

# **Aging Resources of Central Iowa PSA #3**

## **Area Plan on Aging SFY 2016 – 2017 Annual Update**



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## Section 1: 2016-2017 Goals and Strategies

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**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*

### Expansion Activities - 2017 Update

In State Fiscal Year (SFY) 2017, Aging Resources will continue to expand LifeLong Links' (LLL) reach. Aging Resources does not have a dedicated marketing position so all agency staff work to market LifeLong Links through outreach at community events, presentations to groups and participating on committees, boards and advisory groups where LLL can be promoted.

Example of this marketing and outreach include:

- 2,500 LifeLong Links brochures are being distributed to Iowa Clinic patients at their annual Medicare Wellness visits.
- Brochures provided in 4,600 packets of Senior Farmers' Market Nutrition Program Checks.
- Senior Medicare Patrol presentations throughout our area reaching 600 older adults.
- LifeLong Links exhibit tables at diverse community events including:
  - Polk County Senior Fest and Health Fair - 1,500 older adults
  - Community Health Fair hosted by Easter Seals & Des Moines University – 100 attendees
  - The Alzheimer's Annual Conference - 210 attendees
  - The Walk to End Alzheimer's - 1,500 walkers
  - Seniors in Story Expo - 300 attendees
  - Ankeny June Affair Senior Expo – 200 attendees
  - Iowa Dept. for the Blind Vision Loss Resource Fair – 200 attendees
  - Disability & Employment Training Conference - 350 attendees
  - Gay & Gray Summit – 150 attendees
  - Centenarian Celebration – 60 attendees
  - Des Moines Age Friendly City Seminar – 90 attendees

In April 2016, Aging Resources will again have a VISTA worker on staff and her primary focus will be the ongoing marketing of LifeLong Links. Our previous VISTA worker had provided information on LifeLong Links to many locations throughout our service area including courthouses, libraries, community action agencies, and medical clinics. In SFY '17, our staff or VISTA will again visit these offices/agencies to refresh their supply of LifeLong Links brochures and to reacquaint the staffs with our services.

Our agency continues marketing LifeLong Links through social media including our website, Facebook, and Twitter. A listing of all community newspapers and radio stations has been identified in order to keep these news outlets up-to-date with program highlights. Several ads

for LifeLong Links will be published in the *Polk County Senior Bulletin*, which reaches 3,450 older adults, and in our monthly nutrition newsletter, which is distributed to 3,200 clients.

As addressed in previous years, our provider agencies, Advisory Council and Board of Directors are some of our best advocates so we keep them updated on Lifelong Links services and activities and encourage them to assist us in marketing.

The LifeLong Links Coordinator will continue to work closely with the LifeLong Links Advisory Council. The Council meets every other month to review program updates, exchange resource information, suggest marketing opportunities and provide advice on difficult client situations.

In SFY'16, the LLL Advisory Council decided to meet at member agencies. So far, meetings have been held at Easter Seals' Camp Sunnyside, the Iowa Department for the Blind, and the next meeting will be at the Iowa Department of Vocational Rehabilitation. Meeting at the individual agencies has given members a better understanding of the facilities and services available to clients.

In order to build additional relationships, LifeLong Links staff reached out to the new Emanuel Pathways' Medicaid supported Program of All-inclusive Care for the Elderly (PACE) to learn about this program and when referrals are appropriate. PACE is able to provide services to clients age 55 and over. Because services are so limited for those under the age of 60, this is an exciting new option. Our clients who might benefit from their services were contacted individually to ensure that they know about this new option for services. When we went to PACE's official open house, their staff repeatedly told us how much they appreciated Aging Resources' referrals.

#### Barriers/Challenges:

One of the barriers to expanding LifeLong Links is lack of funding. After increasing staff due to our one year contract through the State for the Balance Incentive Payment Program (BIPP), we have decreased LifeLong Links' staff through attrition due to loss of that funding. We have lost one Options Counselor and one Family Caregiver Specialist and those positions are not being filled. Our LifeLong Links staff now consists of two Information, Referral and Assistance (IR&A) Specialists/Options Counselors, one Family Caregiver Specialist, the Elder Rights Specialist, the Family Caregiver/IR&A Supervisor and the LifeLong Links Coordinator (the Coordinator's position has been reduced from 40 hours per week to 30 hours per week and may be reduced further).

The uncertainty related to Iowa's change to Medicaid Managed Care and how this will affect our agency funding and staffing is another barrier to expansion. Also, related to funding is the cost of the new "Harmony" software package. We have been anxiously awaiting this software to increase the efficiency of our client assistance and client tracking. However, the cost to our agency for the package will impact the funds that are available to assist client needs.

It is a challenge to keep our name in front of our referral sources. After presentations are made or meetings are held with referring agencies, there is an increase in referrals but as time goes on the referrals can slow. With our small staff there is not always adequate time available for ongoing marketing.

Initiating Options Counseling has been a struggle. We have found that clients tend to want/need immediate assistance and are not focused on future planning. Our staff have felt that they provide Options Counseling on many calls and visits, but formal care plans are not often completed due to time restraints and client preference.

We have recently designed a letter and a care plan which both use drop-down boxes with lists of services and resources that can easily be adapted to individual client needs. The letter and care plan are then sent/given to the client along with a list of referrals and other appropriate resources. The letter and care plan were shared with the other area agencies on aging and were enthusiastically endorsed for possible use throughout the LifeLong Links network.

Aging Resources constructed two business plans for fee-for-service Options Counseling/Case Management for two groups that showed interest in possibly purchasing our services. However, to date, neither of the fee-for-service models has been adopted by the groups.

Individuals to Be Served – 2017 Update

The table below lists the number of individuals served in SFY2015, SFY2016 to date from all funding sources and estimated number to be served in SFY 2017 (7/1/2016 – 6/30/2017).

**Table 1: LifeLong Links Consumers Served**

<b>Category</b>	<b>SFY 2015 Actual</b>	<b>SFY 2016 02/29/2016</b>	<b>Projected SFY 2017</b>
Total Number of LifeLong Links IR&A consumers	5,123	1,894	3,000
IR&A Consumers Served Aged 60+	1,430	847	1,350
IR&A Consumers who are Caregivers	1,799	767	1,200
IR&A Consumers Between 18 and 60 with a Disability	277	197	450
Total Number of LifeLong Links Options Counseling Consumers	68	37	80
Options Counseling Consumers Aged 60+	46	21	35
Options Counseling Consumers who are Caregivers	0	6	25
Options Counseling Consumers Between 18 & 60 with a Disability	22	10	20

Source: Enhanced Services Program (ESP) for SFY 2015 IR&A numbers & Iowa Aging Programs Reporting System (IAPRS) for all other numbers.

Innovative Funding & Partnership Activities - 2017 Update

Aging Resources sees partnerships as essential to all of our activities. Staff members are involved in numerous groups and associations. Our partnerships include our twenty-seven contracted community providers, our affiliation with our local community action programs, home care agencies, senior housing, assisted living facilities and nursing homes. Our Executive Director often lectures and mentors students from the University of Iowa, Iowa State, DMACC, Des Moines University, and Mercy College of Health Sciences.

Expenditures – 2017 Update

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

**Table 2: LifeLong Links Funding Sources**

<b>Funding Source</b>	<b>FY2015 Actual</b>	<b>FY2016 Projected</b>	<b>FY2017 Projected</b>
Federal	\$291,670	\$280,133	\$272,372
State	\$154,457	\$103,597	\$132,245
Local			
In-Kind			
<b>Total</b>	<b>\$446,127</b>	<b>\$383,730</b>	<b>\$404,617</b>

Source: FY 2015 Actual: IAFRS FY 2015 Final Report Version 1

FY 2016 Projected: IAFRS FY 2016 Budget Report (Updated) Version 3

FY 2017 Projected: IAFRS FY 2017 Budget Report Version 1

IAFRS is Iowa Aging Financial Reporting System

**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***

Strategies to address Transportation Needs - 2017 Update

Transportation services have been assisted in our region over the last several years by two Mobility Managers. A rural Mobility Manager employed at Heart of Iowa Regional Transit Agency (HIRTA) and an urban Mobility Manager assigned to Des Moines Area Regional Transit (DART). Aging Resources has been part of the regional Transportation Advisory Group (TAG) that has operated in the Greater Des Moines area for a number of years. The mission of the TAG is to educate the public on transportation services and to coordinate transportation resources to best serve the individual riders, allowing them to access medical appointments, work, shopping and community events.

The rural Mobility Manager has worked to establish TAGs in the rural counties in our region. Each TAG is planning a town hall meeting on public transportation in their county. At the town hall meetings information will be presented on how public transportation operates and on what transportation services are currently available. Attendee input will then be requested on what services are needed. Aging Resources is involved in the rural TAGs and will assist with the town hall meetings.

**Innovations Include:**

A very successful program that started in FY15 is Aging Resources' collaboration with Lutheran Services in Iowa (LSI) and Polk County's Congregate Meal program to fund fifty DART monthly bus passes which are provided to LSI's Older Adult Refugee Program. The refugees use these passes to attend weekly programs offered by LSI at the Polk County Central Senior Center. Because these discounted monthly passes allow unlimited use of the fixed route bus system, the older adults, who have been trained on navigating the bus system, have transportation available for all their needs. Aging Resources is nominating this program for an n4a *Aging Innovations and Achievement Award*.

Boone County Transportation hosts a garage sale twice a year at their facility. The garage sale has a twofold purpose; it raises funds for the transportation program and it allows the public to view the facility and vehicles and become more familiar with the transportation operation.

Each of our eight county transportation operations strives to increase hours and/or days of operation to meet demand. Several providers are investigating Sunday trips for church services but are first working with the area churches to coordinate schedules and to assure ridership.

In Dallas County, the transportation provider works closely with Dallas County Public Health Agency’s Health Navigation Coordinator to provide special off-hours trips to the food pantry, clothing closet, and to a free mammogram clinic. The transportation provider also works closely with Dallas County Public Health’s Spanish speaking Health Navigator to coordinate services to the Hispanic population.

Adding trips to fit demand can be a difficult balancing act. Madison County Elderly Services initiated a Farmers’ Market run from Winterset to Des Moines on Saturday mornings last summer but found there was not the anticipated ridership needed to continue the service.

Both Madison and Dallas Counties plan to provide trips on Thursday evenings this summer to the West Des Moines Farmers’ Market. The transportation providers contact clients who receive Senior Farmers’ Market checks to offer the rides to the farmers’ market.

The three counties in our area that have transportation services administered by local agencies are often able to provide same day trips to riders with urgent needs. However, the regional providers, HIRTA and DART, are not able to be that flexible in providing demand response scheduling.

Because of this inflexibility, in SFY’17 Aging Resources is providing \$2,500 in funding to Marion County Senior Nutrition to provide a transportation voucher program using a local cab service. Clients will request a voucher when they cannot access HIRTA transportation because of the need for a same day trip to the doctor or because HIRTA cannot accommodate the ride they need. This program is being looked at as a pilot program to possibly be used in other rural counties. Polk County has had a similar successful cab/ambucare ride program available for a number of years.

The possibility of a transportation program using Uber has recently been discussed as a way for older adults to receive affordable transportation and for older workers to gain part-time employment. This type of transportation program is in the conceptual phase at this point.

Individuals to Be Served – 2017 Update

The table below lists the number of individuals served in SFY2015, SFY2016 to date from all funding sources and estimated number to be served in SFY 2017 (7/1/2016 – 6/30/2017).

**Table 3: Transportation Consumers**

<b>Category</b>	<b>SFY2015 Actual</b>	<b>SFY 2016 As of: 2/29/2016</b>	<b>SFY 2017 Projected</b>
Number of Transportation Units (one-way trips) Provided	129,316	85,191	152,525
Number of Transportation Consumers Served	2,288	1,836	2,521

Source: IAPRS total of Assisted Transportation and Transportation units and riders. Transportation providers’ projections for SFY2017

Expenditures – 2017 Update

The table below lists actual and projected expenditures from all funding sources to support this effort.

**Table 4: Transportation Funding Sources**

<b>Funding Source</b>	<b>FY2015 Actual</b>	<b>FY2016 Projected</b>	<b>FY2017 Projected</b>
Federal	\$293,885	\$370,830	\$316,496
State	\$208,331	\$334,040	\$215,216
Local	\$718,990	\$808,574	\$796,635
In-Kind			
<b>Total</b>	<b>\$1,221,206</b>	<b>\$1,513,444</b>	<b>\$1,328,347</b>

Source: FY 2015 Actual: IAFRS FY 2015 Final Report Version 1

FY 2016 Projected: IAFRS FY 2016 Budget Report (Updated) Version 3

FY 2017 Projected: IAFRS FY 2017 Budget Report Version 1

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

Strategies to Address Caregiver Needs - 2017 Update

Success this year in the Family Caregiver Program has included cultivating referrals from additional area geriatricians, clinic staff and hospital social workers. With the caregiver’s consent, a referral is made for a Caregiver Specialist to call the caregiver to offer support and assistance. By Aging Resources reaching out to the caregiver, it removes the barrier of the caregiver needing to initiate the call.

A reciprocal referral program has begun with the Alzheimer’s Association Greater Iowa Chapter. Aging Resources, with the caregiver’s permission, sends referrals to the Alzheimer’s Association when caregivers need education on dementia and/or are interested in support groups. The Alzheimer’s Association makes referrals to Aging Resources when caregivers are asking about services. This allows expertise of each agency to be used to the greatest advantage for the caregivers.

The Family Caregiver Specialist/I&A Supervisor, Kay Vanags, has worked closely with the Iowa Respite Coalition to promote their respite program. Since our Family Caregiver Program funding is limited, our caregiver staff drew upon the Coalition’s funding to provide needed respite for our clients.

Aging Resources also assisted in planning the Iowa Respite Coalition conference. Kay Vanags contacted AARP and drew them into the Coalition and into the conference. AARP, which has shown growing interest in assisting family caregivers, provided the needed funding to support the Coalition’s fledgling conference. AARP created a professional mailer for the conference that was distributed statewide and provided funding for nationally recognized presenters. AARP has now joined the Iowa Respite Coalition as a permanent member.

The Iowa Bar Association is establishing a pilot project this year to provide mediation for families that are scheduled to use the Probate Court System in Polk County. A two day workshop was developed to train experienced mediators about some of the issues that might arise during Elder Mediation. The workshop organizer, Kristin Hall, asked Kay Vanags to present information to this group regarding service options. During the presentation, Kay reviewed some basics about caregiving and about assessing peoples’ needs. She also discussed home and community based programs that may assist families in resolving their disputes without using the formal court system. Aging Resources is offering to provide fee-for-service consultations with these court-ordered families either during the actual mediation or prior to their meeting.

Working with the Iowa Department on Aging and Iowa Public Television (IPTV) to promote “Caring for Mom and Dad” was an opportunity to raise awareness of the Family Caregiver Program. We sent a mass mailing to publicize the program and participated in the call-in session with the other AAAs. Aging Resources created an informational “commercial” to be used during the presentation to raise awareness of the family caregiver services provided by Aging Resources. This provided an opportunity to learn about producing a short but effective promotional spot, to reach the adult children who are providing care in Central Iowa.

**Challenges**

Aging Resources found in this last year that our limited staff kept us from doing as much outreach as we would like to promote the Family Caregiver Program. There were several possibilities for new enterprises like mediation, assisting working caregivers and fee-for-service case management. Each of these programs are worthwhile, but will require concentrated efforts to properly promote and effectively provide these varied services.

**Individuals to be Served – 2017 Update**

The table below lists the number of individuals served in SFY2015, SFY2016 to date and estimated number to be served in SFY2017 (7/1/2016 – 6/30/2017).

**Table 5: Caregiver Consumers**

<b>Category</b>	<b>SFY 2015 Actual</b>	<b>SFY 2016 As of: 02/29/2016</b>	<b>SFY2017 Projected</b>
Total Number of Caregiver Consumers Served	2,111	811	1,500

Source: ESP for IR&A and IAPRS for all other registered Caregiver Services in SFY2015; IAPRS for SFY2016 for all registered Caregiver Services. For SFY 2017 staff projections employing past performance.

Additional Services – 2017 Update

The table below indicates the percentage of caregiver consumers who received more than one registered service.

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

<b>Category</b>	<b>SFY 2015 Actual</b>	<b>SFY 2016 As of: 01/26/2016</b>	<b>SFY2017 Projected</b>
Percent of caregivers served receiving more than one AAA service	6%	14%	20%

Source: IDA reports generated from IAPRS

Expenditures – 2017 Update

The table below lists actual and projected expenditures from all funding sources to support this effort.

**Table 7: Caregiver Funding Sources**

<b>Funding Source</b>	<b>SFY 2015 Actual</b>	<b>SFY 2016 Projected</b>	<b>SFY 2017 Projected</b>
Federal	\$273,011	\$365,276	\$276,918
State	\$61,215	\$52,109	\$72,575
Local	\$102,324	\$95,000	\$70,000
In-Kind			
<b>Total</b>	<b>\$436,550</b>	<b>\$512,385</b>	<b>\$419,493</b>

Source: FY 2015 Actual: IAFRS FY 2015 Final Report Version 1

FY 2016 Projected: IAFRS FY 2016 Budget Report (Updated) Version 3

FY 2017 Projected: IAFRS FY 2017 Budget Report Version 1

### **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*

#### Strategies – 2017 Update

Over the span of 5 months, 8,472 nutritious meals were served to over 600 food insecure older adults in central Iowa through the Food Insecurity Grant: Weekend & Evening Meals Program. Weekend and evening meals were served in over 40 cities in all 8 counties in Aging Resources' service area. Of those served, nearly half (47%) said they don't always have money to buy the food they need. The average Nutrition Risk Assessment score of the participants in this program was 8.7 (6 or higher indicates High Nutrition Risk), with 72% being considered High Nutrition Risk.

Utilizing our existing nutrition service providers for the Food Insecurity Grant, we were able to reach clients even in the most rural locations. We provided each client with a packet that included information on nutrition, food assistance, as well as the congregate and home-delivered meal programs. As a result of the information packet provided, several people called and spoke with a Supplemental Nutrition Assistance Program (SNAP) Outreach Counselor to learn more about food assistance. We also received a few calls regarding nutrition counseling through Aging Resources.

More recently, we have been partnering with a volunteer through the Iowa Food Bank Association to provide SNAP education at the meal sites in central Iowa. She has visited 5 of the 43 meal sites in our area so far and has received positive feedback.

Another strategy to reduce food insecurity and increase congregate meal participation that has been quite successful is Aging Resources' collaboration with DART, Polk County Senior Services, and Lutheran Services in Iowa's (LSI) Older Refugee Program. Polk County Senior Services has offered to provide a meeting space at the Central Senior Center for the refugee group with the hope that eventually they will become involved in the meals and activities taking place there. The participants are enthusiastically attending classes and activities and are feeling comfortable at the Senior Center; some have started eating the meals offered there.

Another change we've made is modifying our nutrition education process in order to increase awareness of nutrition, health, and access to services. In September 2014, Aging Resources began publishing a monthly nutrition education newsletter. The newsletter, called "Nutrition News", is distributed to all congregate and home-delivered clients in our area, with over 3,000 newsletters printed each month. The newsletter contains nutrition and health education articles from peer-reviewed journals and publications along with occasional articles written by our contracted dietitian. We have a professional designer assist with the layout and printing of the newsletters to make them attractive and fun.

In addition to nutrition and health information, the newsletters contain information about Aging Resources' services. This is a great way to spread the word about the services available through the area agencies on aging. Since starting the newsletter in 2014, we have spotlighted nearly every program offered at Aging Resources. We also promote nutrition counseling. We have received several new callers for nutrition counseling from the newsletter articles.

One thing that makes the newsletter different than other nutrition education materials is that we feature news, events, and photos from right here in central Iowa. Nearly every newsletter contains fun photos of people at the senior centers and meal sites. This gets people excited about reading the newsletter each month. We also include one page of puzzles, trivia, and other fun items. For Christmas, we even had a "Holiday Pet Photo Contest" which was enjoyed by all.

We have received many positive comments from the meal sites about the newsletter and feel it has increased the awareness of services available at Aging Resources. The home-delivered meals clients really appreciate receiving the newsletters so that they can stay up-to-date on upcoming events and nutrition education like the congregate meal participants.

Some of the barriers we have encountered in addressing food insecurity and high risk clients have been language barriers, faulty perceptions/stigma about the Elderly Nutrition Program, and lack of resources and staff. We also face the challenge of meeting the wants and needs of an age group that spans 40+ years. An individual who is 60 years old may want something completely different from a meal program than someone who is 85. In general, we are finding that the younger meal program participants find more value in the access to services (such as health screenings, foot care, food assistance, activities) than the older cohort and less value in the meal itself.

For SFY2017, we plan to continue with many of the same strategies that we have used in the past to increase participation and satisfaction in the congregate and home-delivered meal programs. We would like to continue to offer meal choices to the extent it's possible. Some providers offer choices daily, others offer choices one day per week, and others only offer choices on certain days (such as a beef patty instead of liver). We will also continue to provide nutrition education, information on access to services, and information about food assistance.

Over the past few months, more research has been done on the possibility of airing TV or radio ads for the congregate and home-delivered meal programs. By producing and distributing marketing materials and raising awareness about our meal programs, we hope to gain new participation from people who may not have known it was available.

Individuals to be Served – 2017 Update

The table below lists the number of individuals served in SFY2015, SFY2016 to date and estimated number to be served in SFY2017 (7/1/2016 – 6/30/2017).

**Table 8: Meal Program Consumers**

Category	SFY 2015 Actual	SFY 2016 As of: 02/29/2016	SFY 2017 Projected
Total Number of Meal Program Consumers Served	8,054	6,900	7,566

Source: IAPRS Client Service Units Report

SFY 2017 projections taken from provider’s SFY 17-18 Budgets, Clients, and Units of Service worksheets. SFY 2016 updated projection – 8,226

Additional Services – 2017 Update

The table below details the percentage of meal program consumers receiving an additional registered service.

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

Category	SFY 2015 Actual	SFY 2016 As of: 01/26/2016	SFY 2017 Projected
Percent of meal program consumers served receiving additional AAA services	58%	59%	60%

Source: IDA reports generated from IAPRS

Expenditures – 2017 Update

The table below lists actual and projected expenditures from all funding sources to support this effort.

**Table 10: Meal Programs Funding Sources**

Funding Source	SFY 2015 Actual	SFY 2016 Projected	SFY 2017 Projected
Federal	\$1,671,426	\$2,337,461	\$1,702,784
State	\$31,256	\$29,885	\$110,585
Local	\$2,314,071	\$2,520,154	\$3,340,547
In-Kind			
<b>Total</b>	<b>\$4,016,753</b>	<b>\$4,887,500</b>	<b>\$5,453,916</b>

Source: FY 2015 Actual: IAFRS FY 2015 Final Report Version 1

FY 2016 Projected: IAFRS FY 2016 Budget Report (Updated) Version 3

FY 2017 Projected: IAFRS FY 2017 Budget Report Version 1

Produced/reviewed: 04/08/16

## **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*

### Strategies – 2017 Update

#### Successes

More key agencies such as community law enforcement offices, city police departments and county sheriff departments, are referring to Aging Resources' Elder Rights Specialist. Police Department personnel have called the Elder Rights Specialist stating they are frustrated by the lack of intervention by the Department of Human Services (DHS) Adult Protective Services when they call making a report of suspected abuse. Police officers frequently ask the Elder Rights Specialist for guidance after Adult Protective Services does not accept their reports. Training on elder abuse laws and dependent adult abuse laws have been offered and police, emergency medical technicians and firefighters have been trained in some communities. During these trainings, the first responders are encouraged to contact Aging Resources when the Adult Protective Services workers do not accept their reports or do not find the older adults to be dependent.

In one example, an officer with the Pella Police Department called on a very difficult case that he had referred to Adult Protective Services. However, due to the determination that the older adult was not a dependent adult, DHS would not investigate. The Elder Rights Specialist was able to meet with the older adult, her adult son, and the Pella Police Officer and make a plan to improve her situation.

In the last year, the Elder Rights Specialist has worked at networking with faith-based groups so that now a greater number of referrals are coming from these organizations. The Jewish Federation and multiple churches have held informational sessions for their members to learn about the Elder Abuse Prevention and Awareness Program and the services that Aging Resources is able to offer.

Several financial institutions have called the Elder Rights Specialist to learn more about assisting customers that they suspect are being financially exploited. In one instance, the Elder Rights Specialist held a training for staff at a bank in Winterset, assisting them in identifying financial exploitation and promoting referrals to the Elder Rights program. Trainings to bank personnel will be promoted in SFY'17.

The homeless population is particularly vulnerable to abuse and financial exploitation. The Elder Rights Specialist now has standing office hours on Wednesday afternoons at the Central Iowa Shelter and Services in Des Moines. This has enabled shelter staff and homeless individuals to have direct contact with Aging Resources on a regular basis.

The Elder Rights Specialist has built relationships with the Polk County Clerk of Court, other Polk County Courthouse staff and Domestic Abuse Advocates so that they are now making referrals to our Elder Abuse Prevention program when they encounter individuals 60 years of age or older. This allows older adults access to not only No Contact Orders but to the additional advocacy and resources the Elder Rights Specialist can provide.

At times the Elder Rights Specialist works with individuals that have not had positive interactions with police. By assisting clients in working with the Des Moines Police Department, and other law enforcement communities, these individuals are feeling more empowered to contact police when they need protection from their abusers. The Elder Rights Specialist offers older adults advocacy and can be present when talking to police. By petitioning the court and securing a No Contact Order, individuals are experiencing the police as working with and for them.

This year, the Elder Rights Specialist has become an active member of the Triad board and is working to build Seniors and Law Enforcement Together (SALT) groups in Polk County. Triad members include representatives from the Alzheimer's Association, Des Moines Police Department, AARP, Polk County Sheriff's Office, Des Moines Fire Department, Polk County Attorney's Office, Polk County Senior Services, Office of Substitute Decision Maker, Mercy Health Sciences, and two older adult community members. Presentations on various safety issues are offered through Triad and SALT at least once a month. The goal is to establish active Seniors and Law Enforcement Together groups in communities throughout our eight counties.

Challenges include getting accurate information out to the public regarding elder abuse laws and dependent adult abuse laws. Overall, there seems to be frustration for Iowans regarding these laws. The limitations of the DHS Adult Protective Services surrounding dependent adult abuse cases are often misunderstood. Iowa's Dependent Adult Abuse laws only offer limited protection to older adults who are deemed dependent and who have a caregiver.

Public education is needed as Iowans often are surprised and disappointed that there are not specific elder abuse laws beyond the recent Iowa Code Chapter 235F Petition for Relief from Elder Abuse. This new law states that anyone 60 years of age or older who cannot protect himself/herself from an abuser may be considered a vulnerable adult. The law provides for the vulnerable adult or a substitute to petition the court to stop the abuse. After a court hearing, protections may be put in place for personal safety and safe housing. There may also be protections and remedies concerning financial exploitation.

Outreach efforts in all eight counties served will continue. It has been a challenge to get into some of the smaller communities. The feedback is consistently that "we like to take care of our own problems". Interestingly, the county agencies such as financial institutions and law enforcement are more likely to contact the Elder Rights Specialist than older individuals or community members.

Strategies for FY2017 include approaching Boone, Story, Dallas, Jasper, Madison, Warren and Marion County Clerks in order to build relationships modeled after the current referral relationship the Elder Rights Specialist has with Polk County Clerk of Court.

Individuals to be Served – 2017 Update

The table below lists the number of individuals served in SFY2015, SFY2016 to date and estimated number to be served in SFY 2017 (7/1/2016 – 6/30/2017).

**Table 11: Elder Abuse Prevention and Awareness (EAPA) Consumers**

Category	SFY 2015 Actual	SFY 2016 As of: 02/29/2016	SFY 2017 Projected
Total Number of EAPA Active Consumers Served	60	45	85

Source: FY'15 EAPA Year End report to IDA of number of New Clients, IAPRS Report for FY'16 shows 60 total EAPA Consumers, 45 is the number of unduplicated EAPA consumers.

Additional Services – 2017 Update

The table below details the percentage of EAPA consumers receiving more than one registered service.

**Table 12: Percentage of EAPA consumers receiving additional AAA services**

Category	SFY 2015 Actual	SFY 2016 As of:	SFY2017 Projected
Percent of EAPA consumers receiving additional AAA services	93%	40%	50%

Source: FY'15 EAPA Year End report to IDA of number of New Clients, IAPRS Report for FY'16 using unduplicated clients.

Expenditures – 2017 Update

The following table lists actual and projected expenditures from all funding sources to support this effort.

**Table 13: EAPA Funding Sources**

Funding Source	FY2016 Projected	2017 Projected
Federal		
State	\$87,500	\$87,500
Local		
In-Kind		
<b>Total</b>	<b>\$87,500</b>	<b>\$87,500</b>

Source: FY 2016 Projected: IAFRS FY 2016 Budget Report (Updated) Version 3

FY 2017 Projected: IAFRS FY 2017 Budget Report Version 1

Produced/reviewed: 04/08/16

**Section 2: Service Planning and Evaluation**

**FY 2016 Projected Older Americans Act Consumers and Service Units**

IAFRS Menu		Form 3A-1		FY 2016						
		Aging Resources of Central Iowa		Budget Report, Version 3						
		This report HAS been finalized								
Form 3A-1										
SERVICE		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty	SLP Low Income	SLP Moderate Income	
01A: Administration	General Aging									
	Caregiver									
1: Personal Care	General Aging	1,500	30	3	4	2	22			
2: Homemaker	General Aging	5,000	130	8	5	2	56			
3: Chore	General Aging	3,200	300	10	67	25	100			
4: Home Delivered Meals	General Aging	250,000	2,300	412	61	59	771			
5: Adult Daycare	General Aging	50,000	100	21	8	3	30			
6: Case Management	General Aging	8,910	1,440	175	120	40	475			
7: Congregate Meals	General Aging	295,000	5,200	697	308	157	1,499			
8: Nutrition Counseling	General Aging	70	69	10	2	1	20			
9: Assisted Transportation	General Aging	70,000	760	58	31	11	300			
10: Transportation	General Aging	72,000	1,305	50	55	20	500			
11: Legal Assistance	General Aging	1,900	900	50	180	80	250			
12: Nutrition Education	General Aging	22,000	2,900	408	204	90	884			
13: Information & Assistance	General Aging	3,500	2,000	225	140	40	400			
14: Outreach	General Aging	4,000	3,000	30	51	15	190			
B02: Health Promotion & Disease Prevention	General Aging	19,000	2,500	60	251	126	480			
B07: Evidence Based Health Activities	General Aging	50	50	6	4	1	7			
C07: EAPA Consultation	General Aging	125	80	12	9	3	20			
C08: EAPA Assessment & Intervention	General Aging	125	44	6	5	3	12			
C09: EAPA Training & Education	General Aging	2,500	2,500	100	150	10	500			
C10: Self-Directed Care	General Aging									
D01: Training & Education	General Aging	25,000	25,000	1,000	1,500	450	5,000			
E05: Options Counseling	General Aging	250	75	12	10	4	20			
F02: Material Aide	General Aging	500	325	35	30	10	100			
F05: Volunteer Support	General Aging									
CG1: CG Access Assistance	Caregiver	1,600	1,000	150	60	20	250			
CG2: CG Self-Directed Care	Caregiver									
CG3: CG Counseling	Caregiver									
CG4: CG Information Services	Caregiver	25	3,000	500	180	45	200			
CG5: CG Respite	Caregiver	4,500	85	10	7	2	9			
CG6: CG Supplemental Services	Caregiver	800	175	12	8	3	8			
CG7: CG Home Delivered Meals	Caregiver									
CG8: CG Options Counseling	Caregiver	70	20	5	2	1	2			
GO1: GO Access Assistance	Caregiver	150	50	8	5	2	8			
GO2: GO Self-Directed Care	Caregiver									
GO3: GO Counseling	Caregiver									
GO4: GO Information Services	Caregiver	2	60	7	5	1	15			
GO5: GO Respite	Caregiver	1,400	15	2	1		6			
GO6: GO Supplemental Services	Caregiver	150	35	4	3	1	12			
GO7: GO Home Delivered Meals	Caregiver									
GO8: GO Options Counseling	Caregiver	10	3	1	1		1			

**FY 2017 Projected Older Americans Act Consumers and Service Units**

IAFRS Menu		Form 3A-1		FY 2017					
		Aging Resources of Central Iowa		Budget Report, Version 1					
		This report has NOT been finalized							
Form 3A-1		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty	SLP Low Income	SLP Moderate Income
01A: Administration	General Aging								
	Caregiver								
1: Personal Care	General Aging	1,165	25	3	2	1	10		
2: Homemaker	General Aging	4,218	109	12	8	2	27		
3: Chore	General Aging	2,025	190	5	15	5	40		
4: Home Delivered Meals	General Aging	232,000	2,345	540	75	58	1,170		
5: Adult Daycare	General Aging	44,908	125	8	6	2	24		
6: Case Management	General Aging	8,350	1,300	240	104	21	325		
7: Congregate Meals	General Aging	294,000	5,300	580	291	185	2,600		
8: Nutrition Counseling	General Aging	178	175	75	3	2	85		
9: Assisted Transportation	General Aging	75,997	900	170	30	10	225		
10: Transportation	General Aging	76,528	1,621	300	133	90	405		
11: Legal Assistance	General Aging	1,989	800	35	145	65	225		
12: Nutrition Education	General Aging	24,800	3,300	410	200	95	1,450		
13: Information & Assistance	General Aging	4,000	1,800	350	126	31	108		
14: Outreach	General Aging	1,300	800	10	64	20	176		
B02: Health Promotion & Disease Prevention	General Aging	14,420	2,065	65	150	50	355		
B07: Evidence Based Health Activities	General Aging	40	40	12	2	1	2		
C07: EAPA Consultation	General Aging	550	80	15	8	3	20		
C08: EAPA Assessment & Intervention	General Aging	330	40	8	3	1	12		
C09: EAPA Training & Education	General Aging	320	1,884	350	134	34	180		
C10: Self-Directed Care	General Aging								
D01: Training & Education	General Aging	25,000	25,000	1,000	1,500	450	5,000		
E05: Options Counseling	General Aging	165	55	10	4	2	11		
F02: Material Aide	General Aging	675	250	47	25	14	63		
CG1: CG Access Assistance	Caregiver	2,050	1,150	216	92	20	115		
CG2: CG Self-Directed Care	Caregiver								
CG3: CG Counseling	Caregiver								
CG4: CG Information Services	Caregiver	30	3,000	600	240	25	540		
CG5: CG Respite	Caregiver	3,250	60	11	5	2	12		
CG6: CG Supplemental Services	Caregiver	673	120	23	12	4	26		
CG7: CG Home Delivered Meals	Caregiver								
CG8: CG Options Counseling	Caregiver	69	23	4	2	1	4		
GO1: GO Access Assistance	Caregiver	180	62	12	5	2	12		
GO2: GO Self-Directed Care	Caregiver								
GO3: GO Counseling	Caregiver								
GO4: GO Information Services	Caregiver	2	100	19	8	2	18		
GO5: GO Respite	Caregiver	1,485	15	3	2	1	5		
GO6: GO Supplemental Services	Caregiver	105	30	6	3	2	7		
GO7: GO Home Delivered Meals	Caregiver								
GO8: GO Options Counseling	Caregiver	6	2	1			1		

### 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 SFY2014, SFY2015, and SFY2016*

The table below contains the agency's consumer served and units provided for mandatory services in SFY2014 and SFY 2015 and projected for SFY2016.

Mandatory Service	data category	SFY 2014 Actual	SFY 2015 Projected	SFY 2015 Actual	2015 % Achieved	SFY 2016 Projected	2016 % Achieved As of 02/29/16
Case Management	Consumers	1,437	1,500	1,404	94%	1,440	88%
	Units	7,504	8,000	9,057	113%	8,910	62%
Congregate Meals	Consumers	5,391	6,203	5,746	93%	5,200	85%
	Units	299,193	306,830	294,833	96%	292,900	64%
Health Promotion/ Disease Prevention	Consumers	2,239	2,975	2,399	81%	2,720	80%
	Units	17,744	15,320	18,491	121%	15,320	92%
Home Delivered Meals	Consumers	2,266	1,937	2,308	119%	1,963	101%
	Units	218,895	223,212	226,847	102%	222,762	74%
Information & Assistance	Consumers	6,053	3,250	7,849	242%	4,000	28%
	Units	6,053	4,500	7,849	174%	7,500	30%
Legal Assistance	Consumers	828	945	795	84%	980	45%
	Units	1,815	1,860	1,781	96%	1,900	60%
Nutrition Counseling	Consumers	167	195	195	100%	190	24%
	Units	173	200	216	108%	195	25%
Nutrition Education	Consumers	3,499	5,000	3,445	69%	3,400	79%
	Units	31,608	5,000	25,577	512%	25,250	57%
Options Counseling	Consumers		360	68	19%	120	26%
	Units		750	291	39%	420	22%

**Notes:** Consumer counts for Information and Assistance for FY14 and 15 are not an unduplicated consumer count. The projected for FY16 is for an unduplicated consumer count. Consumer counts for Legal Assistance are not an unduplicated consumer count. 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 SFY2015 for the first half of SFY 2016.

Congregate Meal Consumers	SFY2014 Actual	SFY2015 Actual	SFY 2016 As of: 12/31/15
# Consumers	5,391	5,746	4,411
# Forms Completed	5,267	5,248	4,131
% of Consumers Registered	98%	91%	94%

*Discussion: Service Projections and Data Collection*

Service Projections and Data Collection – SFY 2017 Update

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. 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. When providing new services or using a new reporting system our forecasting may not be as accurate.

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. Why is the service not being provided as projected? 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.

Monthly desk reviews are done on all contracted services and yearly on-site monitoring visits are conducted. As part of the visit, we work with contractors to examine the current year’s services projections and performance. We discuss any problems they are encountering providing the service and then help them to make projections for the following year.

As can be seen in the above chart, Information and Assistance (I&A) projections are off. The performance is not meeting the projections, not because we are assisting fewer clients but mainly because the data collection process changed in SFY 2016. I&A is now a registered service through the Iowa Aging Information Program Reporting System (IAPRS). This is a change in data collection and as we have improved our data collection methods, we believe our client numbers will improve.

As stated earlier in this plan, Options Counseling has been a struggle for us. We have not had the demand for the service we anticipated. Also, although we provide options for services to a majority of clients we do not always write out a formal plan. We are continuing to work on providing this service to clients as needed and continue to hone our skills completing all paperwork necessary to term the service Options Counseling.

### **Section 3: Intent / Assurances**

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Verification of Intent

Authorized Signatures

Compliance with Assurances and General Provisions

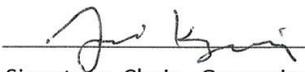
**Verification of Intent**

**Aging Resources of Central Iowa**(AAA) accepts full authority and responsibility to develop and administer the FY2016-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 Iowans 60+ years of age in the area agency’s planning and service area.

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

The Governing Body has reviewed and approved the FY2016-SFY 2017 Area Plan on Aging and FY2017 Update, and hereby submits the Area Plan to the Iowa Department on Aging for approval by the Iowa Commission on Aging.

Print Name: Jim Kingery

 4-21-2016  
\_\_\_\_\_  
Signature, Chair - Governing Body                      Date Signed

The Advisory Council has reviewed and approved the FY2016-SFY 2017 Area Plan on Aging and FY2017 Update, and hereby submits the Area Plan to the Iowa Department on Aging for approval by the Iowa Commission on Aging.

Print Name: Dawn Allspach-Kline

 4-5-16  
\_\_\_\_\_  
Signature, Chair – Advisory Council                      Date Signed

The Executive Director has reviewed and approved the FY2016-SFY 2017 Area Plan on Aging and FY2017 Update, 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

 4/28/16  
\_\_\_\_\_  
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, Iowa 50312-1444

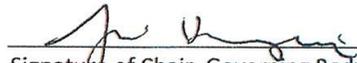
Type of Agency: Single Purpose Private Non-Profit  
Date of Area Agency on Aging Designation: June 30, 2013

**Authorized Signatures for Funding Applications and Contracts**

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

 4/28/16  
\_\_\_\_\_  
Signature of Executive Director Date Signed

Print Name: Jim Kingery

 4-21-2016  
\_\_\_\_\_  
Signature of Chair, Governing Body Date Signed

**Authorized Signatures for Fiscal Reports**

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

 4/28/16  
\_\_\_\_\_  
Signature of Executive Director Date Signed

Print Name: Jim Kingery

 4-21-16  
\_\_\_\_\_  
Signature of Chair, Governing Body Date Signed

Print Name: Lester Bascom

 4-27-16  
\_\_\_\_\_  
Signature of Fiscal Director Date Signed

**Authorized Signatures for Program Reports**

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

 4/28/16  
\_\_\_\_\_  
Signature of Executive Director Date Signed

Print Name: Margaret DeSio

 04/21/2016  
\_\_\_\_\_  
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](http://www.dnb.com)) and to maintain active and current profiles in the Central Contractor Registration (CCR) ([www.ccr.gov](http://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.

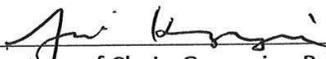
**Further Assurance is given that:**

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 on Aging.

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 FY2016-2017 Area Plan on Aging and the FY2017 Update to the Iowa Department on Aging for approval.

Print Name: Jim Kingery

 4-21-2016  
 \_\_\_\_\_  
 Signature of Chair, Governing Body Date Signed

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

 4/20/16  
 \_\_\_\_\_  
 Signature of Executive Director 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**

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Governing Body

Advisory Council

LLL Advisory Council

Public Hearing Documentation

**Governing Body**

**Governing Body for Aging Resources of Central Iowa**

**Updated On:** 02-18-16

**Chair**

Name: Jim Kingery  
 Address: Board of Supervisors, 214 E Main Street  
 City & Zip Code: Knoxville 50138  
 County: Marion  
 Phone: 641 828-2231  
 E-mail: [jkingery@co.marion.ia.us](mailto:jkingery@co.marion.ia.us)  
 Term Expires: 12/31/16

**Vice-Chair**

Name: Robert Mahaffey  
 Address: 2220 E 32<sup>nd</sup> Street  
 City & Zip Code: Des Moines 50317  
 County: Polk  
 Phone: 515 202-0257  
 E-mail: [bobm@fngi.net](mailto:bobm@fngi.net)  
 Term Expires: 1<sup>st</sup> term expires 12/31/16

**Secretary**

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 Term Expires: 12/31/16

**Treasurer**

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 Term Expires: 12/31/16

**Other Members**

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 Term Expires: 12/31/16

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 Term Expires: 12/31/16

Name: Phil Clifton  
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 Term Expires: 12/31/16

Name: Colleen Farley  
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 County: Boone  
 Phone: 515 432-5874  
 E-mail: [mikefarley1951@gmail.com](mailto:mikefarley1951@gmail.com)  
 Term Expires: 1<sup>st</sup> term expires 12/31/16

Name: Marvin Grace  
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 Term Expires: 3<sup>rd</sup> term expires 12/31/16

**Other Members [continued]**

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 Term Expires: 2<sup>nd</sup> term expires 12/31/16

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 County: Marion  
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 Term Expires: 2<sup>nd</sup> term expires 12/31/17

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 Term Expires: 12/31/16

Name: Steve Van Oort  
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 Term Expires: 12/31/16

Name: Max Worthington  
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 County: Jasper  
 Phone: 641 792-7728  
 E-mail: N/A  
 Term Expires: 2<sup>nd</sup> term expires 12/31/17

## 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)

All composition criteria are satisfied by the Council

**Advisory Council for Aging Resources of Central Iowa**  
**Updated on: 02-18-16**

**Chair**

Name: Dawn Allspach-Kline  
Address: 308 E Montgomery Street  
City & Zip Code: Knoxville 50138  
County: Marion  
Phone: 641 842-6070  
E-mail: [dallspach-kline@co.marion.ia.us](mailto:dallspach-kline@co.marion.ia.us)  
Term Expires: 3<sup>rd</sup> term expires 06-30-17  
OAA Composition Criteria: 2,4,5,6,7

**Secretary**

Name: Barb McClintock  
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City & Zip Code: Des Moines 50312  
County: Polk, At-Large  
Phone: 515 255-2108  
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OAA Composition Criteria: 1,2,4,5,7  
Term Expires: 06-30-17

**Other Members:**

Name: Amy Alden  
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Term Expires: 1<sup>st</sup> term expires 06-30-16

Name: Al Bergman  
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Term Expires: 2<sup>nd</sup> term expires 06-30-17

**Vice Chair**

Name: Sharee Owens  
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Term Expires: 2<sup>nd</sup> term expires 06-30-16  
OAA Composition Criteria: 2,4,5,7

**~~Treasurer (if separate officer)~~**

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

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Term Expires: 1<sup>st</sup> term expires 06-30-18

Name: Shala Harsh  
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Term Expires: 1<sup>st</sup> term expires 06-30-17

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Name: Paul Hunt  
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 Expires: 06-30-17

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 OAA Composition Criteria: 1,2,7  
 Term Expires: 1<sup>st</sup> term expires 06-30-18

Name: Kelli Van Manen  
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OAA Composition Criteria: 2,4,5,7  
Term Expires: 2<sup>nd</sup> term expires 06-30-16

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County: Jasper  
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Name: Vicki White  
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OAA Composition Criteria: 2,4,5,7  
Term Expires: 1<sup>st</sup> term expires 06-30-16

## LifeLong Links Advisory Council

### LifeLong Links Advisory Council for Aging Resources of Central Iowa

Updated On: March 29, 2016

Name: **Brandi Jensen**

Address: Brain Injury Alliance of Iowa  
7025 Hickman Road, Suite 7

City & Zip Code: Urbandale, IA 50322

County: Polk

Phone: 515 274-9757

E-mail: [brandijo@biaia.org](mailto:brandijo@biaia.org)

Name: **Susie Osby**

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City & Zip Code: Des Moines, IA 50310

County: Polk

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Name: **Megan Hartwig**

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Name: **Reyma McCoy McDeid**

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County: Polk

Phone: 515 281-4144

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Camp Dodge, Bldg. 3465

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County: Polk

Phone: 515 558-9957

E-mail: [annieW@vnsia.org](mailto:annieW@vnsia.org)

Name:

Address:

City & Zip Code:

County:

Phone:

E-mail:

## Public Hearing

Agency staff have reviewed the Iowa Administrative Code on public hearing requirements and have determined that the updated information provided does not necessitate a public hearing. (No additional information is required.)

OR

Agency staff have reviewed the Iowa Administrative Code on public hearing requirements and have determined that the updated information provided required a public hearing. Public hearing documentation appears below.

[Insert public hearing documentation as instructed in the FY2016-2017 Area Plan on Aging Update Instructions.]

## **Section 5: Area Profile - Staffing / Coverage**

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Table of Organization

Service Coverage by County

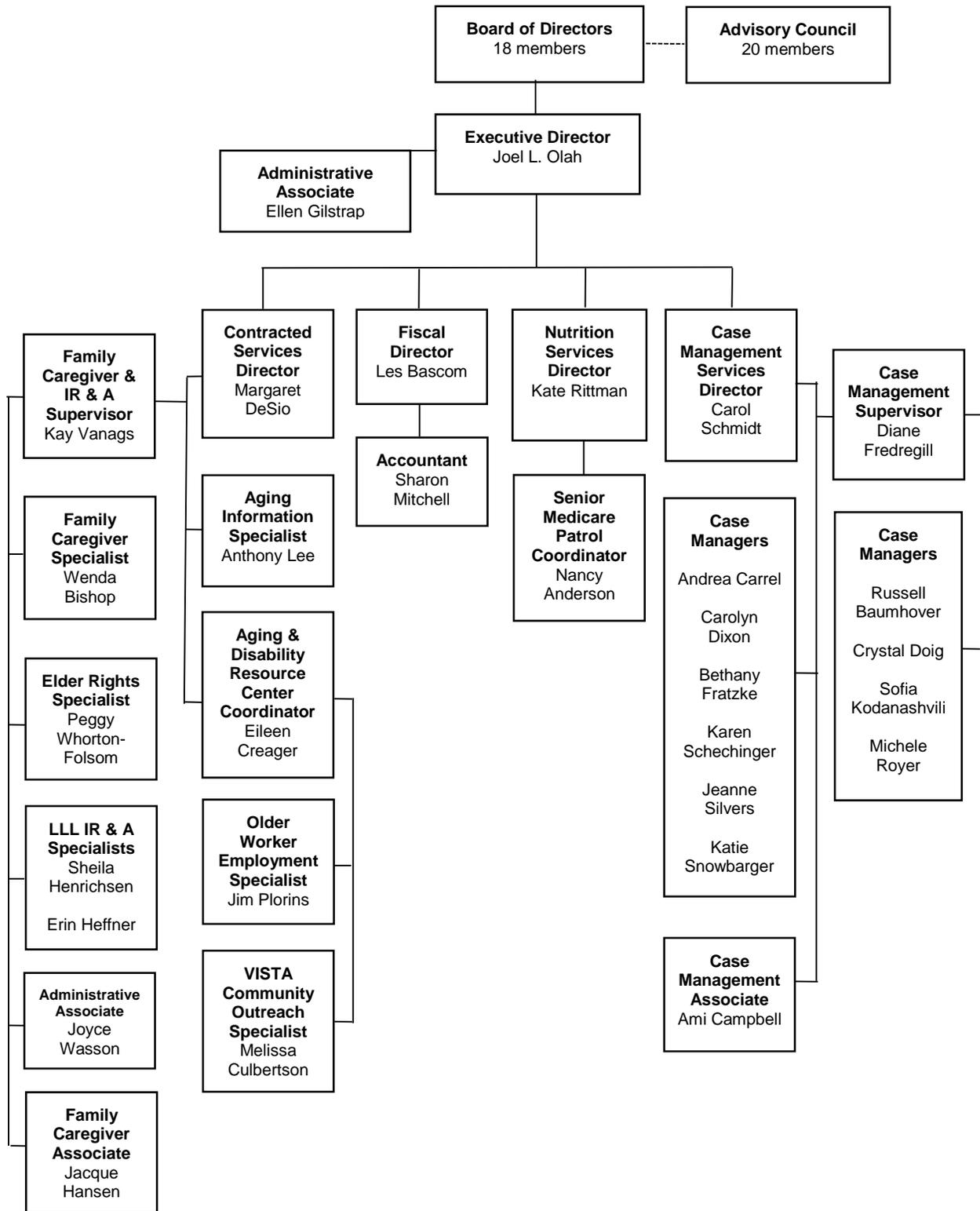
Nutrition Services and OAA Providers

Request for Direct Service Waiver

Service Planning and Data Reporting Performance Measures

**Table of Organization**

**AGING RESOURCES OF CENTRAL IOWA  
May 2016**



Anticipated staffing issues Aging Resources needs to address in SFY2017 include eliminating one LifeLong Links position (ADRC Coordinator). This decrease in staff is due to lack of funding and to the cost of the Harmony software system. A Family Caregiver Specialist and an Options Counselor left earlier this fiscal year and have not been replaced. We also anticipate the loss of the Resource Specialist position which updated the provider information in ESP. That person’s duties may change to the processing of Medicaid Case Management billings to the Managed Care Organizations (MCOs), if needed.

In the Case Management area we have lost several case managers. One went to work for an MCO, a half-time case manager has retired, one case manager has resigned and one will be moving out-of-state. The loss of Case Management staff through attrition may mean that our staff is at the right size for the decrease in clients anticipated due to two MCOs having internal case managers on staff. If numbers case management clients decrease further our number of case managers will also need to decrease.

**OAA Service Coverage by County**

As demonstrated below all mandatory services are available in all counties in our region. Adult day care centers are located in four of our eight counties. There are no day care centers receiving funding in Dallas, Madison, Marion or Warren Counties however, there are centers located in adjacent counties so the service can be accessed.

<b>Mandatory &amp; Other Services</b>	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
<b>Other Service(s)</b>	X	X	X	X	X	X	X	X
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 04/26/2016

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 contracted Service Provider information entered into IAPRS and verify that the information is current as of 04/26/2016

If the agency is utilizing Purchase of Service providers:

1. Please indicate the number of active agency Purchase of Service providers: 4
2. Please list for which services the Purchase of Service providers are being utilized: Chore

### Direct Service Requests

The request(s) to provide direct service(s) submitted with the FY2016 – 2017 Area Plan on Aging are **current**. (No additional information is required.)

OR

The agency seeks to provide additional service(s) directly in the planning and service area in FY2017. Submit a completed Request to Provide Direct Service form for each new direct service the agency plans to provide in FY2017.