

The Heritage Area Agency on Aging

FY'2012 Plan Update

Area Plan on Aging
Fiscal years 2010 – 2013

April 1, 2011

**FY'2012 AREA PLAN UPDATE
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Section 1.1 Verification of Intent and Area Agency Signature _____

The Heritage Agency is a "single organizational unit in a multipurpose entity" as described in the Iowa Administrative Code Chapter 321-4.5 through 321-4.6(4). Due to this status, the appropriate signature for Heritage is that of Jim Choate, Vice President & Chief Financial/Operating Officer of Kirkwood Community College (KCC), instead of a Board of Directors. The signature lines throughout this document have been changed at the direction of Sue Olson, Iowa Department on Aging.

Verification of Intent

The Heritage Area Agency on Aging (AAA) accepts full authority and responsibility to develop and administer the FY'2012 Area Plan Update in accordance with all requirements of the Older Americans Act as amended 2006, and related Iowa Administrative Code and State policy. By accepting this authority and responsibility, the area agency agrees to develop and administer the Area Plan Update 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 FY'2012 Area Plan Update is hereby submitted to the Iowa Department on Aging (IDA) for approval.

3/31/11
Date

Ingrid Wensel
Signature of Area Agency on Aging Director
Ingrid Wensel

The Area Agency Advisory Council has reviewed the FY'2012 Area Plan Update and approves the plan.

3/24/2011
Date

Keith Griem
Signature of Chairperson, Area Agency on Aging Advisory Council
Keith Griem

The Board of Directors of the area agency has reviewed the area plan and approves the plan.

3/30/2011
Date

James N. Choate
Signature of Chairperson, Area Agency on Aging Board of Directors
Jim Choate, Kirkwood Community College

Authorized Signatures
FY'2012 Area Plan Update

The Heritage Area Agency on Aging

Name of Area Agency

Kirkwood Community College, 6301 Kirkwood Blvd. SW, PO Box 2068, Cedar Rapids, Iowa 52406

Street Address

City

State & Zip Separate

Organizational Unit of a Multipurpose Organization

1973

Type of Agency

Date of Area Agency Designation

Ingrid Wensel

James N Choate

Signature of Area Agency on Aging Director, Ingrid Wensel

Signature of Area Agency on Aging Board Chair, Jim Choate

Authorized Signatures for Funding Applications and Contracts

Ingrid Wensel

3/30/2011

Signature of Area Agency on Aging Director, Ingrid Wensel

Date Signed

3/30/2011

James N Choate

Signature of Area Agency on Aging Board Chair, Jim Choate

Date Signed

Jill Gleason

3-31-2011

Signature of Area Agency on Aging Associate Director, Jill Gleason

Date Signed

Tala Waters

3/30/2011

Signature & Title (optional person): Tala Waters, Fiscal Director

Date Signed

Authorized Signatures for Fiscal Reports

(Other than Area Agency Director)

Not Applicable (Right click on the box to insert an "X".)

Jill Gleason

3-31-2011

Jill Gleason, Associate Director

Date Signed

Tala Waters

3/30/2011

Tala Waters, Fiscal Director

Date Signed

Authorized Signatures for Program Reports

(Other than Area Agency Director)

Not Applicable (Right click on the box to insert an "X".)

Jill Gleason

3-31-2011

Jill Gleason, Associate Director

Date Signed

Kellie Elliott-Kapparas

3/29/2011

Kellie Elliott-Kapparas, Operations Director

Date Signed

Section 1.2 Organizational Structure

The Heritage Agency is a "single organizational unit in a multipurpose entity" as described in the Iowa Administrative Code Chapter 321-4.5 through 321-4.6(4).

The Kirkwood Community College Board of Directors (Trustees) is the legal entity for The Heritage Agency. The Director of The Heritage Agency, Ingrid Wensel, reports to the Kirkwood Vice President & Chief Financial/Operation Officer, Jim Choate, who reports to Dr. Mick Starceвич, President of the college. Kirkwood is responsible for hiring the Director. All Heritage Agency staff are Kirkwood Community College employees who report to the Heritage Director.

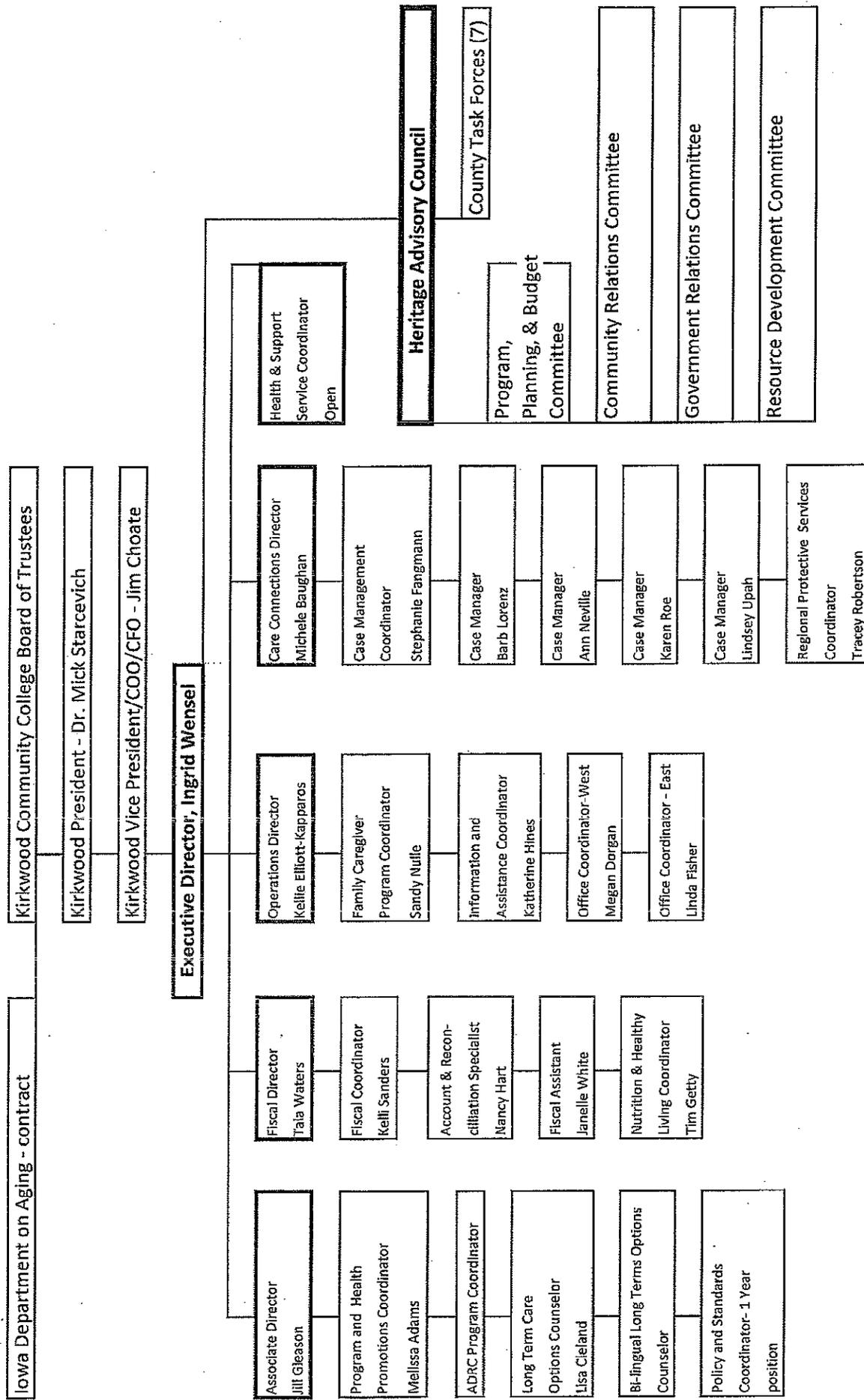
Over the years, the relationship between The Heritage Agency and Kirkwood Community College has been one of mutual respect, support and trust. It speaks to the quality of leadership and integrity present at both the Heritage and Kirkwood levels.

As a department of Kirkwood Community College, The Heritage Agency must comply with all Kirkwood policies and procedures. However, The Heritage Agency has additional policies and procedures and the departmental/agency leadership structure of the Advisory Council that apply specifically to its area agency on aging function.

The Heritage Advisory Council's mission is to provide volunteer leadership in the areas of development and administration of the area plan, to conduct public meetings that are related to aging issues, to represent the ongoing interests of older persons residing in the Heritage region, and to review and comment on community policies, programs and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to and for older persons.

The Heritage Advisory Council members are elected from the Heritage County Task Force membership. Each of the Heritage Region's seven counties has a Task Force. This allows Heritage to have local knowledge and experience from the entire region. This structure fosters a system that provides local accountability and excellent representation for older adults and community partnerships.

The Heritage Area Agency on Aging
 Organization Chart
 Effective 1/1/2011, updated 3/23/11



Area Agency on Aging Board Officials and Members

IAC 17-6.7(231) AAA Board of Directors. 6.7(1) Each designated AAA shall establish a board of directors in accordance with its individual articles of incorporation and bylaws; and 6.7(7) the AAA board of directors shall comply with Iowa Code chapter 504, "Revised Iowa Nonprofit Corporation Act."

Area Agency on Aging Advisory Council Members

IAC 17-6.8(231) AAA Advisory Council. 6.8(1) Member Requirements – The AAA shall establish an advisory council composed of members, at least one-half of whom are aged 60 and older. 6.8(2) **Duties.** It shall be the specific responsibility of the advisory council to advise the AAA and: (b) Review and make recommendations on the content, formulation, administration and priorities of the area plan and participate in the public hearings on the area plan.

The Kirkwood Community College Board of Directors (Trustees) is the legal entity for The Heritage Agency. The Director of The Heritage Agency, Ingrid Wensel, reports to the Kirkwood Vice President & Chief Financial/Operation Officer, Jim Choate, who reports to Dr. Mick Starceвич, President of the college. Kirkwood is responsible for hiring the Director. All Heritage Agency staff are Kirkwood Community College employees who report to the Heritage Director.

The Heritage Advisory Council's mission is to provide volunteer leadership in the areas of development and administration of the area plan, to conduct public meetings that are related to aging issues, to represent the ongoing interests of older persons residing in the Heritage region, and to review and comment on community policies, programs and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to and for older persons.

Advisory Council Officials of The Heritage Area Agency on Aging

Chairperson		Vice-Chairperson
Name: <u>Keith Griem</u>		Name: <u>David Cavey</u>
Criteria: 1, 2, 5, 7		Criteria: 1, 2, 5, 7
Town/city: Cedar Rapids		Town/city: Olin
Secretary		Treasurer (if separate officer)
Name: <u>Linda Fisher, Heritage Staff</u>		Name: n/a
Other Advisory Council Members		
Name	Town	Criteria
Geraldine Healy	Vinton	1, 2, 7
Rex Shepherd	Vinton	1, 2, 7
Shirley Gibb	Stanwood	1, 2, 7
Evans Waller	Bennett	1, 2, 7
Richard Jacoby	Victor	1, 2, 7
Ivan Reihmann	Middle Amana	1, 2, 3, 4, 5, 7
Kice Brown	Lone Tree	4, 5, 6
Eve Casserly	Coralville	1, 2, 4, 5, 7
Pat Ephgrave	Iowa City	1, 2, 5, 7
Eldon Hans	Iowa City	1, 2, 5, 7

Betty Kelly	Iowa City	1, 2, 5, 7
Robert Welsh	Iowa City	1, 2, 4, 5, 7
Michael Hunter	Marion/Anamosa	3, 4, 5, 7
Sandra Bell	Cedar Rapids	1, 2, 7
John Elliott	Cedar Rapids	1, 2, 5, 7
Marlys Floyd	Cedar Rapids	1, 2, 7
Pat Harstad	Toddville	1, 2, 7
Alice King	Cedar Rapids	1, 2, 7
Bob King	Cedar Rapids	1, 2, 7
Pat Klopfenstein	Marion	1, 2, 7
Marj Pepin	Center Point	1, 2, 7
Diane Peterson	Cedar Rapids	2, 3, 4, 7
Ron Rath	Cedar Rapids	1, 2, 5, 7
Chris Shimon	Cedar Rapids	7
Robert Sprengeler	Cedar Rapids	1, 2, 7
Dr. Sallie Streib	Cedar Rapids	1, 2, 5, 7
Max Lewis	Wellman	1, 2, 5, 7
Gregg Van Egdon	Kalona	1, 2, 5, 7

Older Americans Act Guidance

AAA Advisory Committee

The Older Americans Act: Code of Regulations, Subpart C, Sec. 1321.57 states the area agency advisory council:

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 providers organizations;*
5. *Persons with leadership experience in the private and voluntary sectors;*
6. *Local elected officials; and*
7. *The general public.*

Section 1.3 Compliance and Assurance Documents

Compliance with Assurances and General Provisions

The Area Agency on Aging hereby assures compliance, on behalf of itself and any subcontractors, with all applicable provisions of the following statutes, regulations and requirements, and assures that services will be provided in accordance with any and all applicable federal or state laws, regulations, rules and procedures.

- Older Americans Act, as Amended, 2006
- Fair Labor Standards Act of 1938
- Americans with Disabilities Act of 1990
- Senior Living Program, IAC 17, Chapter 28
- Code of Iowa, Chapter 8F, Government Accountability-Service Contracts, Contractor Certification and Reporting
- Emergency Preparedness Planning
- Minority Impact Statement
- Assurance of Compliance with the State of Iowa Laptop/Tablet Data Protection Standard (Associated with CMPFE)
- 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).

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 2010-2013 of the Area Plan.

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.

The Compliance with Assurances and General Provisions is hereby submitted for the FY'2012 Area Plan Update to the Iowa Department on Aging for approval.

Ingrid Wensel
Signature of Area Agency Director, Ingrid Wensel

3/31/11
Date

The Heritage Area Agency on Aging

Older Americans Act, as Amended 2006
38 Sec. 306 OLDER AMERICANS ACT OF 1965

Assurances
Sec. 306, AREA PLANS

- 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)(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;

The governing body of the area agency has reviewed and approved these Assurances for the FY'2012 Area Plan Update.

Signature of Authorized Official of the Grantee (Director, Area Agency on Aging)

Ingrid Wensel

Signature of Authorized Official of the Grantee (AAA Director)

Ingrid Wensel, Executive Director

3/31/11

Date

James N Choate

Signature of Other Designee (If Appropriate)

Jim Choate, Kirkwood Community College

3/30/2011

Date

Assurance of Compliance with the Department of Health and Human Services Regulations Regarding
Title VI of the Civil Rights Act of 1964, as Amended

The Heritage Area Agency on Aging (hereinafter called the "Applicant")

Name of Applicant (Area Agency on Aging)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives federal financial assistance from the Department; and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

FY'2012 Area Plan Update

The Heritage Area Agency on Aging
Applicant (Area Agency on Aging)

3/31/11
Date

By Ingrid Wensel
Signature of Authorized Official of the Grantee (Ingrid Wensel, Executive Director, The Heritage Agency)

Applicant's Mailing Address (Area Agency on Aging):

The Heritage Area Agency on Aging
Kirkwood Community College
PO Box 2068
Cedar Rapids, Iowa 52406

Assurance of Compliance with Section 504 of the
Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 CFR Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to subsection 84.5(a) of the regulation (45 CFR84.5(a), the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representation and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in subsection 84.5(b) of the regulation (45 CFR84.5 (b).

The recipient: (Check (a) or (b)

a. () employs fewer than fifteen persons

b. (x) employs fifteen or more persons and, pursuant to subsection 84.7(a) of the regulation (45 CFR 84.7(a), has designated the following person(s) to coordinate its efforts to comply with the HHS regulations:

Ingrid Wensel, Heritage Executive Director OR Michael Roberts, Kirkwood Community College
Human Resources Director

Name of Designee(s) (Director, Area Agency on Aging) (type or print)

The Heritage Area Agency on Aging / Kirkwood Community College

Name of Recipient (Area Agency on Aging) (type or print)

Kirkwood Community College, 6301 Kirkwood Blvd. SW, PO Box 2068

Street Address or P.O. Box

Cedar Rapids, Iowa 52406

City, State Zip

FY'2012 Area Plan Update

I certify that the above information is complete and correct to the best of my knowledge.

Ingrid Wensel
Signature of Authorized Official of the Grantee
Ingrid Wensel, Executive Director

3/31/11
Date

James N Choate
Jim Choate, Kirkwood Community College

3/30/11
Date

Assurance of Compliance with the Minority Impact Statement

Pursuant to Iowa Code, Section 8.11, all grant applications submitted to the State of Iowa due January 1, 2009 and forward, shall include a Minority Impact Statement. This is the State's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

- Statement One:** The proposed grant projects, programs or policies could have a disproportionate or unique positive impact on minority persons.

Describe the positive impact expected from this project below.

Enter Text Here

Indicate which group below is impacted by typing an "X" before the group's name.

- Women
- Persons with a disability
- Blacks
- Latinos
- Asians
- Pacific Islanders
- American Indians
- Alaskan Native Americans
- Other

- Statement Two:** The proposed grant projects, programs or policies could have a disproportionate or unique negative impact on minority persons.

Describe the negative impact expected from this project below.

Enter Text Here

Present the rationale for the existence of the proposed program or policy.

Enter Text Here

Provide evidence of consultation of representatives of the minority groups impacted.

Enter Text Here

Indicate which group is impacted by typing an "X" before the group's name.

- Women
- Persons with a disability
- Blacks
- Latinos
- Asians
- Pacific Islanders
- American Indians
- Alaskan Native Americans
- Other

Statement Three: The proposed grant project programs or policies are not expected to have a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.
Enter Text Here

Rationale: The Heritage region has a low minority population. The Heritage Agency's mission statement specifies that the agency services the needs of all older adults and their families through planning, funding and advocating. However, the agency does follow policy in relation to preference as follows:

Policy: The Heritage Agency will give preference to provide service to older individuals with the greatest economic need and older individual with greatest social need, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas, in the provision of services under the plan as provided in IAC[321]6.4(231) and in the Older Americans Act.

Procedures:

1. Heritage will give preference to subcontractors who have demonstrated capacity to reach those with low incomes, minority races or ethnic groups, and those residing in rural areas.
2. Heritage includes the preference requirement in contracts with entities providing service under the Heritage Area Plan and reviews the preference plan during the contract review site visit.

FY'2012 Area Plan Update

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Ingrid Wensel

Ingrid Wensel, Executive Director

The Heritage Area Agency on Aging

3/31/11

Date

Definitions

"Minority persons", as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

"Disability", as defined in Iowa Code Section 15.102, Subsection 5, paragraph "b", subparagraph (1):B. as used in this subsection means:

- (1) "Disability" with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

"State agency", as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.

**Assurance of Compliance with the
State of Iowa Laptop/Tablet Data Protection Standard
Associated with CMPFE**

The Area Agency on Aging assures that laptop and/or tablet computers used to access IDA's database system associated with the Case Management Program for Frail Elders (CMPFE) meet all requirements of the State of Iowa Laptop/Tablet Data Protection Standard.

FY'2012 Area Plan Update

The area agency director and/or governing body has reviewed and approved this assurance.

Ingrid Wensel

Ingrid Wensel, Executive Director

The Heritage Area Agency on Aging

3/31/11

Date

Section 1.4 Profile of Planning and Service Area (PSA)

Mission Statement

The Heritage Agency on Aging serves the needs of older adults and their families in the following ways:

- Planning: Developing and implementing plans that identify and meet the needs of older adults in our seven-county service area.
- Funding: Obtaining federal, state, and other (ie; grants, etc.) funding for older-adult programs.
- Advocating: Standing strong for older adults' needs at the national, state and local levels.

Vision Statement

The Heritage Area Agency on Aging is dedicated to educating professionals, employers, volunteers and community residents to meet the challenges that face older adults and their families in our ever-changing and aging world.

Demographic Profile

Population(s) Served

1. The Heritage Agency will give preference to provide service to older individuals with the greatest economic need and older individual with greatest social need, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas, in the provision of services to the 62,840 (updated data as of 1/10/05) older adults in Benton, Cedar, Iowa, Johnson, Jones, Linn, and Washington Counties. Services are provided through subcontracts with local service providers and through direct service throughout the region. Heritage will give preference to subcontractors who have demonstrated capacity to reach those with low incomes, minority races or ethnic groups, and those residing in rural areas.

Based on 2000 census, the following information is true of the Heritage region:

County	Total Population	% that is 60+
Benton	25,308	19.3%
Cedar	18,187	20.2%
Iowa	15,671	21.8%
Johnson	111,006	9.9%
Jones	20,221	20.2%
Linn	191,701	16.1%
Washington	20,670	22%

INAPIS Percent of Population Served by Heritage by Age Group & County (SFY2010)

County	60+ Served	60+ Pop	% Served	60-74 Served	60-74 Pop	% Served	75-84 Served	75-85 Pop	% Served	85+ Served	85+ Pop	Serv
Benton	527	5,373	9.8%	181	3,337	5.4%	216	1,312	16.5%	130	724	18.0
Cedar	608	4,032	15.1%	152	2,538	6.0%	261	974	26.8%	195	520	37.5
Iowa	553	3,594	15.4%	205	2,147	9.6%	216	898	24.1%	132	549	24.0
Johnson	1,112	16,019	6.9%	415	10,948	3.8%	394	3,356	11.7%	303	1,715	17.7
Jones	617	4,538	13.6%	197	2,816	7.0%	242	1,174	20.6%	178	548	32.5
Linn	3,163	36,929	8.6%	1,129	23,983	4.7%	1,141	8,743	13.1%	893	4,203	21.3
Washington	493	4,771	10.3%	146	2,846	5.1%	203	1,224	16.6%	144	701	20.5
AA Total	7,073	75,256	9.4%	2,425	48,615	5.0%	2,673	17,681	15.1%	1,975	8,960	22.0

"Nearly three-fourths of the total African-American population live in Polk, Scott, Black Hawk, Linn, and Johnson counties in 2009". Two counties within Heritage's region are part of the top 5 counties for African-American population; Linn County at 7,990 and Johnson County at 5,460. In addition, two cities within Heritage's region are part of the top 5 cities of African-American population; Cedar Rapids at 4,481 and Iowa City at 2,333. (State Data Center of Iowa and the Iowa Commission on the Status of African-Americans).

Linn County, in the Heritage region is one of the top 5 counties of residence for all Native Hawaiians and or Other Pacific Islanders in Iowa at 141 individuals, 9.3%. Johnson and Linn counties are two of the top 5 counties of residence for all Asians in Iowa; Johnson at 5,900 individuals, 12.4%, and Linn at 4,102 individuals, 8.6% respectively. Iowa City and Cedar Rapids are two of the top 5 cities of residence with percentage of Asians in Iowa at 9.6% and 5.8%. (State Data Center of Iowa and the Office of Asian and Pacific Islander Affairs).

Notable percent of Iowa's total American Indian and Alaska Native population in the Heritage region is Linn at 6.5% and Johnson at 3.2%. (State Data Center of Iowa).

In the Heritage region 5.7% of older adults are below poverty level. This figure represents 3,603 individuals. 6.0% or 2,888 of those individuals are over the age of 65.

2. Heritage serves older Iowans not reported in the Area Plan or funded by OAA, State, or SLP funds via the following grants/programs:
 - Elder Abuse Initiative/Elder Abuse Program
 - ADRC/Aging and Disability Resource Center and Long-Term Options Counseling
 - MIPPA/Benefits Expansion
 - SMP/Medicare Fraud Prevention
 - CDBG/Money Management Program
 - a. Clients served by the above programs come from a variety of income backgrounds and are tracked separately by mechanism mandated by individual programs.
 - b. Clients and direct service dollars are funded by the grant dollars appropriated.
 - c. See a.
 - d. Heritage ensures that these clients are not reported in the AOA tracking via the Heritage Program Unit Report Form. All unit report forms are balanced back to individual rosters (AOA and non-AOA), or customized program unit and invoice tracking reports.

Diversity

The Heritage Region statistically has a lower percentage of minority populations than other AAAs at 5.7% of the 60+ population below poverty. However, Heritage does have diversity within our region in both urban and rural settings. For example, Linn and Johnson Counties have a more diverse population than many of the more rural counties. (See Demographic Profile above in regards to population diversity within Heritage region).

Population of People age 60+ / 2000 Census Projection

Characteristic	Number/ PSA	Percent (%) / PSA
Rural	22,510	35.82%
Urban	40,330	64.18%
Disabled	8,256 (Census Bureau, American Community Survey, 2007)	13.2%
Limited English Proficiency	Data not available	Data not available
Minority	993	1.59%
Poverty	3,603	5.73%

Source: U.S. Census Bureau

The Heritage region has a low minority population. The Heritage Agency's mission statement specifies that the agency services the needs of all older adults and their families through planning, funding and

advocating. However, the agency does follow policy in relation to preference. The Heritage Agency will give preference to provide service to older individuals with the greatest economic need and older individual with greatest social need, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas. Heritage will give preference to subcontractors who have demonstrated capacity to reach those with low incomes, minority races or ethnic groups, and those residing in rural areas. Heritage includes the preference requirement in contracts with entities providing service under the Heritage Area Plan and reviews the preference plan during the contract review site visit.

Heritage has not considered working with another AAA to develop a regional outreach, however Heritage is excited about the opportunities to increase this outreach through the ADRC and a Minority Outreach Coordinator position.

Rural Communities

Although all of the region would be classified as rural, five of the seven counties served by Heritage are characterized by not having any towns with a population greater than 5000. In most cases, populations are a lot less and the % of population of persons over 60 ranges from 10% to 24%. Heritage utilizes all congregate dining sites and home delivered meal providers as focal points for dissemination of Heritage information and services for the aging network. Case Managers and the Long-Term Options Counselors are significant sources of information in the rural areas and work cooperatively to ensure older adults have access to all information sources. Additionally, the Heritage county task forces serve an important role in outreach efforts.

Growth of 65-69 Population

The projected growth in the 65-69 age cohort in Iowa will have a large impact on Heritage and all aspects of service delivery. Heritage has been planning for this population increase for a number of years and recognizes that this increase in the number of people eligible for OAA services while funding has been cut or remained stagnant, has made program innovation a priority within our agency. Due to the differing needs, preferences, and health status of the population we are charged to serve, Heritage has tried to find new ways of providing quality services while maintaining the strength of the traditional OAA services. While it continues to be challenging to service increasing needs and increasing eligible population with diverse needs with limited resources, we are proud of some of the accomplishments we have made to address these problems.

ADRC, a collaborative effort of AoA and the Centers for Medicare & Medicaid Services (CMS), is designed to streamline access to long-term care. The ADRC program provides states with an opportunity to effectively integrate the full range of long-term supports and services into a single, coordinated system. By simplifying access to long-term care systems, ADRCs and other single point of entry (SPE) systems are serving as the cornerstone for long-term care reform in many states. The ADRC serves people of all ages, incomes and disabilities go to get information on the full range of long-term support options.

ADRCs target services to the elderly and individuals with physical disabilities, serious mental illness, and/or developmental/intellectual disabilities. The ultimate goal of the ADRCs is to serve all individuals with long-term care needs regardless of their age or disability.

ADRC programs provide information and assistance to individuals needing either public or private resources, to professionals seeking assistance on behalf of their clients and to individuals planning for their future long-term care needs. ADRC programs also serve as the entry point to publicly administered long-term supports including those funded under Medicaid, the Older Americans Act and state revenue programs.

Additionally, activities within the Heritage agency work to educate individuals on Medicare/Medicaid enrollment opportunities and programs, Fall Prevention, Chronic Disease Self-Management, Diabetes Education and many opportunities for advocacy.

Informal Caregiver System

Experience in the case management, Aging and Disability Resource Centers, and caregiver programs has shown us that the informal caregiver system is enormous and often is unrecognized until the responsibilities of those activities have reached a crisis point. Factoring in the projected growth of the 85+ along with their informal caregivers who are also aging in place, the aging network is facing challenges in finding ways to provide services to a growing number of persons who will require more service as well as trying to better support and educate the informal caregivers so hopefully they can provide that care as long as possible.

Currently Heritage does not fund the Grandparent/Relative Caregiver Support Services. Over the next year Heritage plans to reach out to non-traditional partners to begin development on programs that would benefit grandparents. We plan to identify the primary issues related to grandparents and ways we can partner through Caregiver education programs.

Targeting Plan

1. The Heritage Agency, a department of Kirkwood Community College, works throughout the communities it serves to coordinate planning, funding, and advocating for and with other agencies and organizations to promote new and expanded benefits and opportunities for older Iowans.

The Heritage Agency plans in many ways. Every committee in The Heritage Agency volunteer structure is encouraged to set goals and plan its work for the coming year. The Heritage Agency is involved in community planning and strives to be the collaborating partner of first choice throughout the region.

The Heritage Agency funds partners in the aging network through federal, state and local funds, program income and private contributions. These funds are distributed according to the area plan to pay for community-based support services for adults age 60 and over throughout the service area. Funded services include the following: congregate and home delivered meals; case management; adult day care; respite care; legal services; chore; transportation (standard and assisted); caregiver support; elder abuse initiative; Medicare fraud education; and money management, among others.

The Heritage Agency advocates for the rights and well-being of adults aged 60 and over. Advocacy efforts include working proactively and reactively with elected officials at the federal, state, county and community levels.

Heritage collaborates with many organizations, local hospitals, churches, public health providers, the disability community and our subcontracting agencies. Other collaborations include the *National Association of Area Agencies on Aging (N4A)* and the *Iowa Association of Area Agencies on Aging (IAA)*. These collaborations work to ensure that the needs and interests of older adults are included in all community planning and funding initiatives. We believe in and value working with diverse organizations and individuals in specialized projects that benefit older adults and partnering in grant-funded projects that bring new funding, programs and services into the area. We also collect data from agency-funded programs which can be used to support the need for continued and/or new funding for Heritage and the aging network.

Heritage trains and supports the efforts of over 600 grassroots volunteers that assist agency efforts in their work. These include the Heritage Advisory Council, 7 county task forces on aging, Medicare Fraud educators, the Senior Health Insurance Information Program (SHIIP), and Money Management.

We also provide information every month directly to thousands of elderly throughout the region via *the*

Involvement TV Show and *Involvement Online* (www.involvementonline.org). This information and appropriate referrals provide seniors and family representatives quality service when they call on Heritage for assistance.

As a department of Kirkwood, we are in a unique position to partner with Kirkwood Community College staff so that college efforts will benefit older adults. Furthermore, older adults benefit from this partnership through the Kirkwood Community College Foundation by enabling area individuals and organizations to make contributions and planned gifts to the Older Iowans Fund (OIF). The purpose of these funds is to help ensure that services will be available in the future to keep a growing population of vulnerable seniors living in their communities for as long as is safely possible.

Lastly, Heritage evaluates funding and trends to make sure that the agency targets the most critical needs of older adults in the area.

2. Heritage embraces evidence-based programs. Evidenced-based programming is a critical part of Heritage's mission. Even with limited funding Heritage has built and fostered relationships with Mercy Hospital to sustain Chronic Disease Self-Management and Mercy Medical Center continues to partner with us to sustain the Better Choices/Better Health classes.
In addition, Heritage was one of 40 organizations chosen to participate with a Stanford study in relation to CDSMP out of 400 plus license holders nation-wide. The pilot program is specifically looking at how participants with diabetes can improve their health status by participating in the CDSMP. After the data is evaluated, Heritage/Mercy will have local data for the first time ever since participating in the CDSMP. Heritage is also proud to have a staff member serving as a T-trainer through Stanford. This staff member has trained 22 Master Trainers. Participants were from across Iowa, Oklahoma, Michigan, Wisconsin and Indiana.
Heritage intends to use Title III funding as it is available.
3. Heritage is not planning to open any additional meal sites at this time. Our assessment is that clients are currently being by established sites. Heritage evaluates this annually.
4. Heritage received both ARRA and SSBG funds for a portion of FY 2010 fiscal year. ARRA funds were used to pay for additional congregate and home delivered meals that were served beyond projections in subcontractor agreements. Heritage recently received an additional ARRA allocation which will be utilized to fund emergency shelf stable meals to better prepare our clients for emergencies, such as summer flooding. SSBG funds were utilized in to support the nutrition program by replacing equipment lost during the flood.
5. Heritage released SSBG funding that was not intended to be utilized for meals.
6. Heritage plans to spend down all allocated appropriations.
7. Based on INAPIS Percent of Population Served, Heritage is serving 9.4% in the region. Continual decline in client contributions, increased costs, and future funding cuts, have all contributed in putting Heritage in a regretful financial situation. FY 2012 funding recommendations, as approved by Heritage volunteer leadership, include a 10% reduction in provider service units, thus reducing funding and the number of individuals that we can serve.

Section 1.5 Needs Assessment

FY'2012 Progress Update on Goal 1 / Local Objective 1

Goal 1. Enable older lowans and their families to make informed decisions about, and be able to easily access, existing home and long-term care options.

Local Objective 1

Agency-Specific Performance Measure

Revised FY 2012: The number of consumers utilizing the services of a Long Term Options Counselor will measure the increased role that Aging and Disability Resource Center (ADRC) has in enabling older adults and people 18 years and older with disabilities to easily access services and make decisions about their long term care options.

Needs Being Addressed

No updates to the needs being addressed, with the exception of expansion of eligible consumers due to the fact that the Aging and Disability Resource Center (ADRC) will replace CMPFE as the front-line program at The Heritage Agency enabling older lowans in the service area to make informed decisions about and gain access to all long term care options.

Heritage Regional ADRC is enfoldng the activities of SHIIP and MIPPA grant with the duties of the LTOC and programs and services of the ADRC.

Local Strategies / Action Steps

CMPFE will focus more on delivering a quality service to those older lowans in our service area that wish to stay on their own homes by assisting to coordinate needed services and supports ongoing.

The Heritage is in receipt of the ADRC contract and is working closely with IDA to initiate the program throughout the Heritage region. Heritage is subcontracting with Linn County Community Services to provide Long Term Options Counseling in Benton, Cedar, Linn and Jones counties and Heritage will provide Long Term Options Counseling in Iowa, Johnson, and Washington counties.

The services and resources available through the MIPPA grant, will be accessed through the regional Long Term Options Counselors increasing available benefits to consumers. Continued collaboration with SHIIP and SMP will provide additional awareness and education of these resources.

Promote and utilize the specialized services and valuable resources associated with and through the Long Term Options Counselors.

ADRC Advisory Council meetings are held monthly along with various subcommittees.

Increase the available assistance to consumers (18 years of age and older with a disability and/or individuals 60 years of age and above) with intermittent and short term service and support needs, especially at critical and key decision making points of their lives and provide education and outreach to understand their options.

Promote the statewide www.lifelonglinks.org website and other information and referral website resources.

Implementing the ADRC Regional Marketing Plan as submitted to Iowa Department on Aging on 3/28/11.

Collaborate with ADRC partners and interested stakeholders will improve streamline to access.

List Major Accomplishment(s) Achieved Since Last Area Plan Submission

A system of seamless service delivery between all of The Heritage Agency's care connections programs has emerged and is working well. Program participants are able to start at any level (Information and Assistance,

ADRC, Caregiver Support, CMPFE, and Elder Abuse Initiative) and receive the level of intervention needed to gain access to options for long term care in the community.

The Aging and Disability Resource Center is growing and filling a gap that once existed in the service delivery system with its more client-driven approach to accessing long term care options and information. The program provides more flexibility to the participant than CMPFE does and focuses on a population outside of the eligibility criteria of CMPFE.

Key caller intake staff participated in an internal (Heritage and ADRC subcontractor staff) ADRC training which included Information & Assistance, Office Coordinators, Elder Abuse Initiative, Caregiver, LTOC, and Management Staff.

I & A, Caregiver, Case Management and ADRC staff have been included in Case Management provider meetings and presentations to increase knowledge of Home and Community Based Service providers.

Heritage Regional ADRC has established key subcommittees to address essential components of the ADRC grant. These include: streamline to access committee, care coordination task force, fee for service committee, and ad-hoc marketing committee.

Heritage serves as the local contact agency for the MDS Section Q Initiative and is currently accepting referrals from the Iowa Medicaid Enterprise. Services are provided by Heritage to referred residents in the Heritage Region and the western part of the state.

All LTOC in the Heritage region are trained SHIP counselors. During LTOC visits either via the phone or person, LTOC ask about the client's benefits and Medicare needs.

Key Activities
Current and Future Challenges/Barriers

In the past The Heritage Agency has utilized subcontractors to cover many of the CMPFE cases throughout the seven county region. In October 2011, the sub contractual relationship with one of the providers was discontinued. This led to the emergence of additional waiver providers of Elderly Waiver Case Management in this area and therefore number of clients needing service is being split between more providers.

Challenges/Barriers:
 No update.

Plans to Overcome Barriers:
 No update.

Table 1.1 The number of consumers utilizing the services of a Long Term Options Counselor

Agency Specific Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
State the Activity	N/A	N/A	N/A	N/A	304	350

Measured						
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Note: For some agency-specific measures, the columns for FY '07 Baseline Data and FY '08 Actual Data will be reported as "N/A" because the AAA was not yet collecting data for the activity when the agency-specific measure was originally submitted to IDA on April 1, 2009. Therefore, FY '09 Actual Data may be the first year data was collected and thus reported to IDA in the Data Table.

FY'2012 Progress Update of Goal 1 / Local Objective 2

Goal 1. Enable older lowans and their families to make informed decisions about, and be able to easily access, existing home and long-term care options.

Agency-Specific Performance Measure

Ensure timely entry of accurate data in the ESP database and is updated and reviewed annually. The number of aggregate units in Information and Assistance. The number of units entered into the service category of Information and Assistance.

Local Objective 2

Improve information and assistance to seniors, individuals, families, local and long-distance caregivers in need of assistance by providing accurate and comprehensive information and referrals as requested or deemed appropriate to all callers in the Heritage region by the end of Fiscal Year 2013.

Needs Being Addressed

No change.

Local Strategies / Action Steps

No change.

List Major Accomplishment(s) Achieved Since Last Area Plan Submission

The Performance Measure has not been achieved, in fact it has declined 34.55%. We expect to serve 9,000 units of Information and Assistance by the end of the fiscal year.

Heritage is in receipt of the ADRC contract and is working closely with IDA to initiate the program throughout the Heritage region. Heritage is subcontracting with Linn County Community Services to provide Long Term Options Counseling in Benton, Cedar, Linn and Jones counties and Heritage will provide Long Term Options Counseling in Iowa, Johnson, and Washington counties.

The ADRC grant will greatly impact the visibility of Heritage and will increase the number of I & A calls coming into the agency.

Heritage conducted yearly training to all Heritage staff on providing quality customer service, serving crisis callers and telephone/email etiquette.

Heritage redesigned the agency brochure for clarity and program updates.

Key caller intake staff participated in an internal (Heritage and ADRC subcontractor staff) ADRC training which included Information & Assistance, Office Coordinators, Elder Abuse Initiative, Caregiver, LTOC, and Management Staff.

A comprehensive call triage system involving I & A, Caregiver, Case Management and ADRC programs was created and implemented.

I & A, Caregiver, Case Management and ADRC staff have been included in Case Management provider meetings and presentations to increase knowledge of Home and Community Based Service providers.

Heritage has increased staff participation in the Elderly Consortium meetings in Linn and Johnson Counties. This participation increases the awareness of services and facilitates knowledgeable and appropriate referrals.

Caregiver Education program flyers have been distributed through volunteer leadership mailings.

Key Activities:

List Current and Future Challenges/Barriers

Due to the Floods of 2008, Heritage experienced an extraordinary high volume of calls related to flood response and recovery. This was exasperated through additional services being available to flood impacted older adults through SSBG funding. This funding is no longer available and the recovery efforts community-wide have slowed and are now focused with specific city and state entities.

Heritage has also seen a significant decrease in the Information and Assistance units reported by i4a.

Challenges/Barriers:

No change.

Plans to Overcome Barriers:

No change.

Table 1.2

Agency-Specific Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
Information and Assistance	N/A	7584	15,648	13,751	5,922	9,100

Note: For some agency-specific measures, the columns for FY '07 Baseline Data and FY '08 Actual Data will be reported as "N/A" because the AAA was not yet collecting data for the activity when the agency-specific measure was originally submitted to IDA on April 1, 2009. Therefore, FY '09 Actual Data may be the first year data was collected and thus reported to IDA in the Data Table.

FY'2012 Update of Goal 2 / Local Objective 1

Goal 2. Enable older lowans 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.

Case Management (CMPFE) Performance Measure. The average number of months a client's independent living status is maintained because of CMPFE before being discharged from the program due to institutionalization or death. (Section 306(a) (8) of the Older Americans Act, as amended 2006, requires an area agency on aging to include case management as a measure in the area plan.)

Local Objective 1

Increase the effectiveness of the CMPFE program in allowing the frailest, most financially vulnerable seniors in our service area to receive care in a home and community based setting by the end of Fiscal Year 2013

Needs Being Addressed

No change.

Local Strategies / Action Steps

No change.

List Major Accomplishment(s) Achieved Since Last Area Plan Submission

The Heritage AAA CMPFE was able to increase the average number of months a client spends in CMPFE before being discharged due to institutionalization or death by **12 months**. The following items contributed to this accomplishment:

Case managers are keeping abreast of information that their clients need to make the best choices possible for home and community based care which allows clients to maintain safely in their own home longer.

Due to tightening eligibility requirements and the downsizing and slow down within the Department of Human Services systems; case managers are have increased their knowledge base regarding all aspects of the service delivery system. They have become experts on topics such as appeals, local services, processing of applications for waiver and facility, and who to talk to when something goes wrong. Additionally, case managers have refined relationships with medical professionals. They find they need to know the personalities of the different offices in order to get the Level of Care pushed through for clients.

Tightening eligibility requirements and delays have also forced the case managers to become increasingly creative in order to meet the needs of clients when waiver is not an option and no other funding exists.

Case managers received a revised training on CMPFE which included a section on client choice, a section on writing a better comprehensive care plan, assessment tips, Unmet Needs, and a section on working with the Elderly Waiver, Level of Care, and denials of waiver.

The CMPFE team worked closely with the Information and Assistance, Caregiver, Elder Abuse, and Aging and Disability Resource Center Programs ensuring that clients experience a seamless transition between the programs.

The CMPFE Coordinator, CMPFE Facilitator, and the lead staff from the subcontracting case management teams have planned a coordinated effort to enhance the communication and relationships with local providers of services. The plan will begin implementation in Fiscal Year 2012.

CMPFE staff participated in an Advocacy Bus Trip to Des Moines where they spoke with legislators about important issues, upcoming legislation, and other topics related to older adults in our service area.

CMPFE staff organized and hosted an important advocacy event regarding Level of Care Eligibility and the Elderly Waiver which drew various case management providers from around the state as well as key staff from Iowa Medicaid Enterprises and local legislators.

CMPFE staff attended 7 Regional Meetings so far this fiscal year where they received training on requirements and pertinent Iowa Administrative Code rules that govern the practice of Case Management and Elderly Waiver Case Management. The focus of Regional Meetings this Fiscal Year was teambuilding among the case managers giving the case managers a stronger peer support system for dealing with difficult and complicated cases.

CMPFE staff hosted monthly meetings with local service providers giving the provider a chance to explain their services and build a relationship with the case managers and staff from the ADRC, Information and Assistance and Caregiver Programs, and the Elder Abuse Initiative Program.

CMPFE staff attended several local county consortium and task force meetings throughout the fiscal year building their knowledge base and offering them networking opportunities with local providers and volunteers.

Other major accomplishments of the program:

Case managers are performing at the highest capacity possible with case loads of 70-85 clients per full-time case manager.

CMPFE is becoming an increasing resource for local providers as the service delivery system becomes increasingly confusing and complicated.

Changes made to the Elder Abuse Initiative (EAI) Program better support the CMPFE system. In the past, a direct service worker for the Elder Abuse Initiative also acted as that person's CMPFE case manager if they were in both programs. The role of the direct service work for EAI has been extracted from CMPFE giving the case manager and the EAI worker a larger system of support and expertise in working with EAI cases.

Case managers continue to complete all of these required duties for each client:

Complete a comprehensive assessment and reassessments to extract each client's needs, issues, and deficits that are hindering their ability to be at home safely with a greater quality of life

Complete a comprehensive case plan to address the needs issues and deficits

Offer clients a choice of providers of needed services

Assist clients to identify, apply for, and maintain funding sources

Work closely with the other providers and the client's natural supports to make sure the client's needs are met

See clients face-to-face at least quarterly

Incident Reports

Monthly contact with case

24/7 on-call

Tracking time per 15 minutes

The following items have been added to the list of required duties for case managers to complete with most of their clients:

Prior authorization for frequently used services like Consumer Directed Attendant Care (CDAC) and assistive devices

Advocating and maneuvering the appeals system due to the increased denials from Elderly Waiver

Working with a transportation brokerage system

Key Activities:

List Current and Future Challenges/Barriers

Many of the accomplishments in this fiscal year resulted from barriers and challenges. Here are some of the biggest challenges we still face while trying to provide a quality service that assists older adults to receive care in a home or community based setting.

The Level of Care process for Elderly Waiver continues to become more restricted and complicated. More than 87% of our active clients are use the Elderly Waiver as their funding source for services making Level of Care issues and other Elderly Waiver issues the biggest part of a case manager's workload.

Problems within the system of Level of Care eligibility have also caused only the frailest, most vulnerable adults to seek services. Many of the older adults are in a health crisis or on the verge of not being appropriate for in home care before they can become eligible for the Elderly Waiver. This could cause the number of months a client remains active in CMPFE before being discharged due to death or institutionalization to decrease.

The addition of new Elderly Waiver Case Management Provider in our service area will result in a decrease in the number of referrals for clients seeking Elderly Waiver Case Management from The Heritage Agency.

The recent "centralization of offices" that process both waiver applications and facility applications has cause delays in the processing of applications. A client should not be closed from CMPFE until their Elderly Waiver is cancelled and if that process is delayed, the discharge date from CMPFE will be delayed making the number of months a person remains active in CMPFE before discharging due to institutionalization.

Challenges/Barriers:

Plans to Overcome Barriers:

The Heritage Agency CMPFE will continue to seek creative and compliant ways to overcome shortfalls in the Medicaid Elderly Waiver systems and lack of flexible funding for the 87% of our clients that utilize the Elderly Waiver to fund their services. CMPFE staff will continue to seek education and training on all topics that will increase the effectiveness of the program.

Table 2.1:

Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
Average Number of Months Independent Living Status is Maintained	12	18	26	38	44	48

FY'2012 Update of Goal 2 / Local Objective 2

Goal 2. Enable older lowans 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.

Caregiver Performance Measure. The number of client contacts and the number of registered clients that receive assistance from the National Family Caregiver Support Program. (Section 306(a) (7) of the Older Americans Act, as amended 2006, requires an area agency on aging to include caregiver as a measure in the area plan.

Local Objective 2

Improve support of caregivers by providing formal and informal opportunities to acquire knowledge, experience and skills in caregiving by the end of Fiscal Year 2013.

Needs Being Addressed

No update.

Local Strategies / Action Steps

Heritage caregiver staff are working closely with the Long Term Options Counselors of the ADRC program in the region. This has been filling the gap between Information and Assistance services and the Case Management program. Calls from persons with disabilities and person under the age of 60 with a disability are increasing.

Caregiver Education sessions are being offered monthly on various topics of interest to caregivers of older adults. Caregivers can choose topics relevant to their situation.

The caregiver education sessions and Wellness Day were all featured on the Involvement TV show and marketed throughout the region through task force mailings and other means.

The Heritage Johnson County Task Force on Aging is planning a Family Forum for May of 2011 to address caregiver concerns and to provide a voice for families.

Monthly articles on caregiving issues are posted on the Heritage online magazine: www.involvementonline.org

List Major Accomplishment(s) Achieved Since Last Area Plan Submission

By the end of FY 2011 Heritage will have held 8 Caregiver Education Sessions with an average of 12 participants a session. These education and training events for caregivers give extended knowledge and understanding of the many aspects of care giving that non-professional caregivers may not have access to otherwise. Surveys are handed out at the close of each session for feedback on the session and input on future sessions. In FY 2012 Heritage hopes to provide 8 to 10 sessions.

The ADRC has increased visibility of the Caregiver program.

Participation in the Annual Caregiver Wellness Day remained steady and the organizations interested in

sponsoring the event has increased. Evaluations from participants continue to be positive. Approximately eight caregivers utilized the free respite care offered during the November 2010 event.

Key Activities:

List Current and Future Challenges/Barriers

Heritage needs to research available services for grandparents and the ways in which Heritage could provide service to them in their caregiving duties.

Heritage's current Family Caregiver Specialist will retire June 30, 2011 and a succession plan is in development.

Challenges/Barriers:

Plans to Overcome Barriers:

Staff has developed a plan to reach out to non-traditional partners to begin the assessment of what programs are available for grandparents.

A succession plan for the retirement of staff is being developed.

Table 2.2:

Activity Being Measured	FY'07 Baseline Data # of Registered Clients Only	FY'08 Actual Data # of Registered Clients Only	FY'09 Actual Data # of Registered Clients Only	FY'2010 Actual Data # of Registered Clients & Client Contacts	FY'2011 YTD Data # of Registered Clients & Client Contacts	FY'2012 Performance Projection
# of Registered Clients & Client Contacts	202	156	53	13,892	8,470	13,000

Note: FY'07 through FY'09 data reflects only the number of registered clients that received assistance from the National Family Caregiver Support Program. From FY'2010 forward, data reflects the number of client contacts and the number of registered clients receiving assistance from the program.

FY'2012 Update of Goal 3 / Local Objective 1

Goal 3. Empower older Iowans to stay active and healthy through Older Americans Act Services including evidenced-based disease prevention programs.

Nutrition Risk Performance Measure. The percent of clients determined to be at high nutritional risk that receive congregate meals, home delivered meals and nutritional counseling and maintain or improve their nutritional risk scores. (Section 306(a) (1) of the Older Americans Act, as amended 2006, requires an area agency on aging to include nutritional services in the area plan.)

Local Objective 1

To improve home delivered client nutritional risk scores on those deemed to be at high nutritional risk and gather baseline data on participants that feel that nutritional counseling was beneficial.

Needs Being Addressed

No Change.

Local Strategies / Action Steps

No Change.

List Major Accomplishment(s) Achieved Since Last Area Plan Submission

Key Activities:

The nutritional risk scores increased 4% over FY'10. This can be attributed to increased emphasis placed on the importance of complete NAPIS registration forms. Baseline data was gathered on nutrition counseling participants. According to the surveys that were received, 95% of current participants reported that the nutrition counseling was beneficial.

Created a nutritional counseling survey tool that was distributed to each participant.

Continued nutritional programming and referrals for additional services.

Increased participation in the nutritional counseling program. Currently, 77 nutritional counseling sessions have been completed in FY '11, compared to 6 units YTD in FY '10.

Ongoing training of site managers and partner providers in the importance of complete NAPIS registration forms.

Addition of new nutritional counseling provider, specializing in home delivered meals. One provider will specialize in congregate participants, and one provider will specialize in home delivered participants.

Several large providers have changed their procedures in completion of the NAPIS forms, and now have complete nutritional risk data on each new participant and at the sixth month time period.

List Current and Future Challenges/Barriers

Challenges/Barriers:

Continuing need to work on educating providers about the importance of participants completing the NAPIS registration forms.

Continued participant resistance in completely filling out the NAPIS registration forms.

Certain providers not completing the sixth month assessments in a timely manner.

Recent increase in site manager turnover.

Plans to Overcome Barriers:

Develop a guide for new and existing providers and site managers on how to properly complete a NAPIS registration form.

Continued training at every quarterly site manager meeting and develop resource kits for each site manager, providing them with additional information on resources for participants who are at high nutritional risk.

The development of an introductory brochure for new participants that describes the nutrition program and will contain a section on the completion of the NAPIS form.

Additional section added to site visit form and contract visit tools, that discusses the timeliness of the six month nutrition reassessment form.

Table 3.1

Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
% of Clients that maintain or improve Risk Scores	86%	84%	84%	74%	78%	79%

FY'2012 Progress Update of Goal 3 / Local Objective 2

Goal 3. Empower older Iowans to stay active and healthy through Older Americans Act Services including evidenced-based disease prevention programs.

Agency-Specific Performance Measure

To increase the percentage of participants in health and wellness programming that feel that they received valuable information through the programming that they can use to increase their quality of life.

Local Objective 2

To have participants in educational and evidence-based programming feel that they have gained knowledge through the program that will lead them to make better life-style choices.

Needs Being Addressed

No Change.

Local Strategies / Action Steps

No Change.

List Major Accomplishment(s) Achieved Since Last Area Plan Submission

Partnered with the Johnson County Livable Communities fall prevention workgroup, and received at Wellmark Wellness grant. This funding will allow 250 Johnson County older adults, to participant in A Matter of Balance classes.

Expanded A Matter of Balance into Cedar and Washington Counties.

An additional eight coaches have participated in the Matter of Balance coach training this year.

Since July 1, 2010, twenty-five participants have completed A Matter of Balance classes, and ninety participants have completed Better Choices/Better Health classes.

Secured sponsor for the printing of the A Matter of Balance participant manuals.

Mercy Medical Center continues to partner with The Heritage Agency, to sustain the Better Choices/Better Health classes.

Heritage completed a survey sent out through Stanford University regarding the CDSMP program. Heritage was one of 40 organizations randomly chosen to participate with Stanford out of 400 plus license holders nation-wide. The pilot program is specifically looking at how participants with diabetes can improve their health status by participating in the CDSMP. After the data is evaluated, Heritage/Mercy will have local data for the first time ever since participating in the CDSMP.

Iowa Department on Aging submitted yearly report to Stanford encompassing all classes offered. Based on these figures (sent via email on 2-9-11) out of 84 classes offered Heritage/Mercy held 34 equaling 40% of all classes offered Statewide. 716 participants graduated statewide and out of those Heritage/Mercy graduated 233, which is 33% of the State figures.

Participants can register online for CDSMP classes via the Mercy Medical Center webpage.

Heritage staff member completed T-training through Stanford. Staff member trained 22 Master Trainers at Heritage. Participants were from across Iowa, Oklahoma, Michigan, Wisconsin and Indiana.

List Current and Future Challenges/Barriers**Challenges/Barriers:**

Availability of future funding to sustain the evidence-based programming.

Continued issues with recruiting enough coaches to meet demand of A Matter of Balance.

Due to increasing costs, the participant fee for A Matter of Balance, will be increased to \$10 per participant. This could lead to the possibility of interested participants needing scholarship assistance to attend the class.

Heritage is inputting CDSMP data for Heritage, 2 AAA, and a local PH entity for the NCOA National CDSMP database without compensation.

Rural CDSMP participation has been declining despite huge marketing efforts by Heritage/Mercy.

Plans to Overcome Barriers:

Enhanced marketing program for A Matter of Balance, aimed at increasing the knowledge of the program, and placing an emphasis on recruiting new coaches.

Research and contact potential sponsors for A Matter of Balance

In cooperation with its partner Mercy Medical Center, the Heritage Agency is currently developing a local participant data form. This form will offer Heritage/Mercy regional data and outcomes for seeking future funding.

Continue marketing efforts in rural areas for the MOB and CDSMP programs.

Table 3.2

Agency-Specific Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
Participants who have gained knowledge	NA	NA	NA	85%	97%	97%

Note: For some agency-specific measures, the columns for FY '07 Baseline Data and FY '08 Actual Data will be reported as "N/A" because the AAA was not yet collecting data for the activity when the agency-specific measure was originally submitted to IDA on April 1, 2009. Therefore, FY '09 Actual Data may be the first year data was collected and thus reported to IDA in the Data Table.

FY'2012 Progress Update of Goal 4 / Local Objective 1

Goal 4. Ensure the Rights of Older Iowans and Prevent Their Abuse, Neglect, and Exploitation.

Agency-Specific Performance Measure

The specific outcome for this objective is to track the number of referrals to the Elder Abuse Initiative.

Local Objective 1

Continue the development of the collaborative approach to identify suspected victims of abuse and provide services to mitigate that abuse.

Needs Being Addressed

No change.

Local Strategies / Action Steps

No change.

List Major Accomplishment(s) Achieved Since Last Area Plan Submission

The performance measure is expected to be achieved by the end of the fiscal year.

Extracted the role of EAI from Case Management services and changed the title for direct service staff from At-Risk Case Manager to Protective Services Specialist to better separate the program and enhance the link to the Regional Protective Services Coordinator.

Developed multiple tools to enhance EAI Referral & Intake process, EAI Discharge process, and EAI Request for Funding process.

Key Activities:

Educated Case Managers, Aging Services staff, Heritage staff, Elder Services staff, ADRC staff, DHS staff, Dept of Public Health staff, law enforcement, and other community service providers on how to make an appropriate referral to EAI.

Collaborated with Linn County Public Health for their "Community Health Needs Assessment & Health Improvement Plan" for 2011-2014, which identified elder abuse as a Public Health Priority.

Continued to facilitate Client Safety Team meetings in the four counties served by EAI.

Interviewed by The Involvement Report on KCC channel to discuss EAI and to increase awareness, which aired 48 times in Jan. 2011. This interview was also available on Heritage's Facebook page. Interviewed by Iowa Public Radio – March 2011.

Continued to attend bi-monthly meetings of the IDA State Elder Abuse Committee and quarterly EAI meetings.

Continued to submit monthly articles to The Involvement Online to increase awareness about elder abuse, neglect, and exploitation.

List Current and Future Challenges/Barriers

There was a 19% budget cut to the EAI program by IDA for FY11, which directly impacted Heritage's ability to provide direct services. As a result, the service area for the EAI was reduced from 6 counties to 4 counties. This current challenge has not impacted progress towards meeting the performance measure goal.

Due to state budget cuts for FY12, Heritage will need to make a 10% reduction in funding to provider agencies that have sub-contracted with Heritage. As a result, funding for the Protective Services Specialist (PSS) position at Aging Services will be reduced from .75 FTE to .5 FTE and the PSS position at Elder Services will be reduced from .5 FTE to .25 FTE. The reduction in PSS time spent on direct services will greatly hinder our ability to serve vulnerable, at-risk older adults who are most in need of EAI services.

Plans to Overcome Barriers:

The funding cut should not impact the number of referrals to the EAI program. However, the funding cut resulting in the reduction in PSS staff time for FY12, will dramatically impact Heritage's ability to provide direct service to clients, especially if the number of referrals continues to increase as it has been for the past several years.

Table 4.1

Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
Number of Referrals to the Elder Abuse Initiative	251	219	482 High number due to the flood	425	270	450

Note: For some agency-specific measures, the columns for FY '07 Baseline Data and FY '08 Actual Data will be reported as "N/A" because the AAA was not yet collecting data for the activity when the agency-specific measure was originally submitted to IDA on April 1, 2009. Therefore, FY '09 Actual Data may be the first year data was collected and thus reported to IDA in the Data Table.

FY'2012 Progress Update of Goal 4 / Local Objective 2

Goal 4. Ensure the Rights of Older Iowans and Prevent Their Abuse, Neglect, and Exploitation.

Agency-Specific Performance Measure

FY'2011 Agency-Specific Performance Measure

Revised FY 2012: The previous Local Objective 2 was enfolded into Goal 1/Local Objective 1.

FY'2012 Agency-Specific Performance Measure

Advocacy unit measurement: one unit = one participant at legislative forum, one meeting attendee, an individual receiving a toolkit, one advocacy alert, one position paper, one posting on the Heritage website.

1. 6 times a year post information on the Heritage website on current legislative issues that impact older adults
2. Disseminate 100 advocacy toolkits that focus on reducing Iowa's over-reliance on institutional based care and creating more choice in Iowa's long term care system in FY 2010 to advocates working to change how Iowa's long term care system
3. Host annual regional legislative forum to educate elected officials and older adult advocates about current issues impacting home and community based services.
4. Annually develop 3 position papers that focus on current needs of older adults in Iowa that would help retain their independence in the community so advocates will have clear talking points when visiting with elected officials and policy makers.
5. Meet 6 times annually with the volunteer Heritage Area Agency on Aging Government Relations Committee to provide information to support to their advocacy activities of older adults.
6. Send out via Heritage email advocacy database annually 6 legislative alerts on issues impacting older adults to an opportunity to participate at critical points in the legislative making process

Local Objective 2

Ensure that advocates for home and community based services have at least six (6) opportunities annually to participate in or learn about public policy and legislative issues that impact older adults.

Needs Being Addressed

No Change.

Local Strategies / Action Steps

No Change.

List Major Accomplishment(s) Achieved Since Last Area Plan Submission

Section 1.6 Required Documents

Request for Direct Service Waiver

The *Request for Direct Service Waiver* form is a mandatory form, which is required to be included in the AAA's submission of the Area Plan Update. 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. IAC 17-6.12(231) requires AAAs to submit a request to provide direct services as part of the area plan. Refer to the Instructions Template for a list of services exempt from the requirements in subrule 6.12(3).

1. Service Selection:

- a. The area agency does not request a Direct Service Waiver in FY2012.
- b. A waiver is required once every four years for each service provided directly by the area agency if the waiver is maintained for the entire four-year period of the area plan.

The area agency declares that each service it provides in FY2012 is the same service directly provided since FY2010. The services are:

If option "a" or "b" is selected by the area agency, it is not necessary to complete the remaining portion of the Request for Direct Service Waiver Form.

2. The service for which the area agency seeks a Request for Direct Service Waiver is:

Please select the basis for which the waiver request is required (more than one may be selected).
Use the left mouse to double click on the box to open the box and insert an "x."

- c. Provision of the service(s) by the area agency on aging is necessary to assure an adequate supply of such services.
- d. Such service(s) are directly related to area agency on aging administrative functions.
- e. The service(s) is provided more economically, and with comparable quality, by the area agency on aging. (Refer to the Instructions Template for details about how to complete "e".)

3. Justification for Direct Service Waiver: For each direct service requested, provide the following: (Refer to the Instructions Template for details about how to complete #3) Insert Text here

4. Public Hearing Documentation: (Refer to the Instructions Template for details about how to complete #4)

Ingrid Wensel
Ingrid Wensel, Executive Director

3/31/11
Date

The Heritage Area Agency on Aging

Equipment and Real Property Acquisitions

The *Equipment and Real Property Acquisitions* form is a mandatory form, which is required to be included in the AAA's submission of the Area Plan Update.

If the area agency is not reporting equipment and/or real property acquisitions, insert an "X" in the box to the left. Using the left Mouse, double click on the box to open and insert an "x."

If the area agency is reporting equipment and/or real property, insert an "x" in the box to the left. The area agency is required to: (1) List planned purchases of equipment equal to or greater than \$5,000 and (2) real property valued at \$10,000 or more. In addition, all property valued at \$10,000 or more [real property acquisitions] must be explained in an attached narrative, including sources of funding, amount required, and expected life.

Tax #	Service Support or Delivery Category (1) List planned purchases of equipment equal to or greater than \$5,000; and (2) Real property valued at \$10,000 or more.	Description	Source	Amount
				\$

**List of Contracts with For-Profit, Not For-Profit or Provider Pool POS
Organizations & Contract Notice**

The *List of Contracts* form is a mandatory form, which is required to be included in the AAA's submission of the Area Plan Update each year of the four-year area plan. The form must be signed and dated.

If the area agency is not reporting contracts with For-Profit, Not For-Profit or POS provider organizations, insert an "x" in the box to the left.
(Using the left Mouse, double click on the box to open the box and insert an "x.")

<p align="center">Name & Address of: For-Profit Not For-Profit Provider Pool POS</p> <p align="center">[List(s) of Providers may be attached to the Appendix Section of the Area Plan Update]</p>	<p align="center">Provider ✓ Medicare /Medicaid Payment Denial*</p> <p align="center">(Yes/No)</p>	<p align="center">List OAA Service(s) to be Provided</p>	<p align="center">Indicate Provider Type by Using:</p> <p align="center">FP (For Profit) NFP (Not For-Profit) POS (Provider Pool POS)</p>	<p align="center">Cost / Unit of Service</p>
<p>Aging Services, Inc. 317 7th Avenue SE, Suite 302B Cedar Rapids, Iowa 52401</p>	<p align="center">Yes, service provider accepted</p>	<p align="center">Adult Day Services, Respite, Chore, Case Management (waiver and non waiver), Elder Abuse Initiative, Transportatio n, Mental Health Outreach, Nutrition (Congregate)</p>	<p align="center">NFP</p>	<p align="center">Adult Day Services – rates vary depending on level of care (\$37-52 per day); Respite - \$7.60 hour; Chore - \$17.51 per hour; Case Management – grant contract for non-waiver, \$21.30 per billable unit per contact; Elder Abuse Initiative – grant contract; Transportation - \$0.51 per mile; Mental Health Outreach – grant contract; Nutrition – \$3.84 per meal</p>

Lending Hands, Inc. 301 Highway 1 & 92 North Washington, Iowa 52353	Yes, service provider accepted	Adult Day Services	NFP	Daily rate of \$44.03 and hourly rate of \$10.25 per hour
Pentacrest, Inc. 817 Pepperwood Lane Iowa City, Iowa 52240	Yes, service provider accepted	Adult Day Services	NFP	Rates vary depending on level of care (\$37-54 per day)
Benton County Volunteer Program 1309 5 th Avenue Belle Plaine, Iowa 52208	Yes, service provider accepted	Assisted Transportatio n	NFP	\$0.50 per mile
Retired and Senior Volunteer Program (United Way RSVP) 317 7 th Avenue SE, Suite 401 Cedar Rapids, Iowa 52401	Yes, service provider accepted	Assisted Transportatio n	NFP	\$0.485 per mile
Volunteer Services of Cedar County PO Box 307 Tipton, Iowa 52772	Yes, service provider accepted	Assisted Transportatio n, Respite, Transportatio n	NFP	Assisted Transportation - \$0.50 per mile; Respite - \$9.27 per hour; Transportation - \$0.50 per mile
Caring Hands and More, LLC 1556 S. 1 st Avenue, Suite B Iowa City, Iowa 52240	Yes, service provider accepted	Chore, Respite	FP	Respite - \$11.96 per hour; Chore - \$15.00 per hour
Community Action of Eastern Iowa 500 East 59 th Street Davenport, Iowa 52807	Yes, service provider accepted	Chore	NFP	\$6.67 per hour
Elder Services, Inc. 1556 S. First Avenue, Suite A Iowa City, Iowa 52240	Yes, service provider accepted	Elder Abuse Initiative, Nutrition (Congregate & Home Delivered Meals), Rural Nutrition	NFP	Elder Abuse Initiative – grant contract; Nutrition - \$3.68 per meal; Rural Nutrition – raw food costs only
First Call for Help Iowa, Inc. (United Way 2-1-1) 317 7 th Avenue SE, Suite 401 Cedar Rapids, Iowa 52401	Yes, service provider accepted	Information and Assistance	NFP	Grant contract

Martha Quint 118 3 rd Avenue SE, Suite 600 Cedar Rapids, Iowa 52401	Yes, service provider accepted	Legal Services	FP	\$46.00 per hour
Amana Church Society 112 26 th Avenue Amana, Iowa 52203	Yes, service provider accepted	Home Delivered Meals	NFP	\$3.75 per meal
Cedar County Senior Citizen's, Inc. 111 Orange Street Tipton, Iowa 52772	Yes, service provider accepted	Congregate and Home Delivered Meals	NFP	\$4.09 per meal
City of Central City 137 4 th Street North Central City, Iowa 52214	Yes, service provider accepted	Congregate and Home Delivered Meals	NFP	\$4.72 per meal
Horizons – Meals on Wheels 819 5 th Street SE Cedar Rapids, Iowa 52401	Yes, service provider accepted	Congregate and Home Delivered Meals, Rural Nutrition, Nutrition Counseling	NFP	\$3.50 per meal for congregate and home delivered, rural program is raw food only; Nutrition Counseling - \$30.72 per hour
Horizons – Belle Plaine 819 5 th Street SE Cedar Rapids, Iowa 52401	Yes, service provider accepted	Congregate and Home Delivered Meals	NFP	\$3.99 per meal
Jones County Board of Supervisors 112 North Ford Street Anamosa, Iowa 52205	Yes, service provider accepted	Congregate and Home Delivered Meals	NFP	\$4.26 per meal
City of Lone Tree 123 North DeVoe Street Lone Tree, Iowa 52755	Yes, service provider accepted	Congregate and Home Delivered Meals	NFP	\$4.72 per meal
North English Community Center 210 South Main Street, PO Box 262 North English, Iowa 52316	Yes, service provider accepted	Congregate and Home Delivered Meals, Transportatio n	NFP	\$4.54 per meal for congregate and home delivered; Transportation - \$0.51 per mile

Washington Community Y 121 East Main Washington, Iowa 52353	Yes, service provider accepted	Congregate and Home Delivered Meals	NFP	\$3.72 per meal
City of Wellman 316 8 th Avenue, PO Box 129 Wellman, Iowa 52356	Yes, service provider accepted	Congregate and Home Delivered Meals	NFP	\$4.33 per meal
Witwer Center, Inc. 605 Second Avenue SE Cedar Rapids, Iowa 52401	Yes, service provider accepted	Congregate and Home Delivered Meals, Nutrition Counseling	NFP	\$3.75 per meal for congregate and home delivered; Nutrition Counseling - \$31.20 per hour
Cedar County Public Health 400 Cedar Street Tipton, Iowa 52772	Yes, service provider accepted	Respite	NFP	\$25.00 per hour
Southeast Linn Community Center 108 South Washington Street Lisbon, Iowa 52253	Yes, service provider accepted	Transportatio n	NFP	\$0.48 per mile
Linn County Community Services Aging & Disability Resource Center 740 North 15 th Avenue, Suite C Hiawatha, Iowa 52253	Yes, service provider accepted	Long Term Options Counseling	NFP	Grant contract

Ingrid Wensel

3/31/11

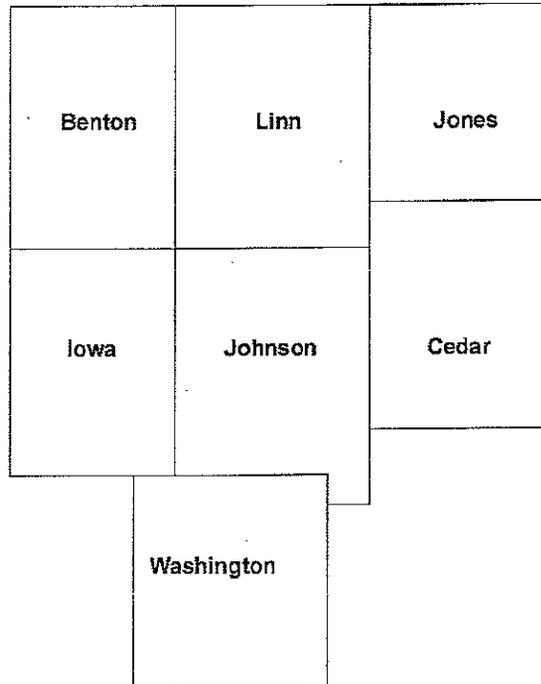
Ingrid Wensel, Executive Director

Date

The Heritage Area Agency on Aging

Roadmap to Emergency Preparedness

The Heritage Agency



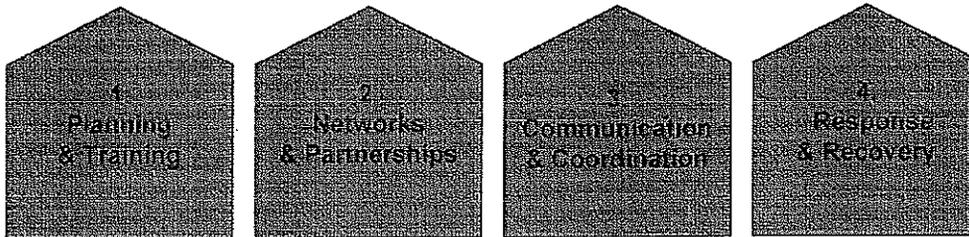
**A Collaboration between
Iowa's Area Agencies on Aging and the
Iowa Department on Aging
August, 2009**

Updated 3/2011

Chronology of Response

Roadmap to Emergency Preparedness

In Disaster Events, Area Agencies on Aging may be Activated by
IDA, Local First Responders, and/or Elected Officials



Planning & Training The purpose of Planning & Training is to ensure that plans are developed, trained, and exercised to strengthen nonprofit emergency preparedness, and to engage similarly focused nonprofit and government partners.

Training The purpose of emergency training is to prepare AAA staff, local, and state emergency personnel, community volunteers, and leaders to respond in a comprehensive, coordinated effort to an emergency, to promote safety and the well being of citizens in the affected community, to establish and strengthen relationships among responders, and to ensure a safe and sustainable community.

PLANNING & TRAINING CHECK LIST				
PLANNING				
Update Existing COOP				
	Yes	No	Complete	Comments
Clarify AAA chain of command	x			
Select AAA disaster POC	x			
Update communication protocols	x			
Educate staff (& family) on COOP	x			
Evaluation & shelter-in-place plan				Kirkwood Community College plan
Develop volunteer assistance plan			n/a	
Other			n/a	
Building Facilities & Alternate Facilities				
	Yes	No	Complete	Comments
Identify alternate operations facility	x			Kirkwood Community College plan
Identify mission critical services	x			
Organize service delivery plans	x			Subcontractor plans included
Secure IT Systems	x			Kirkwood Community College plan
Secure client files, records, data base	x			Kirkwood Community College plan
Secure financial systems	x			Kirkwood Community College plan
Other			n/a	
Gaps in Services / Products				
Have VOADS cataloged this information? Is it available to AAA				
	Yes	No	Complete	Comments
Identify unmet needs before disaster strikes (special needs shelters; mental health)	x			COADS locally are becoming more active in areas – specifically in

				Linn and Johnson Counties. Some counties not very active, work through variety of key partners, including EMAs and committees to address.
Identify Service Areas & Resources	x			Key partners and subcontractors
Identify Current Capacity/ Meet Needs	x			Subcontractor plans, drills, evaluation
Design Mechanism to get Resources to emergency managers	x			Relationships with all county EMA as practical – initial contact to offer assistance part of emergency plan.
Other			n/a	
TRAINING				
	Yes	No	Complete	Comments
Train AAA staff	x			
Participate in training exercises	x			
Test COOP	x			
Promote regionally sponsored training among partners	x			
Other	x			Heritage is serving as the Lead Agency in the Linn County Older Adult/Special Needs COAD Team. Also, active in the Johnson County COAD. Other counties are not as active.

Networks & Partnerships The purpose of Networking and Partnerships is to encourage and strengthen collaborative planning among local and regional partners including business and industry, government and private sector partners to enable outreach for disaster events and to ensure the provision of goods and services.

NETWORKS & PARTNERSHIPS CHECK LIST

NETWORKS & PARTNERSHIPS

Identify existing local service networks				
	Yes	No	Complete	Comments
SEOC	x			Through IDA
County EMAs, First Responders	x			
Local Law Enforcement	x			
Councils of Government	x			
Local Service Providers	x			
Churches, Food Pantries, Soup Kitchens	x			ESP database, 211
Nursing Homes, Asst. Living Facilities	x			ESP database
Long Term Recovery Committee			The LTRC in our region are transitioning to COADs. We are working to maintain relationships during this transition.	
Identify existing regional networks				
	Yes	No	Complete	Comments
State Government	x			
National Guard / Military			n/a	Contact with such groups would be most appropriate through the EOC or SEOC.
Identify existing national networks				
	Yes	No	Complete	Comments
Red Cross	x			Red Cross is also a part of the Linn County Older Adult/Special Needs COAD Team.
VOADS	x			Heritage is serving as the Lead Agency in the Linn County Older Adult/Special Needs COAD Team. Also,

				active in the Johnson County COAD. Other counties are not as active.
Federal Agencies	x			
PARTNERSHIPS				
	Yes	No	Complete	Comments
Cooperative Agreements with partners Before federal declaration.	x			Heritage is serving as the Lead Agency in the Linn County Older Adult/Special Needs COAD Team. Also, active in the Johnson County COAD. Other counties are not as active.
Cooperative Agreements with partners after federal declaration. Examples: Provision of meals to responders, translator services.	x			Long Term Recovery Committees and now through the COADs.
Capabilities / communications in place	x			
Other			n/a	

Communications & Coordination The purpose of Communications & Coordination is to provide an orderly flow of information before, during and after a disaster. The plan should facilitate necessary interactions and minimize unnecessary contacts during and after a disaster through careful planning, training and drilling. Backups and redundancies (both human and technological) are essential.

COMMUNICATIONS & COORDINATION CHECK LIST				
Before Disaster				
	Yes	No	Complete	Comments
Within AAA				
COOP	x			Kirkwood Community College plan
Expanded disaster roles	x			
Training	x			
Distribution of Information	x			Subcontractor plans as part of RFP, CM planning with clients, bad weather – potential disaster communications with staff and subcontractors

With IDA				
Contacts & backup information	x			Provided to IDA
Disaster plans	x			Provided to IDA
Identification of resources	x			Provided to IDA
With Consumers				
Special needs assessment	x			Registry cards, CM
Contact mechanism	x			CM procedures
Strategy to distribute information	x		expanding	Continues to be a priority and done at least annually through dining sites and CM program. Plan to implement through the ADRC in the next year.
With Partners				
Contact points with backups	x			
Hand-off & interaction plans	x			System has developed with the Long Term Recovery now transitioning into the COAD format.
Known gaps assessment	x			None known at this time outside of identified unmet needs
Roles & capabilities	x			
Information sharing	x			
With Vendors				
Alternate contacts			n/a	Kirkwood Community College and subcontractor plans
Contingency plans			n/a	
Backup suppliers			n/a	Possibilities are identified informally
Response to Disaster				
	Yes	No	Complete	Comments
Within AAA				
Backup contact information	x			
Roles, responsibilities & backups	x			
With IDA				
Access to advice & resources	x			
Authority issues	x			
Reporting requirements	x			
With Consumers				
Establishing contact	x			CM procedures, Special Needs Registry Listings, subcontractor plans

Needs assessment	x			
Connect with resources	x			
With Partners				
Hand-offs	x		Continues to develop.	Subcontractor plans, expansion in progress to include COAD, Long Term Recovery, etc.
Information sharing	x		Continues to develop.	Expansion in progress to include COAD, Long Term Recovery, etc.
Advocacy	x			
With Vendors				
Assess capabilities			n/a	
Transmit needs			n/a	
Recovery from Disaster				
	Yes	No	Complete	Comments
Within Agency				
Roles & responsibilities	x			Recovery procedures are currently being reviewed in the plan. Heritage was incredibly active in recovery of floods of 2008. Many lessons were learned.
Debriefing		x	Further developing.	7/1/2011 Part of internal plan, and currently part of CM contracts but we need to develop into more of an aging network debrief and not program specific.
Reporting	x			
With IDA				
Advice & resources	x			Procedures as set by IDA
Authority	x			
Reporting	x			
With Consumers				
Follow-up contacts	x			Recovery procedures are currently being reviewed in the plan. Heritage was incredibly active in recovery of floods of 2008. Many lessons were learned, particularly through the SSBG assistance program last year.

Needs reassessment	x			A continuous progress within the plan/recovery
Resource connections & hand-offs	x			
With Partners				
Hand-offs		x	Further developing.	7/1/2011 Recovery procedures are currently being reviewed in the plan. Heritage was incredibly active in recovery of floods of 2008. Many lessons were learned.
Information sharing		x		7/1/2011
Advocacy		x		7/1/2011

Response The purpose of Response is to ensure that plans are implemented effectively to react to the community need as appropriate in relation to older adults and to take action within the scope and role of the AAA.

RESPONSE CHECK LIST				
Safe to Initiate Response Activity				
	Yes	No	Complete	Comments
Staff	x			
Volunteers			n/a	
Key Partners	x			
Operational Location (s)	x			Kirkwood Community College plan
Activation of Plan Components				
	Yes	No	Complete	Comments
Internal COOP	x			Kirkwood Community College plan
Communications	x			
Key Partners	x			
Assessment of Need				
	Yes	No	Complete	Comments
Identify Needs being met by other resources	x			
Identify Unmet Needs	x			
Determine Role				
	Yes	No	Complete	Comments
Allocation of Resources	x			
Maintenance of Response				
	Yes	No	Complete	Comments

Communication	x			
Assessment of Need & Available Resources	x			
Special Staff Assignments	x			
Expectations of Employees	x			

Recovery The purpose of Recovery is to assure that needed services are identified, funding for the services is obtained, and service is provided. This means that the range of activities will vary from advocacy to the direct provision of services.

RECOVERY CHECK LIST				
Recovery				
Update Existing COOP				
	Yes	No	Complete	Comments
Clarify AAA chain of command	x			
Select AAA recovery POC	x			
Update communication protocols	x			
Educate staff (& family) on COOP	x			
Develop volunteer assistance plan			n/a	
Other				
Building Facilities & Alternate Facilities				
	Yes	No	Complete	Comments
Re-establish alternate operations facility	x			Kirkwood Community College plan
Re-establish mission critical services	x			
Re-establish service delivery plans	x			
Re-establish IT Systems	x			Kirkwood Community College plan
Re-establish client files, records, data base	x			Kirkwood Community College plan
Re-establish financial systems	x			Kirkwood Community College plan
Other				
Client Unmet Needs (immediate versus long term)				
	Yes	No	Complete	Comments
Chore services			n/a	Bringing programs to full function is part of subcontractors plans.
Legal services (insurance settlements, appeals)			n/a	

Transportation services			n/a	
Handyman services			n/a	
Meal programs			n/a	
Miscellaneous programs/assistance			n/a	
Other				