of Central Iowa Office & website	2/15
Email to Aging Resources Advisory Council	3/2
Notice to Aging Resources Board of Directors	2/19
Email to Aging Resources Contracted providers	2/19
Dallas County News and Roundup	No confirmation of date published received
Boone News-Republican	3/3
Newton Daily News	2/18
The Winterset Madisonian	2/18
Knoxville Journal-Express	2/20
The Ames Tribune	2/18
The Des Moines Register	2/18
The Record Herald & Indianola Tribune	2/19