



**Iowa State Plan on Aging
FFY 2014 – 2015**

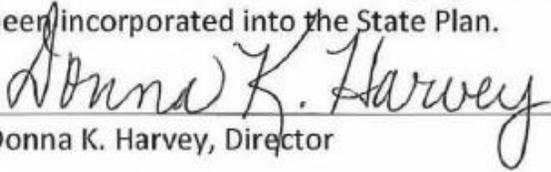
**Balancing Long-Term Community Support Services
for Aging Iowans**

Terry E. Branstad, Governor
Donna K. Harvey, Director
Iowa Department on Aging

Verification of Intent

The Iowa Department on Aging hereby submits this State Plan on Aging effective October 1, 2013 for FFY 2014-2015 as required under Title III of the Older Americans Act of 1965, as amended. The Plan was developed in accordance with all rules and regulations specified under the Older Americans Act and the Code of Iowa 231.31.

The Plan includes all required assurances and plans to be carried out by the Iowa Department on Aging, which is the state agency on aging and has been given authority to develop and administer the State Plan on Aging in accordance with all requirements and purposes of the Act. The Iowa Commission on Aging has reviewed the State Plan and resultant changes have been incorporated into the State Plan.



Donna K. Harvey, Director

Iowa Department on Aging

6-14-13

Date



Betty Grandquist, Chair

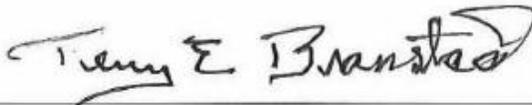
Iowa Commission on Aging

6-14-13

Date

The State Plan on Aging for FFY 2014-2015 is hereby submitted to the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Administration on Aging.

I hereby approve the State Plan and submit the Plan to the Administration on Aging for approval.



Terry E. Branstad, Governor

State of Iowa

6-26-13

Date

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Executive Summary

Iowa's aging network is in the midst of tremendous change, presenting both challenges and unique opportunities. As of July 1, 2013, the number of Area Agencies on Aging (AAA's) operating in Iowa will be reduced from thirteen to six, representing the single largest transformation of Iowa's aging network since its inception in 1966. In addition to overseeing the redesign of the AAAs, the Iowa Department on Aging (IDA) continues to build the capacity of both Iowa's aging and disability network by prioritizing the development of its Aging and Disability Resource Center (ADRC) system. By the year 2030, eighty-eight of Iowa's ninety-nine counties will have at least twenty percent or more of their population aged 60 or older. With this growing population comes the increasing concern of elder abuse, neglect, and financial exploitation. The IDA is responding by taking deliberate steps to increase awareness and prevention through education and training. Against this backdrop we submit the State Plan on Aging that will guide IDA's priorities and set an agenda for the State of Iowa from FFY 2014 to 2015.

This plan outlines the activities and strategies that the IDA will pursue to achieve its goals, objectives, and expected outcomes in modernizing Iowa's aging network. The goals that will move Iowa's state plan forward are:

- (1) Empower older Iowans to make informed decisions about, and easily access, existing health and long-term living community supports and services;
- (2) Enable Iowans to remain in their own homes and communities with high quality of life for as long as possible through the provision of a diverse menu of long-term living and community support services, including supports for family caregivers;
- (3) Empower older Iowans to stay active and healthy through Older Americans Act programs and prevention services; and
- (4) Ensure the rights of older Iowans and prevent their abuse, neglect, and exploitation.

Pursuant to the mandates of the Iowa General Assembly, the IDA will have successfully completed the process of reducing the number of AAA's on July 1, 2013. The IDA's efforts have been focused on the seamless continuity of services to older Iowans through this transition and on the safe and orderly transfer of records, assets, goods, and services. The IDA is providing technical assistance and education to the newly designated Executive Directors, key personnel, and Boards of Directors while monitoring the transition of both federal and state resources. This process has been guided by the IDA's commitment to continuous and consistent Older Americans Act programs and services across all ninety-nine counties as desired by Iowa's General Assembly.

Iowa's ADRC system will be highly visible and trusted networks where consumers and caregivers can obtain information on the full menu of long-term living and community support services. The ADRC model will continue to include a virtual component and a coordination systems component. Currently, ADRC services are available in seventeen of Iowa's ninety-nine counties with plans to expand statewide during calendar years 2014 and 2015.

Iowa is one of nine states awarded a Balancing Incentive Program grant by the Centers for Medicare and Medicaid Services to increase access to non-institutional long-term living services and supports. The Balancing Incentive Program will help Iowa transform its long-term living system by:

- Lowering costs through improved systems performance and efficiency.
- Creating tools to help consumers with care planning and assessment.
- Improving quality measurement and oversight.

While the Iowa Department of Human Services (DHS) is the grant recipient, the IDA is a documented collaborative partner.

The Boomers have arrived as consumers of Iowa's aging network and will continue to do so for some time. Within the last year alone, Iowa's population of individuals aged 60 and older increased 2.6 percent. This trend is expected to continue for the next twenty years. As Iowa considers public policy options for its aging population, the realities of state and federal budget limitations, marginal personal savings, and fewer caregivers will challenge the creativity of Iowa's aging network. The reduction of AAA's presents an opportunity to address some of these issues. The redesign will result in: 1) increased administrative efficiencies; 2) shifting business and service delivery models to serve older Iowans in the twenty-first century; and 3) increased focus on partnerships and ongoing opportunities of mutual benefit.

In a time of dwindling resources and an ever increasing aging population, the Office of Elder Rights is facing a number of challenges. The State of Iowa has a shortage of Ombudsmen, a lack of elder abuse protections, and a list of clients with unmet legal needs. Without adequate funding, the Office is pursuing creative solutions. The Office is working to recruit volunteer ombudsman, advocating for changes through the use of several task forces, and collaborating with the courts. The Office of Elder Rights is working towards a better environment for all elder Iowans with the resources it has available.

This State Plan outlines the goals and activities the IDA will pursue to take advantage of the changing environment and mitigate barriers so that aging Iowans have access to the high quality services they want and need to live independently in their home community.

Iowa's Aging Network Organizational Structure

In Iowa, the Commission on Aging, the IDA, and the AAAs form the backbone of the aging network.

Iowa Commission on Aging. The Iowa Commission on Aging is the policy-making body of the IDA. The Commission consists of seven members appointed by the Governor and confirmed by the Iowa Senate. The Iowa Senate and House of Representatives each select two members to serve in an ex-officio, non-voting capacity. The duties of the Commission consist of approving the state and area plans on aging; adopting policies to implement the mandates of the Older Americans Act; adopting a formula for the distribution of federal Older Americans Act funds; designating an area agency on aging for each planning and service area, and adopting administrative rules and other responsibilities.

Iowa Department on Aging (IDA). The IDA is a Cabinet-level state agency whose director is appointed by the Governor and confirmed by the Senate. The agency is responsible for the application and receipt of federal Older Americans Act funds as well as state appropriations. The IDA is a focal point for all activities related to the needs and concerns of older Iowans.

IDA' responsibilities as the state unit on aging include:

- Coordinating all state activities related to the purposes of Title III. (Refer to Attachment A: State Plan Assurances and Required Activities.)
- Developing a State Plan on Aging.
- Serving as an effective and visible advocate for older persons by:
 - Reviewing and commenting upon all state plans, budgets, and policies that affect elders.
 - Providing technical assistance to any agency, organization, association, or individual representing the needs of elders.
- Assuring that preferences for services will be given to older individuals with greatest economic or social needs. (Refer to Attachment B: Information Requirements for details on mechanisms for assuring preferences for older Iowans with greatest economic need and with greatest social need.)
- Assuring that preference for services will be given to low-income minority and rural older adults. (Refer to Attachment B for details.)

The director oversees the activities listed above to ensure that all older Iowan programs are consistent with the Governor's management decisions, policy decisions of the Iowa Legislature and Commission on Aging, and all federal and state laws and regulations. The director's office is responsible for obtaining input from, coordinating activities with, and being an advocate for older Iowans with other departments of state government, the Iowa Legislature, the Iowa AAAs, organizations representing older persons, and the general public.

Iowa Area Agencies on Aging. As directed by legislative mandates in 2011 and 2012, the state will complete its realignment process when six AAAs in Iowa begin operating in their new planning and service areas on July 1, 2013. The IDA works in partnership with the AAAs. The AAAs serve the elderly within the community by monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions that will affect the elderly. The AAAs work with hundreds of community organizations whose social and nutritional services are delivered at more than 400 sites. Each area agency utilizes a "Request for Proposal" process as needed so that service delivery procurement is competitive and to assure quality, access, and cost control.

As required by the Older Americans Act, all agencies have a policy-making board and an advisory council. The AAAs coordinate services among a variety of organizations ranging from senior centers to mental health and long-term care providers. They work to assure that any services provided in the community include provisions for the elderly.

The AAAs strive to meet the needs of the rapidly-growing number of older Iowans through:

- Assessing the current needs of older Iowans;

- Assessing available services, programs, and institutions;
- Developing area plans to help address service gaps;
- Assuring access to services, programs, and institutions;
- Advocating for the needs of older Iowans;
- Financing and administering contracts to service providers;
- Providing a central leadership role for older Iowans; and
- Providing information and assistance services for older Iowans and their caregivers.

The Iowa Association of Area Agencies on Aging (i4a) is a non-profit organization, comprised of Iowa's six AAAs. Refer to Attachment C: Iowa Planning and Service Areas for a list of the area agencies on aging and a map of the planning and services areas in the state.

Funding Sources. Funding for aging services through the IDA comes mainly from state and federal sources, as shown in the chart below. The Administration on Aging (AoA) funding accounts for 57.53 percent of the IDA's budget, and 38.13 percent comes from state general funds. Remaining funds come from the U.S. Department of Labor (4.19 percent) and numerous other sources (0.14 percent).

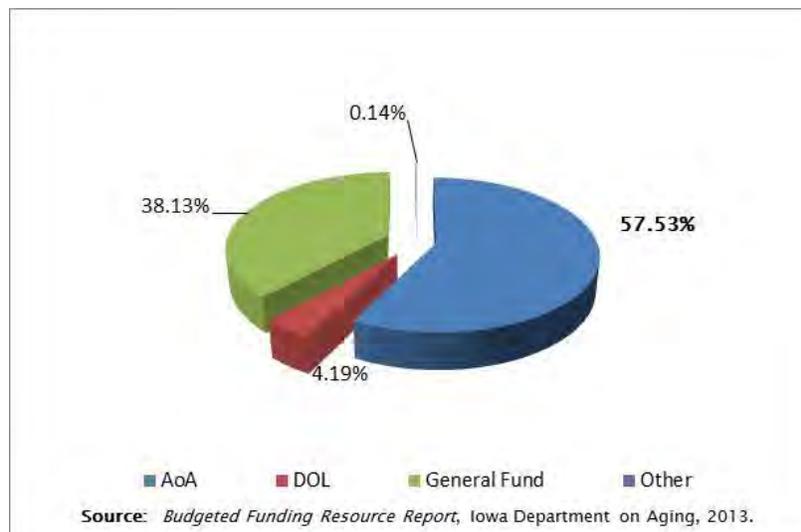


Figure 1: Iowa's Aging Services Funding Sources 2013

Methodology: Determining Needs and Developing Goals and Objectives

The IDA is required to develop and submit to the federal Administration for Community Living (ACL) a State Plan on Aging every two, three, or four years. The plan is mandated by both federal and state law in order for the state to receive federal funds under the Older Americans Act of 1965, as amended. Section 307(a)(1) of the Older Americans Act mandates that the State Plan be based on area plans and also adhere to sections 305(a)-(c); 306(a); 307; 308; and 705. (Refer to Attachment B: Information Requirements for details on how the IDA complies with section requirements.) The Code of Iowa directs the IDA to “develop, and submit to the Iowa

Commission on Aging for approval, a multiyear state plan on aging” and requires that “the state plan on aging shall meet all applicable federal requirements.”ⁱ

As part of the state plan development process, the IDA reviewed the Older Americans Act Amendments of 2006, the AoA Program Instruction (AoA-PI-12-03), the National Association of States United for Aging and Disabilities (NASUAD; TASC Planning Zone), and the IDA’s 2013-2014 Strategic Plan and Performance Report. In addition to these resources, the IDA worked with the State of Iowa’s Data Center to review current demographic statistics and the IDA’s senior analysts identified consumer data that most accurately reflects Iowa’s aging population.

A state plan development team met with IDA program staff to review needs and develop the goals, objectives, strategies, measures, and expected outcomes that define how the IDA will fulfill its commitment to older Iowans. The IDA’s core commitments to Advocacy, Health Care and Support Services, and Resource Management are well represented in this plan and demonstrate our commitment to transparency, accountability, and excellence.

The development of the FY 2014-2015 State Plan involved significant efforts to gather input from older Iowans and partners in the aging network, including:

- The IDA reviewed and commented on Area Plans submitted by Iowa’s AAAs.
- Pursuant to guidance received from Iowa’s General Assembly, IDA partnered with multiple stakeholders to complete two legislative assignments that will continue to develop in 2014 and 2015. The first focused on creating a report related to Elder Abuse in Iowa and the second with developing an Office of the Substitute Decision Maker. (Refer to Attachment D: Task Force Reports.)
- A draft of the State Plan was published on the IDA website to receive public comment. (Refer to Attachment I: Public Comments for feedback received on the plan.)

The IDA State Plan supports the mission of the Older Americans Act to help older Iowans maintain independence and dignity in their homes and communities. The plan further aligns with and supports the federal AoA’s shift to the ACL where “all Americans should be able to live at home with the supports they need, participating in communities that value their contributions.”

Context: Needs, Challenges, Opportunities

Iowa’s Aging Population

In 2012, the number of Iowans aged 60 and over was estimated to be 613,322 or 20.23 percent of the total population.ⁱⁱ Iowans in the 65+ and 85+ age brackets are expected to grow by 1-2 percent per year through 2030. Projections show that 22 percent of Iowans will be age 65 or older and 3.6 percent will be age 85 or older by 2030. As a result, the state will face rapidly growing pressures to find ways to meet the needs of these older and frailer Iowans.ⁱⁱⁱ

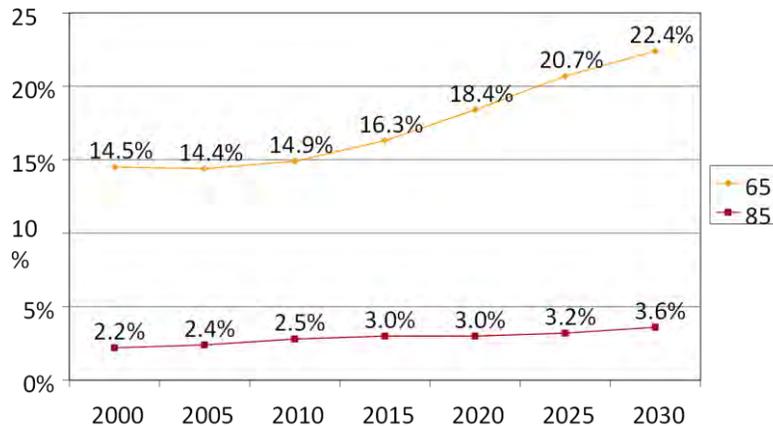


Figure 2: Estimated 65+ and 85+ Population Growth 2000-2030

While Iowa’s aging population shift parallels that of the rest of the country, a number of other critical factors influence the dynamics within the state and which, in turn, have shaped the IDA’s objectives and strategies contained in the State Plan. (Refer to Attachment E: Profile of Title III Population Served and Service Trends and Attachment F & G: Activity Reports SFY 2012: INAPIS and Title IIIB Legal Assistance.)

Increasing Percentage of Older Iowans in Rural Areas

As shown in the map below, Iowa’s residents are moving to the urban areas. This change suggests that the aging population would become concentrated in metropolitan areas and thus easier to serve. However, the data shows that younger Iowans are moving to the metropolitan and micropolitan areas while older Iowans remain in the rural areas.

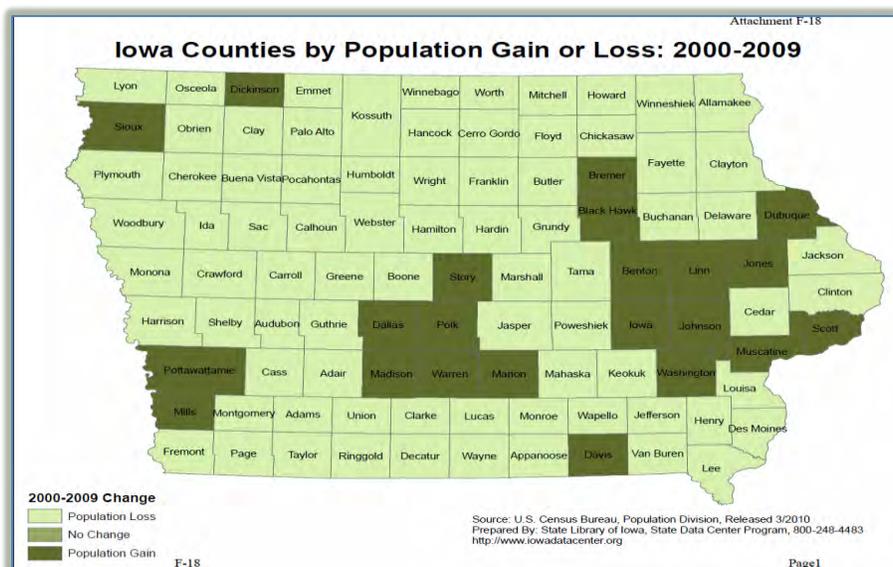
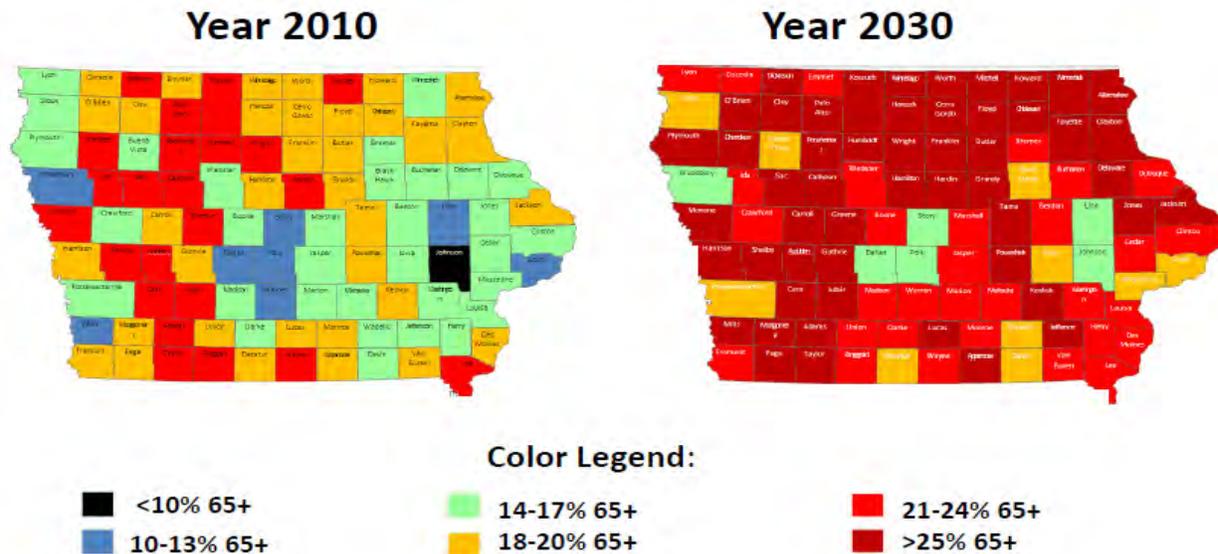


Figure 3: Iowa’s Counties by Population Gain or Loss 2000-2009

Iowa’s metropolitan counties include Benton, Black Hawk, Bremer, Dallas, Dubuque, Grundy, Guthrie, Harrison, Johnson, Jones, Linn, Madison, Mills, Polk, Pottawattamie, Scott, Story, Warren, Washington, and Woodbury.

Estimates show that between 2010 and 2030 most of Iowa's rural counties will consist of a significant percentage of Iowans age 65 and over. As shown in the maps below, those counties experiencing highest growth will have the lowest percentage of Iowans aged 65 and over. Conversely, those counties losing population will have the highest percentage of persons aged 65 and over, with many rural counties expected to have greater than 25 percent of the population in this age demographic.



Source: National Council on Aging

Figure 4: Demographic Shift by Age and County 2010-2030

Potential impacts of this demographic shift include increased isolation, loss of community attachment, and a loss of services.^{iv} One of the most difficult issues facing rural Iowa is the loss of social networks and community attachment. Many elderly Iowans spend most of their life in the same small town building relationships and supporting the businesses that created these communities. As the rural population decreases, the elderly are living in areas which have lost many of their core services, such as grocery stores and clinics. They no longer have a place to go for a fresh cup of coffee and share in the local gossip or to discuss politics. With nowhere to go, they have little reason to leave the house and are susceptible to increased health concerns. Research has shown that a positive health routine and active social life can help reduce chronic pain, alleviate depression and sleep problems, improve memory, and increase mobility.^v

Older Iowans must contend with increased distances between services without a social and support network. The rural Iowan will be left without easy access to everyday items, including food. Increasingly, grocery stores in small towns are being replaced by gas station mini marts. Because regular public transportation is not available in rural Iowa, many older Iowans will have limited or unpredictable transportation options to buy groceries that include healthy options. This demographic shift will also lead to a reduction in community participation upon which many rural organizations depend. These rural organizations include the AAAs which rely upon volunteerism and local support to function.

With the reduction in the population base, these residents will be less influential politically. The loss of influence could lead to policies that largely ignore the aging-rural population. As a result, the IDA will need to put a greater effort on advocating for those without influence.

This demographic shift is especially troublesome for rural Iowans over the age of 80.^{vi} Of those Americans over the age of 80 who remain in their home at least 42 percent rely upon the support of home care professionals. As of the 2010 census, approximately 17,000 rural Iowans over the age of 80 are in need of home care. Few qualified people are available to provide these services without significant commutes. Even if service providers are willing to commute, the additional time and travel expense will likely be borne by the consumer. These challenges will have a disparate impact on the rural Iowan living in poverty; a population that is generally at greatest risk.

High Percentage of Iowans Aged 65 + in Nursing Facility, Low Care Needs

In Iowa, 26,092 individuals aged 65 and over reside in a nursing facility. This number represents 57 Iowans per 1,000 over the age of 65 compared to 35 per 1,000 nationally. Iowa ranks **second** in the nation only to North Dakota in the percentage of population in nursing facilities.^{vii} Iowa is second by the slightest margin to North Dakota. North Dakota only has one more resident per thousand in a nursing facility, but has four and half times less the population. These drastic numbers suggest room for improvement in providing home and community based services. This need is confirmed by the level of nursing facility residents with low care needs.

Iowa is **fourth** in the nation in the proportionate number of nursing facility residents with low care needs.^{viii} Twenty-six percent of nursing facility residents are identified as having low care needs compared to just over fifteen percent nationally. This high utilization of nursing facilities suggests that too many Iowans are entering nursing facilities and that strengthening the community-based network is essential to balancing the long-term care system to align with what older Iowans say they want. What do Iowans say they want? Ninety-three percent of Iowans aged fifty and over say it is important to be able to stay in their own homes as they age.^{ix}

Reduction in Area Agencies on Aging

In 2011, during the first session of Iowa's 84th General Assembly, House File 45 mandated the IDA to begin the process of reducing the number of AAAs. In 2012, the second session of Iowa's General Assembly per HF 2320 further clarified its intent in restructuring Iowa's aging network and the de-designation of all thirteen existing AAA's as of June 30, 2013. After receiving significant public input, the Commission on Aging approved a reduction from thirteen AAAs and sixteen PSAs to six PSAs with six new AAAs to be designated. These six new PSAs were put out to bid by the IDA via the Iowa Department of Administrative Services by posting a Request for Application. An independent review committee consisting of experts in the fields of aging and disability reviewed bids and made recommendations to the Commission on Aging. The Commission accepted the recommendations of the independent review committee, and on July 1, 2013 six newly designated AAA's will be in operation. (Refer to Attachment C for a map of the new AAA system). During the first half of 2013, the IDA has been providing technical assistance,

troubleshooting macro level policy issues, and working with AAA Boards of Directors to ensure a continuity of services.

Benefits. This redesign presents an opportunity for the IDA to engage its contracted partners, AAAs, and other organizations in providing long-term living and community support services to older Iowans. This redesign is intended to better serve all Iowans by making the aging network more responsive, consistent, and efficient. Together, Iowa's AAA's and the IDA plan to achieve these benefits through this redesign:

- Maximizing cost efficiencies of programs, staff, physical plants, travel, and other unit costs.
- Exploring alternate methodologies in the delivery of service to better meet the needs of consumers experiencing both aging and disability.
- Increasing the continuity of services across the state and of AAA structure.
- Updating multiple sections of the Iowa Administrative Code to reduce barriers in generating program income, to remove outdated language, and to allow for the development of new service delivery models.

Challenges. While the redesign of the PSAs will have a number of benefits, it brings some challenges that need to be addressed.

- Four of the six newly designated AAA's significantly expanded their geographical service area. For example, one agency expanded to serve 29 counties or almost one-third of the state.
- No resources were appropriated by Iowa's General Assembly to assist the AAAs in the transition of service areas.
- The Federal Sequestration of March 1, 2013, reduced federal funding in the amount of \$445,883.

With increasing populations across vast and varied service areas and a decrease in federal and state funds, the AAA's must re-evaluate their business models. They are exploring operational efficiencies, reduction in force, and possible waiting lists to reduce costs. They are also pursuing revenue generating strategies such as cost sharing, options counseling, care transitions, and private geriatric care management.

Despite the challenges, the IDA envisions great results for the modernization of Iowa's aging network. Once the AAAs transition, the IDA will work with them on quality of services and methods of delivery. Work will continue on the exploration of additional programs, potential clients, and funding streams. The IDA envisions a system that allows Iowans to not only get the services they need but the ones they desire.

Coordination with Title VI Native American Programs

In 2011, the AoA granted Iowa's Meskwaki settlement funds to develop supportive services, nutrition, disease prevention/health promotion, and caregiver programs under Title VI. The IDA

will coordinate with the Meskwaki settlement's Title VI programs by soliciting their input on needs and solutions through meetings, conferences, and trainings. IDA staff will also ensure that brochures and other outreach information about Title III services are given to Title VI program staff and elders so they can take part in Title III services when needed. The Title VI staff will also have the opportunity to review the IDA state plan and other documents made available for public comment.

The Title VI program's planning and service area (PSA) overlaps the Hawkeye Valley Area Agency on Aging's (HVAAA) PSA. Approximately 16 months ago the Meskwaki Title VI program began providing core program services to their consumers. Previously the HVAAA provided meals and other services as requested by the Meskwaki leadership. The HVAAA continues to advertise classes and opportunities to Title VI eligible individuals to ensure that they are aware of their eligibility for the Title III programs offered by HVAAA. Finally, a Meskwaki representative serves on the HVAAA advisory board.

OAA Programmatic Challenges

In addition to the demographic variables and systemic challenges identified previously, these programmatic challenges have influenced the identification of the State Plan objectives and strategies:

- 1) Federal resources that assist Iowa's aging network have been stagnant for many years, have been reduced, or eliminated altogether. The mix of increasing costs and shifting demographics continues to result in a system that is heavily dependent on institutionalization.
- 2) Services such as adult day services, chore, homemaking services, and transportation are rapidly eroding, are not under development, or are no longer available in multiple regions across the state. Many such service providers are small, not-for-profit organizations that do not have the resources to influence public policy via the political process of lobbying, Political Action Committees, etc. The net result is that if resources are available to purchase a service, the service is not available in the community. In turn, this forces older Iowans to rely on institutional models, such as Intermediate Care Facilities, Residential Care Facilities, and assisted living.
- 3) Family Caregivers provide a majority of the direct care to older Iowans living in the community. The Iowa Family Caregiver Program is a tremendous resource to all Iowans. However, due to limited resources, the variety of information available is limited as well.
- 4) Chronic Disease Self-Management Programs, such as Iowa Healthy Links, Enhance Fitness, and A Matter of Balance are all proven programs that increase wellness, reduce the need for health related services, and keep older Iowans independent and in their own homes. While sustainability via third party reimbursement systems is being demonstrated, most programs are at risk due to uncertain long-term funding streams.
- 5) Much longitudinal empirical data supports the role of proper nutrition as one of the most effective interventions in securing the wellness of older adults. Increasing costs (raw food, transportation, labor) are severely restricting the ability of the AAA's to maintain and update infrastructure and to expand programs, particularly in rural areas. The net result is that fewer older Iowans have access to this program.

- 6) Older Iowans are finding that they need to remain in the workforce longer and may need to update skill sets. The current Title V program (Senior Community Service Employment Program) is targeted only to older adults aged 55 and older who are at 125 percent of poverty. The program is only able to serve approximately 1 percent of those eligible. In addition, the needs of older workers differ from younger workers. Those aged 55 to 65 often need to work full time in order to access health insurance and other employer benefits in addition to building retirement income. Those over the age of 65 often need to continue working at least part time to supplement their retirement income.
- 7) While legal services development is outlined as a priority in the Older Americans Act, it is not specifically funded. At the same time, the need for legal services, particularly in regard to government entitlement programs, provider contracts, pensions, and long-term care insurance is exploding. While three percent of Title IIIB dollars are allocated to this service, demand consistently outpaces resources.
- 8) Few students in professions such as medicine, nursing, mental health, social work, etc. are interested in seeking comprehensive backgrounds in the field of aging. Medical and human service professionals as well as policy makers in the field of aging must be able to understand the normative aging process (and that it is not a pathology), to understand the scope of acute and chronic conditions and their impact not only on the individual but on caregivers and family systems. Future practitioners and policy makers in the field of aging must also be able to understand the types of systems that are needed to support an aging population with multiple chronic conditions, who are at the same time, vibrant, productive, and engaged members of Iowa's communities.

OAA Programmatic Opportunities

Significant challenges bring opportunities for creative solutions. The IDA will explore and pursue as appropriate these avenues to address the issues outlined above.

- 1) Advocate for innovation in the delivery of nutrition programs. This innovation may be in the form of additional partnerships and increased flexibility, including the possible introduction of cost sharing.
- 2) Explore cost sharing for all Older Americans Act and state funded programs allocated to the Iowa Department on Aging.
- 3) Advocate for an increased partnership with Iowa Workforce Development and addressing barriers to Workforce Investment Act training funds to older Iowans.
- 4) Build the capacity of Iowa's aging network to meet the future demands that are inevitable based on Iowa demographic trends. This would include local AAAs and their local partners.
- 5) Explore the establishment with adequate funding for the Office of the Substitute Decision Maker and an enhanced Elder Abuse system.
- 6) Advocate for the inclusion of demonstrated wellness programs in any reauthorizations of the Older Americans Act.
- 7) Advocate for effective methodologies that attract students in health and human services to the field of aging such as forgivable loans and paid internships.

- 8) Collaborate with Iowa's institutions of higher learning to find innovative solutions to aging issues.

2014-2015 Goals and Objectives

The goals set forth in this plan are based upon the AoA's Strategic Action Plan 2007-2012. The objectives and strategies to achieve those goals and the expected outcomes were informed by the needs assessment, AoA Focus Areas, IDA strategic goals, and IDA's vision, mission, and core commitments.

Vision: Build the Best Place to Live Healthier, Longer.

Mission: Develop a comprehensive, coordinated and cost-effective system of long-term living and community support services that help individuals maintain health and independence in their homes and communities.

Core Commitments: Advocacy, Health, and Resource Management.

The vision, mission, and core commitments are well represented in this plan and demonstrate our devotion to older and disabled Iowans, their families, and caregivers. The four goals and associated objectives in the 2014-2015 State Plan define how the IDA will fulfill its commitment to older and disabled Iowans by structuring our priorities and setting an agenda for our work.

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

Goal 1 Activities

Iowans need consistent and reliable information to make informed decisions about long-term supports and services. The ADRC project is designed to empower individuals to make informed choices, streamline access to supports and services, minimize consumer confusion, and enhance individual choice. The statewide ADRC network will also enable policy makers and program administrators to effectively respond to individual needs, address system problems, and limit the unnecessary use of high-cost services. The ADRC network will become a primary source of information about the OAA core programs and other support services for older Iowans and family caregivers.

Implementing the ADRC System Statewide. The full implementation of Iowa's ADRC system is a priority of the IDA. Iowa's ADRC efforts launched in 2004 with the funds from AoA Title IV discretionary grants (2004-2008). This initial funding established LifeLong Links™ and a website (www.lifelonglinks.org) to serve as the virtual ADRC. The virtual ADRC connected Iowans to available long-term supports and services by utilizing existing databases within the state and established the program within Iowa Administrative Code with IDA as the administering department. Additional Title IV discretionary funding (2008-2009) resulted in the establishment of local ADRC partnerships and establishment of a pilot ADRC at the Heritage Area Agency on Aging. Current Title IV discretionary funding (2010-2013) established ADRCs at the Heritage

Area Agency on Aging and Hawkeye Valley Area Agency on Aging, which expanded services to a total of 17 of Iowa's 99 counties and further developed ADRC programs, such as care transitions and options counseling. Title IV discretionary funds (2010-2012) have been used to establish options counseling standards, provide training, and develop an evaluation model for services.

The IDA has completed, as part of its current funding activities, a statewide, five-year plan to establish ADRCs that will provide service coverage for all of Iowa's 99 counties. The ADRC plan is based upon an \$118,986 annual budget. (Please refer to Attachment H for detailed budget and five-year plan.) This plan has been impacted by redesign efforts of the state's aging services network and the mental health and disability services network; key partners to the ADRC model. With redesign efforts becoming clearer and with partnership opportunities being established, statewide coverage of ADRCs appear to be on target to be realized during the next few years.

The ADRC model will include a coordination center component and a virtual component. The coordination centers will consist of a collaborative to include an area agency on aging and regional mental health and disability service organizations, centers for independent living, and other partners able to provide ADRC services. The collaborative will designate additional local access points throughout its service region to ensure statewide coverage. The ADRC coordination center service regions will align with the Commission on Aging's approved planning and service areas.

The current virtual ADRC will be revamped through its partnership projects with Iowa Medicaid Enterprise (IME) and the Iowa Department of Transportation (IDOT). The Balancing Incentives Program and the Veterans Transportation and Community Living Initiative will provide the necessary funding to catalog the many private and public long-term support and service options available to older Iowans, including those services available through the OAA core programs. These initiatives will also provide the funding needed to develop the web site and telephone systems Iowans can access to find the information they need to make informed decisions about their independent living goals as they age or experience disability.

The coordination center and virtual component will utilize a participant driven model for service provision and options counseling. This model will allow Iowans to make informed decisions about private and public pay options so that they utilize their resources effectively to achieve their independent living goals.

Partnering with Balancing Incentives Program. The Center for Medicaid and Medicare Services (CMS) has awarded IME Balancing Incentives Program funds. The Iowa Department on Aging is a co-operating partner in this award to assist in developing and securing a no-wrong door/single-entry point model for consumers to access Iowa's LTSS, which is envisioned to be the virtual ADRC. Through formal agreement, the IDA will assist in redesigning the virtual ADRC by establishing a web-based portal through which consumers and providers will access LTSS as well as local, state, and federal benefits through streamlined eligibility processes. A vendor will be contracted to develop the web portal and to maintain a robust long-term supports and services database that can interact with the state system, including Medicaid services. Additionally a vendor will assist in establishing a statewide, toll-free call system that ensures consumers and providers can obtain immediate, telephonic support as they navigate long-term

support and service options. At the end of the project period, Iowa will have established infrastructure that assists in balancing Medicaid expenditures between LTSS or home and community based services and institution based care.

Partnering with the Veterans Transportation and Community Living Initiative. The Federal Transit Authority has awarded Veterans Transportation and Community Living funds to the Iowa DOT to establish a system of virtual support for veterans to access transportation services. This model has been envisioned as a component of the virtual ADRC and will assist all persons seeking transportation assistance as well as other long-term supports and services. The IDA has partnered with the Iowa DOT to develop this model by ensuring that the current information/referral and assistance service providers have verified and standardized their data so that their separate systems can be integrated into the state's web portal. Additionally, this project requires the establishment of a call service system. This project will work in coordination with the Balancing Incentive Program to ensure that the virtual ADRC's web portal and telephonic support are integrated and not duplicated to ensure no-wrong door access to Iowa's LTSS including transportation.

Implementing Health Care Initiatives. The IDA is taking advantage of several health care initiatives underway in Iowa to support person-centered planning activities and develop partnership and service delivery opportunities for the ADRC. The Iowa Healthcare Collaborative is a non-profit organization that provides education and technical assistance support to Iowa's hospitals and physicians. The CMS has awarded the Collaborative the Partnership for Patients (Hospital Engagement Networks) funds. The IDA has partnered with the Collaborative to build local partnerships between ADRCs, healthcare entities, and the aging network to assist in individual-driven care transition activities that reduce avoidable hospital readmissions and improve quality of services.

The IDA is also pursuing opportunities to promote long-term supports and services to entities developing Accountable Care Organizations (ACO) in the state. The IDA has collaborated with the Iowa Medicaid Enterprise (IME) to share ADRC vision and mission concepts and proposed partnership models in the development of ACOs through the Statewide Innovations Model planning grant awarded to IME. The IDA has also worked with hospital systems to pursue partnerships with ACOs as they establish programs in Iowa. Through this partnership, the IDA will provide expertise on person centered long-term supports and services to health care systems that have traditionally had limited interaction with support and service providers. These initiatives align with OAA core programs by providing information, decision support, nutritional support, and family caregiver support to consumers navigating transitions between various healthcare settings and the consumer's community of choice.

Goal 1 Objectives, Strategies, Measures, and Outcomes

Objective 1.1: Expand ADRC network statewide to ensure access to and continuity of all OAA core program services.**Strategies**

- Work with local and regional partners to develop six ADRC networks within each region and ensure ongoing sustainability of the network.
- Increase partnerships with healthcare networks and organizations working with older adults, veterans, persons with dementia, behavioral health, intellectual, developmental, and physical disabilities, and persons who are dual eligible.
- Provide technical assistance and training to support the development of ADRC core pillars within each ADRC network.
- Utilize the developed standard evaluation process to assess effectiveness and identify efficiencies with the ADRC.
- Develop a monitoring schedule and review the networks for their compliance through the standard evaluation process.

Measures

- Number of ADRCs statewide.
- Percentage of ADRCs in compliance with partnership requirements.

Expected Outcomes

- Iowans will have statewide access to ADRC networks that consist of sustaining partnerships that represent the aging and disability providers in their region.
- ADRC networks understand and comply with program rules and goals.

Objective 1.2: Ensure all ADRC consumers receive standardized and reliable information about Iowa's long term supports and services and related eligibility determination and enrollment processes.**Strategies**

- Establish unified single point of entry information, referral, and access database in collaboration with IME under the Balancing Incentives Program.
- Coordinate work of the Balancing Incentive Program and the Veterans Transportation and Community Living Initiative to ensure that the virtual ADRC's web portal and telephonic support are integrated and not duplicative to ensure no-wrong door access to Iowa's long-term supports and services, including transportation.
- Develop a single, accessible website to provide long-term living and community support options to consumers.
- Develop standardized informational materials, including pamphlets, summaries of programs, and related eligibility criteria and case worker scripts.

Measures

- Establishment of single, toll-free telephone line, an accessible web site, and an ADRC network serving as a single entry point for lowans seeking information about long-term services and supports, including OAA programs.
- Dissemination of training materials and support documents to ADRC staff providing information to lowans about long-term support and service options.

Expected Outcomes

- lowans will receive the same high quality information so that they make informed decisions about long-term supports and services and obtain that information using their preferred method: in person, via phone, or on the internet.

Objective 1.3: Ensure all lowans receive long-term supports and services information and counseling in a manner that allows them to make choices about private and public pay services available to meet their independent living goals.

Strategy

- Explore alternate methodologies in the delivery of OAA program services to better meet the needs of consumers, such as the implementation of person-centered care transition partnerships with Iowa hospitals and ACOs.
- Ensure ADRC counseling staff have education, experience, and expertise to direct lowans to appropriate healthcare networks and organizations working with older adults, veterans, persons with dementia, behavioral health, intellectual, developmental, and physical disabilities, and persons who are dual eligible.
- Research and design an effective service delivery and options counseling model based upon a participant direction approach.

Measures

- Progress toward the development and implementation of a service delivery and options counseling model based upon a participant direction approach.
- Dissemination of training materials and support documents that use a participant direction model to ADRC staff providing information and counseling.
- Establishment of ADRC – Health Care Provider partnerships.

Expected Outcome

- All ADRC networks employ a participant direction service delivery and counseling model to ensure older lowans understand the breadth of private and public pay options available to meet their long-term support and service needs.
- Older and disabled lowans and caregivers will have consistent and individualized information to make informed decisions about their support options.

Goal 2: Enable 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

Goal 2 Activities

As older lowans age, many require support services that will allow them to remain in their homes and community, such as assistance in managing their medications, information on healthy aging, homemaker services, and coordination of services through case management. These services can be provided by a private individual, family member, or a local organization or agency and funded through a variety of sources, including private pay, OAA funds, and/or Medicaid funds. Often, family caregivers are responsible for providing the supports that older lowans need. No matter the source of services, older lowans and their caregivers need services that are individualized, participant-directed, and high quality. The high numbers of lowans with low care needs living in nursing facilities indicates strategies to improve access to such services are needed.

Connecting Older lowans with Home and Community Based Services. In SFY 2012, over 18,000 older lowans accessed home and community based services through the AAAs. Nearly half of those who received these services utilized Case Management (9,461) services. Of those receiving case management services, 86 percent (6,656) also received services under the Medicaid Elderly waiver.

Currently, lowans have access to seven Medicaid Home and Community Based Waivers and a Consumer Choices Option. The Medicaid waiver program is administered through DHS-IME. Older lowans are often referred to or enrolled in the Medicaid waivers through Case Management services or other services. (While older lowans continue to access these services through the aging network, the AAAs do not collect and report Medicaid waiver service units and/or expenditure data to IDA for services provided and funded through waivers.)

As the data presented above demonstrates, a significant percentage of AAA consumers accessing the OAA home and community based services are also Medicaid eligible individuals. In comparison, a relatively small number of lowans age 65 and older are receiving public assistance from needs based programs (SSI, Cash Public Assistance, SNAP). Only 1.91 percent of lowans aged 65 and older were receiving services under the Elderly waiver.^x Those older lowans who are not Medicaid eligible may be an underserved population that the AAAs may be able to reach through their ADRC network.

Onsite monitoring by IDA staff revealed that the AAAs have embraced person centered planning by allowing home and community based services to be provided by an organization or individual of their choice through provider purchase of service pools. As this method of accessing services increases, the IDA must ensure that the AAAs monitor providers in the service pools, that the approach is cost effective, and that contracting with providers in the service pools complies with established rules.

Supporting Caregivers. Family and informal caregivers are the backbone of our long-term living and community support system. Data available through the Family Caregiver Alliance in 2012 estimated 500,000 informal caregivers in Iowa at any given time.^{xi} The economic value of this informal care is calculated to be 4 billion dollars. Equipping caregivers with the necessary support, information, education, and assistance is essential to strengthening the entire long-term living structure thus allowing people to live at home longer and delaying or preventing institutional placement. The Powerful Tools for Caregivers program is an evidence-based education program offering a unique combination of elements. The scripted curriculum and the intricately detailed training material have guaranteed its consistency and quality. The program utilizes a train-the-trainer method of dissemination.

Since long-term living and community support services and providers can change frequently, caregivers need a way to access reliable information about the availability of these services in their area. The implementation of ADRC networks statewide can be the single point of entry that caregivers will access to find the supports and providers they need.

Goal 2 Objectives, Strategies, Measures, and Outcomes

Objective 2.1: Improve the provision of Home and Community Based Services to the non-Medicaid population.

Strategies

- Support the aging, non-Medicaid population through the implementation of ADRCs statewide and the implementation of a statewide Information and Assistance system for referring older Iowans and family caregivers to local providers and funding sources.
- Research requirements, processes, and barriers to implementing cost sharing across all OAA services, including HCBS, and state funded programs allocated to the IDA.
- Provide technical assistance to AAA staff on maximizing cost efficiencies of programs, staff, and other unit costs to ensure adequate resources are available to provide home and community based services.
- Update multiple sections of the Iowa Administrative Code to reduce barriers in generating program income, to remove outdated language, and to allow for the development of new service delivery models.
- Reviewing outreach strategies and service provision data to ensure that preferences for services are given to older individuals with greatest economic or social need.

Measures

- Number of individuals accessing home and community based services who are not eligible for such services under the Medicaid waivers.
- Percentage of individuals accessing home and community based services who are individuals with greatest economic or social need.
- Development of a cost sharing implementation plan.

- Progress toward revisions and approval of necessary changes to the Iowa Administrative Code.

Expected Outcomes

- All older Iowans and caregivers needing home and community based services will have access to services that are individualized, participant-directed and high quality.

Objective 2.2: Improve quality and consistency of person-centered planning services.**Strategies**

- Develop administrative rules for guidance on provider purchase of service pools.
- Evaluate AAAs use of provider purchase of service pools through onsite monitoring.
- Work with AAAs to develop consumer satisfaction surveys to evaluate provider services.

Measures

- Progress toward revisions and approval of necessary changes to the Iowa Administrative Code.
- Compliance with provider purchase of service pools rules.
- Implementation of a consumer satisfaction evaluation process.

Expected Outcomes

- All older Iowans will have access to high quality and effective service providers of their choice.

Objective 2.3: Promote and provide caregiver training and support activities.**Strategies**

- Encourage the use and provide examples of best practices and evidence based programs, such as Powerful Tools for Caregivers, for educational and informational programs for all types of family and informal caregivers to the AAAs.
- Create a statewide calendar for AAA caregiver educational programs that is easily accessible and available to the public. (The calendar will be available on IDA's web site.)

Measures

- Number of registered clients receiving assistance from the National Family Caregiver Support Program.

Expected Outcomes

- Participants will report increased empowerment in decision making and less stress in caregiving duties.
- Caregivers will have enhanced access to training and support activity information throughout the state.

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

Remaining independent at home for many older Iowans is dependent upon their health, wellbeing, and financial resources. Good nutrition leads to better health and disease management. Iowans who participate in meal programs through the aging network show improvement in eating habits and activities of daily living. Maintaining health or mitigating a disability is also important to those Iowans aged 55 and older who want to work because they enjoy it or because of necessity. The IDA supports employment training efforts for those older Iowans who want to work, regardless of the reason.

Goal 3 Activities

Ensuring Health through Nutrition. Nutrition plays a significant role in the health and independence of older Iowans and can play a role in reducing hospitalizations as well as hospital readmissions. The 2011 Iowa Behavioral Risk Factor Surveillance System reports 12.8 percent of individuals 65-74 years of age are consuming the recommended five servings of fruits and vegetables daily needed for good health. Of those 75+ years, 19.5 percent are consuming the recommended amounts. (These figures are statewide and not limited to nutrition program participants.) These percentages have been decreasing. The IDA 2012 data shows that both congregate and home delivered meal participants improve their nutritional intake. Of those who enter the program at high nutrition risk, 38.4 percent of the congregate meal participants were no longer at high nutrition risk at the second screening (usually one year) and 26.4 percent of home delivered meal participants were no longer at high nutrition risk at the second screening (usually 6 months). Activities of daily living (ADL) are an indicator of independence. Having three plus ADL impairments is frequently associated with nursing home admission. The majority of Iowa's nutrition program participants who are at high nutrition risk have five to six ADL impairments and show a significant improvement while participating in the nutrition program thus reducing their risk for nursing home placement.^{xii}

Promoting Nutrition and Physical Activity. The normal aging process results in the loss of muscle mass. After the age of 70, individuals experience approximately 15 percent muscle loss per decade. Muscle loss is accelerated with inactivity. Loss of muscle mass is an important predictor of overall health status, independence and risk for falls. Fortunately muscle loss can be lessened or prevented by paying attention to both nutrition and physical activity. The IDA's Chef Charles program provides education on the benefits of being physically active and consuming meals that provide nutrients needed to maintain health. This program information is available to all home delivered and congregate meal participants.

One out three older adults falls each year. The chances of falling and of being seriously injured in a fall increase with age. Falls are the second leading cause of injury death. For those over the age of 65, it is the leading cause of death. Evidence-based fall prevention programs, such as the Matter of Balance program, can help older adults reduce risk for fall and fall related injuries. The Matter of Balance program has shown to increase physical activity, improve mobility, improve social function, and increase fall control.

Promoting Self-Sufficiency Through Employment. The Senior Community Service Employment Program (SCSEP) offers an opportunity for qualified Iowans to secure training skills necessary to compete in today's job market. Participants are assigned to temporary, paid training assignments to learn new skills. This program is similar to apprenticeship because participants earn while they learn. These temporary positions must be in non-profit or public entities and must not replace laid-off employees. Older Iowans who have been out of the workforce for a while, have acquired a disability, or are changing careers can obtain the skills and experience they need to find permanent employment. Through employment they have earnings to help meet their basic needs and/or to pursue activities of their interest.

Goal 3 Objectives, Strategies, Measures, and Outcomes

Objective 3.1: Strengthen the infrastructure and promote the benefits of the Older American Act Nutrition Program.**Strategies**

- Convene a stakeholder work group charged with identifying and developing a report on methods for modernizing the Iowa nutrition program, such as ensuring nutrition programs utilize a person centered approach.
- Provide training to the AAAs and service providers on the work group's report for providing nutrition services.
- Assist AAAs in promoting the health benefits of the nutrition program including the benefit in transitional care with messages and articles for their newsletters and other media.
- Work with ADRCs and option counselors regarding importance of nutritional health in older adults, screening tools, nutrition program and other nutrition assistance programs referral options.
- Monitor NAPIS nutrition program data, Iowa Financial Report Status (IAFRS), State Program Report and University of Northern Iowa study to evaluate the nutrition program and make recommendations to the IDA management for future planning.
- Provide technical assistance to the AAAs and nutrition providers in meeting nutrition program guidelines in a cost effective manner and targeting groups most in need along with concentrating additional services for high nutrition risk clients.

Measures

- The percent of older Iowans aged 60 and over determined to be at high nutritional risk that receive home delivered meals, congregate meals, nutrition counseling, and/or nutrition education who maintain or improve their nutrition risk scores.

Expected Outcomes

- Iowans aged 60 and older will have a better nutritional status as evidenced by improvement in NAPIS nutrition risk data. (2012 INAPIS Baseline: 38.4 percent of

the congregate meal participants were no longer at high nutrition risk at the second screening (usually one year) and 26.4 percent of home delivered meal participants were no longer at high nutrition risk at the second screening (usually 6 months.)

- lowans aged 60 and older who are at high nutrition risk will improve or maintain ADL's as evidenced by the percent of individuals with a reduction in number of ADL limitations. (2012 NAPIS Baseline: congregate 96 percent improved or maintained and home delivered 95 percent improved or maintained.)

Objective 3.2: Promote health and wellness initiatives for older lowans.

Strategies

- Assist the AAAs in providing or partnering with other community providers to offer evidence-based health promotion programs like Matter of Balance.
- Provide health promotion information to the AAAs and the public in the monthly Chef Charles Healthy Aging Update newsletter.
- Assist AAAs in implementing the Chef Charles nutrition education program statewide.

Measures

- Number of newsletters distributed.
- Number of nutrition education consumers recorded in Iowa's National Aging Program Information System (NAPIS).
- Number of different evidence-based health promotion programs provided by the AAAs. (Data collected through AAA surveys (CDSMP data is collected by IDPH) and monitor Title III D funds.)

Expected Outcomes

- Older lowans will engage in healthy eating habits and have access to high quality nutrition and healthy living information.

Objective 3.3: Promote self-sufficiency of qualified older lowans through skills training that will enhance employment opportunities through SCSEP.

Strategies

- Increase the awareness in Iowa of the expected growth of Older lowans (55-plus) living in poverty and dependent on public benefits and create opportunities for employment.
- Utilize resources available in local Iowa Works offices such as core services as well as the Business Services Team, Skilled Iowa, and Workforce Investment Act Training.
- Increase collaborative efforts with Iowa Vocational Rehabilitation Services, Iowa Department for the Blind, and Iowa's Aging and Disability Resource Centers and use this collaboration to blend/braid funding streams to raise the skills level of older lowans who have disabilities.

Measures

- Percentage Iowans enrolled in SCEP who achieve permanent employment.

Expected Outcomes

- More Older Iowans will gain unsubsidized employment with retention rate of at least 60 percent.

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

Title VII of the Older Americans Act mandates programs designated to carry out vulnerable elder rights protection activities. At IDA these programs are housed in the Office of Elder Rights. Dwindling resources and an ever increasing aging population pose challenges for the Elder Rights Office. Using the State Long-Term Care Ombudsman, Elder Abuse Prevention studies, and Legal Assistance, the Elder Rights Office has been working towards a better environment for all elder Iowans.

Goal 4 Activities

Improving Access to Long-Term Care Ombudsmen. The mission of the Office of State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolutions to problems, and providing advocacy with the goal of enhancing quality of life and care. Through federal fiscal year 2012, the Office continued to be an effective advocate and resource for persons residing in long-term care facilities, assisted living programs, and elder group homes. The accomplishments of the Office involved administrative, advocacy, and outreach efforts. The Office received 1,869 complaints by or on behalf of residents and tenants and opened 1,048 cases. The Office served 3,440 residents and tenants and provided 3,737 hours of advocacy services beyond complaint handling.

The State Long-Term Care Ombudsman educated policy makers and others on the need for additional long-term care ombudsmen to meet the need of residents and tenants in long-term care facilities. As the graphic below demonstrates, the Office of the State Long-Term Care Ombudsman is understaffed. Research recommends 1 ombudsman per 2,000 beds. In Iowa, there is one local ombudsman per 6,661 beds. Given the recommended ratio, Iowa would need a total of 26.6 ombudsmen to serve the state adequately.



Figure 5: Long-term Care Ombudsmen to Beds Ratio

The Office of State Long Term Care Ombudsman, through SF 2336, was able to hire an additional local Long-Term Care Ombudsman to develop a certified volunteer long-term care ombudsman program. The Office is transitioning from the long-standing but unfunded resident advocate program to the new certified volunteer program. Under this program, volunteers will be available to perform monitoring visits to assist in resolving basic residents' concerns. This will allow the Local Long-Term Care Ombudsman to focus on complaints involving the health, safety, welfare, and rights of residents.

Promoting Awareness and Prevention of Elder Abuse. The Elder Abuse Prevention Program is charged with developing, strengthening, and carrying out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation. The state of elder abuse in Iowa has been labeled as "an epidemic."^{xiii} This issue is further compounded by the fact that Iowa does not have a specific elder abuse law. The public awareness of elder abuse, neglect and financial exploitation had increased in Iowa largely due to the Elder Abuse Initiative Demonstration Projects which were in existence from Fiscal Year 2000 through 2010. This project was only available on a limited basis in twenty-two Iowa counties and no longer receives funding. Within these constraints, the office continues to advance the elder abuse prevention cause by leveraging limited Title 7 Elder Abuse Prevention and Awareness Funds to:

- Provide Train the Trainer Certification on Dependent Adult Abuse Mandatory Reporter Training to over 1,000 trainers;
- Provide presentations to financial institutions, general public, gatekeepers, providers, etc.;
- Conduct public awareness webinars; and
- Recently collaborated with the Iowa Association of Mediators to train 11 Area Agency on Aging staff, Family Caregiver Specialist, Case Managers, and Elder Rights

Specialists on ElderCare Mediation to enhance skill sets when conducting family and caregiver meetings.

While Iowa attempts to interpret a dependent adult abuse law, a small percentage of cases are ever reported. Iowa's dependent adult abuse law has very stringent criteria that must be met before Adult Protective Services has statutory authority to intervene: 1) The individual must be a dependent adult; 2) the dependent adult's caretaker must be the one responsible for the abuse, neglect or exploitation; and 3) there must be an allegation of abuse as defined by Iowa Code 235B and 235E. Iowa statistics show that only 16 percent of the Elder Abuse Initiative case referrals met the dependent adult abuse law criteria for reporting suspected abuse and were referred to Adult Protective Services. For this reason, among others, the Elder Abuse Task Force recommended an elder abuse law and the implementation of a system focused on the prevention, intervention, detection, and provision of services to maintain the health, welfare, safety, and resources of older Iowans. Until such action is taken, a staggering majority of individuals suffering elder abuse have nowhere to turn for relief.

The Elder Abuse Prevention Program is increasing collaboration with faith-based organizations and financial institutions to provide training, outreach and resources on elder abuse, neglect and financial exploitation. In addition, the IDA is creating a State Clearinghouse. This State Clearinghouse is partnering with the Elder Abuse Prevention and Awareness Committee (EAPAC) in developing, updating, and maintaining standardized information materials that will be readily available. It is anticipated that the State Clearinghouse will be available to all Iowans through a web site that is based on current technology and methods to ensure accessibility of the information while also promoting awareness and prevention.

Increasing Partnerships in the Legal Assistance Program. The Legal Assistance Program provides a valuable service to older Iowans in need of legal assistance and information. The Iowa Title IIIB Legal Assistance Program serves persons 60 years of age and older by providing legal advice and representation, information and education and referrals in civil legal matters throughout the state. The role of this program is to identify and serve the legal needs of those older people who are most vulnerable due to social and/or economic circumstances, particularly those who are frail, isolated and/or minorities. This program provides education about the law and how it applies; helps prevent legal problems and makes appropriate referrals; disseminates information to allow individuals to self-advocate; and assists with direct legal representation, counsel and advice, when necessary. Assistance may be provided through legal information, legal community education, and/or direct legal representation.

In state fiscal year 2012, the program served 3,080 clients and provided 6,677 hours of service to persons 60 and older. Of the 3,080 clients served, 1,090 were in greatest economic need while 1,144 were considered to be in greatest social need. Older Iowans most often seek assistance from the legal program on issues such as Medicaid eligibility and information (19%), debt collection concerns (14%), powers of attorney questions (9%), and wills and estates (9%). An additional 665 older Iowans received information and assistance by attending community legal education forums presented by Legal Assistance Program providers.

The AAAs and legal providers identified 367 individuals with unmet needs for legal assistance. Those individuals needed 1,328 hours of service. Practically speaking, that means 367

individuals who are most vulnerable due to social and/or economic circumstances, are frail, isolated, and/or minorities were unable to receive legal assistance and information. This data simply represents reported need and, like elder abuse, is likely a small fraction of the need for this service. Without adequate funding or changes to the program, these needs will not be addressed by the legal providers or the aging network.

To address some of these challenges, the Legal Assistance Program is increasing collaboration with the judiciary in order to increase consistency in the handling of guardianship and conservatorship cases and also to increase the number of guardianships and conservatorships that receive court monitoring. The program is also continuing to work with the legal system to not only increase consistency in practice, but also to protect the rights of older Iowans through the development of laws, such as the Uniform Power of Attorney Act.

Coordination with Senior Medicare Patrol (SMP). The Hawkeye Valley Area Agency on Aging is the organization administering the SMP program in Iowa. This agency also is the grantee for National Consumer Protection Technical Resource Center providing support to SMP programs across the nation. The IDA connects with Iowa's SMP to disseminate program updates through the aging network. The IDA's Legal Assistance Developer serves as the liaison between IDA and the SMP program. Together, the IDA Legal Assistance Developer, a representative from the State Long Term Care Ombudsman, and an SMP representative serve on a state Healthcare Fraud Taskforce.

Goal 4 Objectives, Strategies, Measures, and Outcomes

Objective 4.1: Increase public awareness of abuse, neglect, and exploitation including financial exploitation.

Strategies

- Collaborate with faith based organizations for training and outreach.
- Develop and promote a statewide clearinghouse.
- Create standardized informational materials.
- Partner with AAAs to develop multidisciplinary teams.

Measures

- Completion of a web-based Statewide Clearinghouse on elder abuse awareness and prevention information.
- Number of training and outreach events on elder abuse, neglect, and exploitation.

Expected Outcomes

- Iowans are able to easily access reliable information on abuse, neglect, and exploitation, including financial exploitation.
- Iowans will have more opportunities to participate in educational programs and obtain information in a variety of media.

Objective 4.2: Preserve and protect the rights of residents and tenants.

Strategies

- Develop a statewide volunteer ombudsman program.
- Create standardized informational materials.
- Establish partnerships with organizations like RSVP and AARP to recruit volunteers.
- Create consumer guides (continuum of care, residents' rights, etc.).

Measures

- Number of volunteers enrolled in Volunteer Ombudsman program.
- Percent of complaints resolved in the Long-Term Ombudsman program.
- Number of quarterly monitoring visits by local Long Term Care Ombudsman.

Expected Outcomes

- Local Long Term Care Ombudsmen will resolve an increased number of more serious resident and tenant complaints.
- More older Iowans and caregivers will receive assistance through the Long-Term Care Ombudsman program.
- Increased compliance by nursing facilities resulting from higher number of quarterly monitoring visits.

Objective 4.3: Strengthen guardianship and conservatorship laws and processes.**Strategies**

- Collaborate with the judiciary and legal system to protect rights of older Iowans.
- Conduct a statewide survey of guardianship practices.
- Develop an action plan to resolve substitute decision-making concerns.
- Partner with the Iowa State Bar Association to develop the Uniform Power of Attorney Act.

Measures

- Completion of a statewide survey of guardianship practices.
- Completion of plan to address substitute decision-making concerns.

Expected Outcomes

- Iowans will experience consistency in judiciary and legal practices.
- A greater percentage of guardianships and conservatorships are monitored.

Quality Management Activities

The IDA will be initiating a number of quality improvement activities during 2014-2015.

Improving AAA Quality Management Activities. In the next year, the IDA will begin working with the six newly designated AAAs to identify possible process improvement projects, such as those related to procurement or nutrition counseling and education. The IDA will provide technical assistance to AAA staff on developing and implementing strategic plans with defined

needs assessments, goals, and quality outcome measures and on developing service provider monitoring activities.

Aligning Personnel Skills with Needs. The IDA has experienced significant personnel changes in the past two years due to retirement incentives and extremely difficult budgetary constraints. Starting in 2010, state government began experiencing budgetary shortfalls as a result of the recession which began in Iowa in late 2009. To address the shortfalls, state agencies began reducing staff and the state offered a retirement incentive program. IDA staffing has been impacted by retirements and a 12.5 percent reduction in the number of authorized full-time employees (FTE's). When positions became available, approximately 11 percent remained unfilled for six or more months as a result of the volatility of personnel funding streams.

Staffing needs have begun to stabilize; however, the changes resulted approximately 40 percent of IDA personnel having less than two-year's experience working at the agency. With the turnover, IDA management has taken the opportunity to focus on hiring staff with skills and experience in specific areas of need, such as those with experience in the disability field.

The IDA is utilizing new staff to evaluate existing policies and to provide technical assistance to the AAAs so that they function in an entrepreneurial manner. The IDA is seeking to understand and better align with the goals and philosophy of the disability community. Staff are also being deployed to complete comprehensive monitoring of the AAA's, which had been difficult in the past with minimal staff. Targeted on-site visits have been made in early 2013 and will continue throughout 2014 and 2015.

In addition to focusing on the efficiency and quality of AAA services, the IDA will also be examining its own programs and business processes. The IDA is considering implementing a Lean process improvement activity to ensure staff and programs are able to respond to the needs of the AAAs and aging Iowans.

Improving Data Collection. The IDA took advantage of the AAA redesign to implement standard consumer intake forms to improve frequency and consistency in data collection. In addition, the NAPIS and IAFRS reporting systems were upgraded to a web-based interface to facilitate data entry. Starting in SFY 2014, the AAAs will submit quarterly performance reports that indicate progress made on their projected number of consumers receiving mandatory services, projected units of mandatory services provided, and the percentage of consumers completing the intake form. These reports will also include activities & events completed to achieve their goals, challenges faced, lessons learned, and best practices. IDA program and management staff will review the quarterly performance reports and provide guidance to those agencies not meeting their goals. Staff will also review annually produced INAPIS Activity Reports to identify unserved and underserved populations and assess service provision. Technical assistance will be provided as needed.

Conclusion

The aging network continues to modernize and the State of Iowa is moving along with it. New opportunities are on the horizon for the IDA. These opportunities include new partners with the disability community, new clients with the Baby Boomers coming of age, and the streamlining of the AAAs. The IDA will continue to build the best place to live healthier, longer.

ⁱ Iowa Administrative Code § 231.31 (2012).

ⁱⁱ U.S. Census Bureau, Table DP05: ACS DEMOGRAPHIC AND HOUSING ESTIMATES (2007-2011 American Community Survey 5-Year Estimates).

ⁱⁱⁱ U.S. Census Bureau, Population Division “Annual Estimates of the Resident Population by Single-Year of Age and Sex for the United States and States: April 1, 2000 to July 1, 2007” May 1, 2008 for 2000 and 2005 data.

U.S. Census Bureau, Population Division “Interim Projections of the Population by Selected Age Groups for the United States and States: April 1, 2000 to July 1, 2030” April 21, 2005 for 2010 – 2030 data.

U.S. Census Bureau, *The Older Population: 2010*, November 1, 2011.

^{iv} David J. Peters, Ph.D., *Iowa’s Changing Population Base, Social and Economic Implications* (paper presented at the Mutual Insurance Association of Iowa’s Annual Convention, Des Moines, IA, November 14, 2011).

www.soc.iastate.edu/dpeters/pubs/peters-miai-nov11.pdf (2011).

^v Compassionate Care Home Health Services, Inc., *Senior Health Guide: How to Improve Physical and Social Activity*, www.compassionatecaremi.com/downloads/Senior_Health_Guide_Physical_and_Social_Activity.pdf (accessed March 18, 2013).

^{vi} US-Seniorcare.com. *Senior Care at Home in Iowa*, www.us-seniorcare.com/assisting-living-by-state/iowa/senior-care-at-home.html (accessed March 18, 2013).

^{vii} Ari Houser, Kathleen Ujvari, and Wendy Fox-Grage, *Across the States: Profiles of Long-term Services and Supports*, In Brief #INB 198, September 2012, AARP Public Policy Institute Research Report. AARP Public Policy Institute Washington, DC (www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2012/across-the-states-2012-in-brief-AARP-ppi-ltc.pdf.)

^{viii} Ibid.

^{ix} AARP Research and Strategic Analysis, *Voices of 50+ Iowa: Dreams & Challenges*, Washington, DC. 2011. (<http://assets.aarp.org/rgcenter/general/voices-america-dreams-challenges-ia.pdf> (accessed March 18, 2013).)

^x Medicaid Statistical Reports, IAMM4600-R002--Elderly Waiver Summary by County (06/30/2012) ; http://www.dhs.state.ia.us/Partners/Reports/PeriodicReports/Medicaid_B1/MedicaidB1Current.html

^{xi} “Valuing the Invaluable: 2011 Update - The Growing Contributions and Costs of Family Caregiving,” Lynn Feinberg, Susan C. Reinhard, Ari Houser, and Rita Choula - AARP Public Policy Institute, *Public Policy Institute*, July 2011.

^{xii} BRFSS www.idph.state.ia.us/brfss/ and Iowa 2012 NAPIS

^{xiii} Celene Gogerty, Assistant Polk County Attorney summarized Iowa’s situation in her keynote address at the August 3, 2012 Elder Abuse Summit.

Attachment A:
Signed Assurances and
Required Activities

Attachment A
STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

Assurances

Sec. 305(a) - (c), Organization

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals 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) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging 9 will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), Area Plans

(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-

(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);

(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

(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.

(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);

(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

(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-- 10

(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).

(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 organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(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.

(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.

(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;

(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.

(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-

(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;

(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

(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.

(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.

(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--

(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

(ii) the nature of such contract or such relationship.

(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.

(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.

(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.

(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.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17)Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Sec. 307, State Plans

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. 13

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to

standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and 14

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iii) older individuals 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);
 - (iv) older individuals with severe disabilities;
 - (v) older individuals with limited English-speaking ability; and
 - (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.
- (17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.
- (18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
 - (B) are patients in hospitals and are at risk of prolonged institutionalization; or
 - (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
- (19) The plan shall include the assurances and description required by section 705(a).
- (20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.
- (21) The plan shall
- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
 - (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by 15 the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan 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 State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, Planning, Coordination, Evaluation, and Administration of State Plans

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, Additional State Plan Requirements (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter. 16

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order 17

Required Activities

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

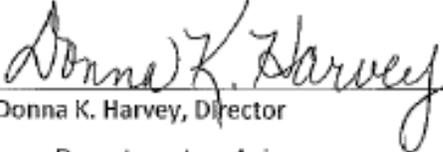
(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: —Periodic (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

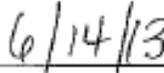
(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.


Donna K. Harvey, Director
Iowa Department on Aging


Date

**Attachment B:
Information Requirements**

Attachment B: Information Requirements

305(a)(2)(E) Mechanism(s) for Assuring Preference for Older Individuals with Greatest Economic Need & with Greatest Social Need

Collectively, the Area Agencies on Aging (AAA) are reaching the Older American Act (OAA) targeted populations:

- Minorities are served at a percentage that is commensurate with their representation in the state. Iowa is a racially homogenous state. Only 2.2 percent of Iowans over the age of 65 are minorities, with 0.9 percent reporting as Hispanic. In state fiscal year (SFY) 2012, 2.6 percent of AAA consumers were minorities, with 1.07 percent reporting as Hispanic.
- Greater than 30 percent of consumers served are below the poverty level, compared to 6.9 percent of all Iowans aged 60 years and older. The poverty rate among minorities served is well above the average: African Americans (53%), Asian (56%), American Indian / Native Alaskan (42%), and Native Hawaiian / Other Pacific Islander (60%).
- The majority of customers served reside in a rural area, particularly among those who are age 75 and older. While the majority of Iowans are now living in an urban area (64 percent), an increasing percentage of those living in rural areas are over the age of 65. Among Iowans receiving services in SFY 2012, 55 percent of consumers aged 60 – 74 lived in a rural area, 64 percent of those aged 75-84 lived in a rural area, and 62 percent of those age 85 and older lived in a rural area.
- The older the consumer accessing AAA services the more likely he/she lives alone. The AAAs serve more individuals living alone than their representation in the state. Whereas approximately 30 percent of all Iowans 65+ live alone, over 50 percent and higher of Iowans receiving services live alone.

Please refer to Attachment E for demographic details on population served and service trends.

The Iowa Department on Aging (IDA) will use the following mechanisms and methods to ensure that the AAAs continue to give service preference to older Iowans with greatest economic need and with greatest social need:

1. Collect, review, and monitor specific demographic data on registered consumers. Starting in SFY 2014, all AAAs will use a standard intake form that collects the following information: address / location, age, gender, race and Hispanic ethnicity, number in household, household income, and difficulties with activities of daily living. An Activity Report is produced at the conclusion of each fiscal year indicating statewide performance in reaching OAA targeted populations. Staff will review this information to identify unserved and underserved populations. Technical assistance will be provided to those AAAs identified as possibly not meeting the needs of these populations.
2. Starting in SFY 2014, each AAA will be required to provide quarterly performance reports. For SFY 2014, these reports require that the AAA indicate progress made on their projected number of consumers receiving mandatory services, projected units of mandatory services provided, and the percentage of consumers completing the intake form. These reports will also include activities & events completed to achieve their goals, challenges faced, lessons learned, and best practices.
3. IDA program and management staff will meet quarterly to review the performance reports and develop guidance for those agencies not meeting their goals.

307(a)(2) Proportion of Funds for Part B Services by Service Category

Per section 307(a)(3) of the Older American Act, the IDA provides a minimum proportion of funds to each AAA to carry out part B services (access, in-home, and legal assistance). The minimum proportion for those service categories is as follows:

- Access: 10%
- In-Home: 5%
- Legal: 3%

307(a)(3) Projected Costs for Service to Older Individuals in Rural Areas

The projected 2014 and 2015 costs for services to older individuals were based actual 2012 costs. The percentage of the estimated number older individuals living in a rural area by PSA was then applied. The result is the projected costs for service to older individuals in rural areas. These projected costs include the costs to access such services.

Projected Costs for FFY 2014 - 2015

AAA	All Funding 2014 & 2015	Elderly Svcs	Title IIIB	Title IIIC(1)	Title IIIC(2)	Title IIID	Title IIIE	NSIP
1	\$4,271,314	\$1,550,517	\$706,732	\$871,081	\$362,451	\$59,517	\$276,779	\$444,237
2	4,225,844	1,510,314	75,0312	92,4798	384,803	36,709	293,847	325,061
3	3,908,276	1,188,705	73,6860	90,8218	377,905	11,723	288,579	396,286
4	2,617,988	826,923	46,5418	573,652	238,692	12,018	182,272	319,013
5	3,705,425	1,245,129	68,6747	846,445	352,202	47,571	268,949	258,382
6	3,244,986	1,139,565	570,549	703,232	292,614	40,432	223,449	275,145
Total	\$21,973,833	\$7,461,153	\$3,916,618	\$4,827,426	\$2,008,667	\$207,970	\$1,533,875	\$2,018,124

Estimated Percentage of Rural Population

AAA	AAA Estimated Number 60+	AAA Estimated Number 60+ Rural Residents	Rural Percentage
1	10,3690	59,532	0.574134
2	11,1600	51,169	0.458504
3	113,685	22,502	0.197933
4	70,815	22,566	0.318661
5	100,020	35,673	0.356659
6	82,470	39,697	0.481351

Projected 2014 – 2015 Costs for Services to Older Iowan in Rural Areas

AAA	All Rural Funding 2014-2015	Elderly Svcs	Title IIIB	Title IIIC(1)	Title IIIC(2)	Title IIID	Title IIIE	NSIP
1	\$2,452,308	\$890,205	\$405,759	\$500,118	\$208,096	\$34,171	\$158,908	\$255,052
2	1,937,565	692,484	344,021	424,023	176,434	16,831	134,730	149,042
3	773,576	235,284	145,849	179,766	74,800	2,320	57,119	78,438
4	834,251	263,508	148,311	182,801	76,062	3,830	58,083	101,657
5	1,321,572	444,086	244,934	301,892	125,616	16,967	95,923	92,154
6	1,561,977	548,531	274,634	338,501	140,850	19,462	107,557	132,441
Total	\$8,881,249	\$3,074,098	\$1,563,508	\$1,927,101	\$801,857	\$93,581	\$612,321	\$808,784

Methods used to meet the needs for services in 2013:

Each AAA provided in their Area Plan a proposed budget and estimated individuals served in their planning and service area. These estimates were based on past results, demographic information provided by the IDA, and the federal and state funding formula. IDA program staff reviewed these estimates to ensure that the budget allocations provided the necessary funds to serve estimated consumers. During onsite monitoring conducted by IDA staff, AAA staff provided documentation showing progress toward meeting goals and demonstrated how the agency reached out and provided services to targeted populations.

Please refer page 2 of the Intrastate Funding Formula for details showing weighted allocations for targeted populations.

307(a)(10) Addressing Needs of Older Iowans Residing in Rural Areas

A sizeable percentage of older Iowans reside in rural areas. In addition, the majority of older Iowans over the age of 65 are women. Of Iowans living alone past age 65, nearly 75 percent are women.

An analysis of SFY 2012 AAA consumer demographic data shows that the typical consumer lives in a rural area, lives alone, is age 75 and older, and is female. The distribution of services from SFY shows that this population is receiving the services they need to live independently and improve or maintain health and wellbeing.

Data from registered consumers who received congregate meals show that:

- 69% resided in a rural area.
- 66% were female.
- 64% were age 75 and older; 24% were age 85 and older.
- 50% lived alone.
- 25% were at or below the poverty level.
- 22% were at high nutritional risk.
- 2% were minorities

Data from registered consumers who received home delivered meals show that:

- 74% were age 75 and older; 39% were age 85 and older.
- 69% were female.
- 67% resided in a rural area.
- 61% lived alone.
- 51% were at high nutritional risk.
- 34% were at or below the poverty level.
- 1% were minorities.

The results of periodic Nutrition Risk Screening are used to evaluate the effectiveness of the nutrition programs in improving eating behaviors and wellbeing.

Data from registered consumers who received home & community based services show that:

- 80% were female.
- 66% lived alone.
- 63% age 75 and older; 27% were age 85 and older.
- 58% lived in a rural area.
- 39% were at/or below the poverty level.
- 5% were minority race and/or ethnicity.

Data from registered consumers who received access services show that:

- 75% were female.
- 61% were age 75 and older; 25% were age 85 and older.
- 58% lived alone.
- 50% lived in a rural area.
- 33% were at/or below the poverty level.
- 5% were minority race and/or ethnicity.

Note: Percentages listed above represent only those consumers who reported their demographic data.

Allocation of funds

Both federal and state formulas are weighted to ensure sufficient funds are available to serve rural populations. Please refer page 3 the Intrastate Funding Formula for details showing weighted allocations for targeted populations. In addition, the IDA intends to realign the state SFY 2015 funding formula to better meet the shifting demographics of older Iowans.

307(a)(14) Methods to Satisfy Needs of Low-Income, Minority Older Iowans, Including Those with Limited English Proficiency

A small percentage of Iowans over the age of 65 have limited English proficiency. Only 0.56 percent of Iowans aged 65 and over are reported as not speaking English well or at all. Of the 4,102 estimated Spanish speakers in Iowa who are aged 65 and over, 72 percent speak English well or very well. (Source: Table B16004: Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over; 2007-2011 American Community Survey 5-Year Estimates.)

The AAAs and INAPIS system do not track data regarding the English proficiency of registered consumers. However, the IDA expects that the AAA will engage in outreach to community and faith based organizations that serve populations that are likely to include older individuals with limited English proficiency. Onsite monitoring includes a review of the success of these outreach efforts.

307(a)(21) Access by Older Iowans Who Are Native Americans

Only one percent of Iowans are reported as American Indian or Native Alaskan. The IDA will pursue numerous activities to assure older Iowans who are Native American have access to Title III services. Specifically, the IDA will collaborate with the Meskwaki settlement's Title VI programs by working with their program staff to identify needs and craft solutions through meetings, conferences and trainings. IDA staff will also ensure that brochures and other outreach information about Title III services are given to Title VI programs and elders so they can take part in Title III services, as needed. Finally, the Title VI staff will also have the opportunity to review the IDA state plan and other documents made available for public comment.

306(a)(17); 307(a)(29); 307(a)(30) Emergency Preparedness

Without preparation, a disaster (natural disasters such as a tornado, flood, winter storm or other un-natural disasters such as an act of terrorism) could cause turmoil for the IDA and the affected AAAs leading to disastrous consequences for the populations served as well as the community at large.

As a quasi-state government entity, each AAA must follow the guidelines of the State of Iowa Continuity of Operations/Continuity of Government (COOP/COG) plan when establishing their emergency preparedness plan. The AAA emergency preparedness plans will be developed in coordination with the IDA's COOP/COG point

person, under the direction of the COOP/COG State Coordinator from the Iowa Department of Homeland Security and Emergency Management. Each plan, which will be submitted with the Area Plan, will include:

- AAA Essential Functions.
- Vital records and documents protection/recovery.
- Key continuity personnel.
- Site recovery steps.

An annual training and exercise will be held with AAA representatives, the IDA COOP/COG point person and the State of Iowa COOP/COG Coordinator to ensure IDA and AAA readiness to implement emergency plans. The first COOP/COG state plan, AAA discussions, and table-top exercises will be held on June 27, 2013 at the IDA offices. A representative (or two) from each of the AAAs will be in attendance. During that first meeting, discussions will be held on how to develop local emergency plans and how to coordinate the state and local emergency plans, including (but not limited to) on-going coordination with state and local emergency response agencies, relief organizations, local and state government and other stake holders that have responsibilities for disaster relief.

The IDA Director is responsible for reviewing and approving the departmental COOP/COG plan prior to submission to the COOP/COG State Coordinator. The Director is also responsible for implementing the plan should a disaster impacting state operations occur. Finally, the Director reviews local emergency plans when submitted as part of the Area Plans.

Section 705(a)(7) Manner in which State Implements Title VII Programs

(1) Establishment of Programs in Accordance with Section VII of the Older Americans Act

Title VII of the Older Americans Act mandates programs designated to carry out vulnerable elder rights protection activities. At IDA these programs are housed in the Office of Elder Rights. Through the Office of the State Long-Term Care Ombudsman, the Elder Abuse Prevention and Awareness Program, and the Legal Assistance Program, the Office of Elder Rights has been working towards a better environment for all older Iowans, residents/tenants of long-term care facilities, and individuals at risk of elder abuse, neglect and financial exploitation.

(2) Methods to Obtain Public Input on Section VII Programs

The IDA utilizes several methods to obtain the views of older Iowans, AAAs, Title VI programs, and other interested persons and organizations. These methods include, but are not limited to:

Iowa Commission on Aging. The Iowa Commission on Aging is the policy-making body of the IDA. The Commission consists of seven members appointed by the Governor and confirmed by the Iowa Senate. The Iowa Senate and House of Representatives each select two members to serve in an ex-officio, non-voting capacity. The Commission holds quarterly meetings, at a minimum, each year. All meetings are open to the public and are held in an accessible location. The Office of Elder Rights presents an update on activities and issues of interest at each commission meeting and participates in a dialogue to answer questions or receive direction.

Iowa Association of Area Agencies on Aging (i4a). The i4a is a non-profit organization, comprised of Iowa's six AAAs. This organization represents the interests of Iowa's AAA network and lobbies the Iowa state legislature to address the needs of the aging network and older Iowans. The partners that make up the Office of Elder Rights meet and confer with the AAA's that make up this association to gather ideas, consult on issues, and gain feedback on the effectiveness of the Title VII elder rights programs.

Special Taskforce. Pursuant to HF 2387 and SF 2336 and guidance received from Iowa's General Assembly, IDA partnered with multiple stakeholders to complete two legislative mandates that are anticipated to continue to develop in 2014 and 2015. Each piece of legislation required IDA to develop and submit a report to the general assembly by December 15, 2012.

HF 2387 required IDA to partner with the Department of Inspections and Appeals, the Department of Human Services, the Iowa Attorney General's Office, and others to conduct a comprehensive review of occurrences of and laws relating to abuse, neglect, and financial exploitation of individuals in the state who are sixty years of age or older. The review included: 1) the current situation of abuse, neglect, and exploitation; 2) an analysis of laws in other states related to abuse, neglect, and exploitation of individuals who are sixty years of age or older; 3) an analysis of current state law and recommendations for improvements to existing law or implementation of other laws; and 4) other information IDA deemed relevant.

SF 2336 required the IDA to develop recommendations for an implementation schedule, including funding projections, for the substitute decision maker program created under Iowa Code 231E. (Refer to Attachment D for task force reports.)

State Plan Public Comment. On May 29 through June 5, 2013, a draft of the State Plan for FY2014 – 2015 was published on the IDA website to receive public comment.

In addition to these formalized methods for receiving public input, Iowans may contact the IDA directly through phone, e-mail, and postal mail. All contact information is posted to the IDA's web site at www.iowaaging.gov.

(3) Methods to Ensure that Older Individuals have Access to, and Assistance in Securing and Maintaining, Benefits and Rights

The IDA works in partnership with the AAA's and other stakeholders to determine the needs of older Iowans and to provide assistance in securing and maintaining benefits and rights. Through the Office of Elder Rights, program managers and the State Long-Term Care Ombudsman continually receive feedback through telephone calls, e-mails, and in person dialogues which helps the Department identify the needs and problems that exist in access to benefits and rights. Through these conversations, the Office of Elder Rights staff works with our partners to ensure access to benefits and assistance while ensuring rights are protected. Our partners include such entities as the legal assistance providers, the Legal Hotline for Older Iowans, the Senior Health Insurance Information Program, the Department of Veteran's Affairs, the Consumer Protection Division of the Attorney General's Office, and the Older Iowan Legislature.

The Office of the State Long-Term Care Ombudsman and the Legal Assistance Developer both produce reports that are intended to share the activities of the two programs. Through the efforts of these programs, activities aimed at ensuring access and rights to older Iowans are identified. In addition, the Long-Term Care Ombudsman report provides recommendations for improving the health, safety, welfare, and rights of residents and tenants of long-term care facilities, assisted living programs, and elder group homes. These reports can be found on the IDA's website.

(4) Methods to Assure Funds are Available in Accordance with Section VII Requirements

The IDA recognizes and acknowledges the value of the Title VII programs to the older Iowans of this state. In order to ensure funds are available to carry out the mandates of Title VII, the IDA works collaboratively with the AAA's to administer the elder rights programs in a fashion that leverages the limited federal funds with state and local resources. In addition, the IDA and the Office of State Long-Term Care Ombudsman certify that the state

resources expended to meet the maintenance of effort requirement set forth by Title III of the Older Americans Act are met.

The Office of Elder Rights Division Administrator and each program manager develop a yearly budget, review quarterly budget reports, and work to ensure the funds are expended to meet the goals of each program.

(5) Methods to Assure No Restrictions on Eligibility of Entities for Designation as Local Ombudsman Entities in Accordance with Section VII Requirements

The mission of the Office of State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolutions to problems, and providing advocacy with the goal of enhancing quality of life and care.

The state places no restrictions on the eligibility of entities for designation as local ombudsman entities. In Iowa, the local long-term care ombudsmen are in fact employees of the IDA and supervised by the State Long-Term Care Ombudsman. The state follows proper state hiring protocols.

(6) Conduct a Program of Services Consistent with State Law and Coordinated with Existing State Adult Protective Service Activities

In carrying out Title VII programs, the IDA will conduct a program of services consistent with relevant state law and coordinated with existing state adult protective services for the following activities:

Public Education. The Office of Elder Rights utilizes these methods to educate the public on ways to identify and prevent elder abuse: training for volunteers and facility staff, training webinars to mandatory reporters on the IDA's elder abuse training curriculum, telephone support to private citizens, caregivers and residents/tenants, presentations at resident councils, family councils, financial institutions, and other community events, and distribution of brochures, press releases, and other outreach materials written for the public and media.

Receipt of Reports of Elder Abuse. The IDA does not serve as the adult protective services entity in Iowa. Therefore, confidential reports of dependent adult abuse are not readily obtainable. The IDA has developed collaborative relationships with the two agencies that investigate dependent adult abuse, the Department of Human Services and the Department of Inspections and Appeals. This allows for a process of sending calls and abuse allegations received by this department to the entities who can conduct the investigations. The Office of Elder Rights, through the State Elder Abuse Program Director, serves as a resource for older Iowans and their caregivers when issues of elder abuse surface. Since Iowa does not have an elder abuse law, the program manager can listen to the concerns and refer to the appropriate referral agencies for assistance.

Participation of Older Individuals in Programs. The IDA, through the Office of Elder Rights, facilitates an elder abuse committee of professionals as well as older Iowans themselves. This committee has in the past been instrumental in pulling together fact sheets, legislation, and issue points which highlight the need for changes to Iowa's current adult abuse system. The Office of Elder Rights has worked with the Older Iowans Legislature to allow for participation and input into the elder abuse, neglect, and exploitation awareness program.

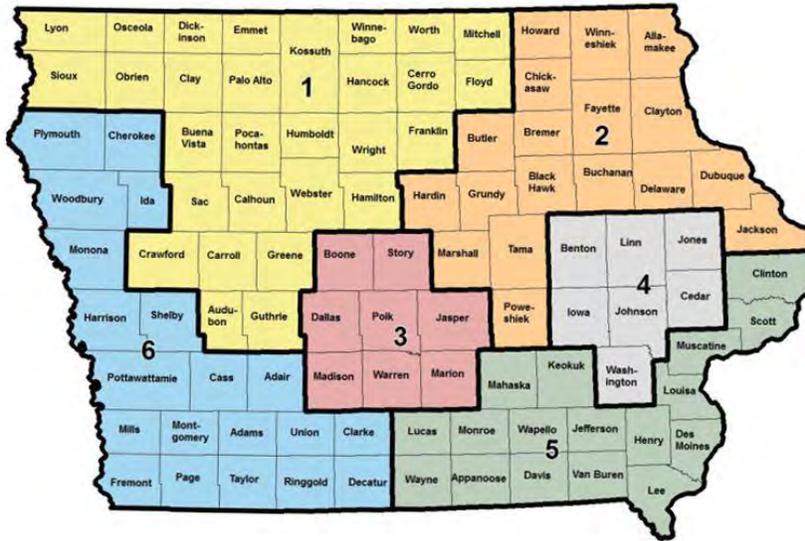
Complaint Referrals. The Office works closely with the Department of Human Services, the Department of Inspections and Appeals, the Attorney General's Office, County Attorneys, the Area Agencies on Aging, and others to ensure individuals with an elder abuse concern receive assistance.

Voluntary Participation. All participation in programs is done on a voluntary basis.

Confidentiality. All information shared is held in the strictest confidence unless the consent to release information is obtained by the client, consumer, or resident/tenant. State law does address the protocol for releasing confidential information for the Office of State Long-Term Care Ombudsman.

Attachment C:
Iowa Planning and Service Areas

Attachment C: Iowa Planning and Service Areas (PSAs)



The Planning and Service Areas will be represented by the following Area Agencies on Aging effective July 1, 2013

PSA 1) Elderbridge Agency on Aging
 (29 Counties)
 Director Mick Tagesen
 Address: 22 North Georgia, Suite 216
 Mason City, IA 50401
 Phone: (641) 424-0678 or 1-800-243-0678
 Email Address: Elderbridge@elderbridge.org
 Web site: www.elderbridge.org

PSA 4) The Heritage Area Agency on Aging
 (7 Counties)
 Director Ingrid Wensel
 Address: 6301 Kirkwood Blvd., SW
 PO Box 2068 Cedar Rapids, IA 52406
 Phone: (319) 398-5559 or 1-800-332-5934
 Email Address: ingrid.wensel@kirkwood.edu
 Web site: www.heritageaaa.org

PSA 2) Northeast Iowa Area Agency on Aging
 (18 Counties)
 Director Mike Isaacson
 Address: 2101 Kimball Avenue
 Waterloo, IA 50702
 Phone: (319) 272-2244 or 1-800-779-8707
 Email Address: hvaaa@hvaaa.org
 Web site: www.hvaaa.org

PSA 5) Milestones Area Agency on Aging
 (17 Counties)
 Director Connie Holland
 Address: 117 North Cooper Street, Suite 2
 Ottumwa, IA 52501
 Phone: (641) 682-2270 or 1-800-642-6522
 Email Address: seneca@seneca-aaa.org
 Web site: www.seneca-aaa.org

PSA 3) Aging Resources of Central Iowa
 (8 Counties)
 Director Joel Olah
 Address: 5835 Grand Avenue, Suite 106
 Des Moines, IA 50312-1437
 Phone: (515) 255-1310 or 1-800-747-5352
 Email Address: agingres@aol.com
 Web site: www.agingresources.com

PSA 6) Connections Area Agency on Aging
 (20 Counties)
 Southwest 8 Senior Services, Inc.
 Director Barb Morrison
 Address: 300 West Broadway, Suite 240
 Council Bluffs, IA 51503
 Phone: (712) 328-2540 or 1-800-432-9209
 Email Address: bmorrison@southwest8.org
 Web site: www.southwest8.org

Attachment D:
Taskforce Reports



Elder Abuse Task Force Report

**Pursuant to HF 2387:
An Act Relating to Improvements to and
Implementation of Laws Concerning Elder Abuse**

**Submitted by:
The Iowa Department on Aging
December 14, 2012**

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HF2387 Task Force Members

Facilitated by: Donna Harvey, Director, Iowa Department on Aging

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Attorney General's Office	Chantelle Smith Assistant Attorney General	(515) 281-8811 Chantelle.Smith@iowa.gov
Commission on Aging	Betty Grandquist Chairperson	(515) 282-0321 bgrandq@aol.com
Consumer Representative	Linda Dearing	(319) 431-1261 ldearing@centurylink.net
Department of Human Services	Julie Allison Bureau Chief	(515) 281-6802 jallison@dhs.state.ia.us
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National Health Law & Policy Resource Center, University of Iowa	Josy Gittler Director	(319) 335-9046 Josephine-gittler@uiowa.edu
Older Iowan's Legislature	Betty Kelly	(319) 351-4309 blkiowa@gmail.com
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Executive Summary

During its 2012 session, Iowa's 84th General Assembly passed House File 2387. The bill was signed into law by Governor Branstad and mandated a review of occurrences of and laws relating to abuse, neglect, or exploitation of individuals who are sixty years of age or older. After conducting the review, the twenty-three member Elder Abuse Task Force presents the following recommendations. These recommendations build upon current Iowa law and practice for the purpose of protecting older Iowans from abuse, neglect, and exploitation.

The Recommendations

1. Elder Abuse Definition and Law.

Develop an elder abuse law which focuses on the unique needs of older Iowans and creates definitions which protect older Iowans who do not meet the dependent adult abuse criteria.

2. Safeguards from Financial Exploitation.

Implement safeguards as outlined in the full report to ensure financial security against exploitation for older Iowans. Current financial power of attorney and conservatorship laws do not adequately protect older Iowans and their assets from perpetrators or from persons in a position of trust.

3. Elder Abuse Intervention System.

Implement a system focused on prevention, intervention, detection, and provision of services to maintain the health, welfare, safety, and resources of the older Iowan. The recommended system to implement and fund statewide is based upon the Elder Abuse Initiative demonstration projects previously funded through the Senior Living Trust Funds and piloted in 22 counties.

4. Allocation of Service Dollars.

To fully implement an elder abuse intervention system, funding for services is needed to ensure protection and safety.

5. Specialized Education and Training.

Achieve consistency and effectiveness in addressing and preventing elder abuse through the development of a single training module to increase knowledge and distinguish between elder abuse and dependent adult abuse.

6. Laws Related to Powers of Attorney, Conservatorship Abuse, and Office of Substitute Decision Maker.

Strengthen the laws pertaining to financial powers of attorney, and conservatorship. Power of attorney documents and conservatorships often serve as powerful tools for exploiters.

7. Multi-Disciplinary Teams (MDT).

Review the MDT process and evaluate to ensure teams meet and that collaboration occurs to better serve older Iowans who are victims of or are vulnerable to elder abuse. Currently, MDT's are allowed to exist under the Dependent Adult Abuse Law but are not statewide.

8. Single Entry Point.

Establish a single point of contact to discuss concerns of or report elder abuse, neglect and financial exploitation. The current system and laws for protecting older Iowans are fragmented and do not meet older Iowan's needs.

9. Safe Havens.

Create specific locations to house a victim of elder abuse. A victim of elder abuse is generally removed from their home in an attempt to keep them safe from a perpetrator. If an older Iowan needs a safe place to stay there are no specific locations that can meet the unique needs of an older person.

10. Ongoing Collaboration.

Continue the dialogue in an effort to protect older lowans. As the population of Iowa grows older, the work and issues surrounding elder abuse needs to continue through a task force which is geared to discussing the issues and researching best practices.

It is the intent of these recommendations to provide for the prevention, detection and correction of abuse, neglect, and financial exploitation, through the creation of an elder abuse law and intervention services that work in partnership with the current laws such as dependent adult abuse, domestic violence, and criminal investigations.

The Task Force encourages the implementation of all recommendations as each plays an integral part toward the solution. The pursuit of just one or two recommendations without the others will not create a comprehensive system of protection for older lowans.

The full report and discussion of the issues specifically requested by HF 2387 follow.

“Only 1 in 23.5 cases of elder abuse is reported ... and for financial abuse, only 1 in 44 cases is reported”
(Under the Radar, 2011)

Mandate

During its 2012 session, Iowa's 84th General Assembly passed House File 2387. The bill was signed into law by Governor Branstad. House File 2387 mandates the Iowa Department on Aging to partner with the Department of Inspections and Appeals, the Department of Human Services, the Iowa Attorney General's Office, and others to conduct a comprehensive review of occurrences of and laws relating to the abuse, neglect, or exploitation of individuals in the state who are sixty years of age or older. The review shall include all of the following:

1. The current situation of abuse, neglect, and exploitation of individuals in the state who are sixty years of age or older.
2. An analysis of laws in other states related to the abuse, neglect, or exploitation of individuals who are sixty years of age or older.
3. An analysis of current state law addressing issues related to abuse, neglect, or exploitation of an individual who is sixty years of age or older and recommendations for improvements to existing law or implementation of other laws specifically addressing abuse, neglect, or exploitation of an individual who is sixty years of age or older.
4. Other information the department on aging deems relevant.

The department on aging is required to, by December 15, 2012, submit a report of its review including findings and recommendations to the governor and general assembly. (See Appendix A)

Recommendations for Improvements to Existing Law or Implementation of Other Laws

The following recommendations are based on the assessment and findings of 1) Iowa's current situation; 2) The analysis of laws in other states; 3) The analysis of current Iowa law; and 4) Past research and community feedback on Iowa's adult abuse system. A more in-depth look at these findings follows the recommendations.

Importantly, these recommendations place the fewest possible restrictions on personal liberty, the exercise of constitutional rights consistent with due process, and protection from abuse, neglect, and financial exploitation.

Recommendation 1 Elder Abuse Definition and Law

Develop an elder abuse law which focuses on the unique needs of older Iowans and creates definitions which protect older Iowans who do not meet the dependent adult abuse criteria.

The Older Americans Act (federal law) broadly defines "elder abuse", as abuse, neglect, and financial exploitation of individuals age 60 or older. Iowa needs to have a clear and useable definition of elder abuse consistent with the federal definition. Iowa does not currently have an elder abuse law, but does have a dependent adult abuse law.

The current abuse laws do not protect older individuals who are not dependent and do not protect older Iowans who are abused, neglected or exploited by someone other than a caretaker. For the system to work to protect older individuals, Iowa needs an elder abuse law and definition which will

supplement the current laws in place to protect victims of abuse, neglect and exploitation.

The Task Force is not providing specific language recommendations for how elder abuse is defined, but rather is identifying different elements that would need to be defined. Through Task Force conversations, it was noted that the following issues need further consideration:

- What are the allegations of abuse that would be investigated;
- What factors need to be considered when determining who is a victim;
- What role does capacity and undue influence play;
- What constitutes a crime;
- How are physical, emotional, and sexual abuse, financial exploitation, neglect and self-neglect defined; and
- Is there mandatory reporting, and are there penalties for failure to report.

Recommended elements needing to be defined include, but are not limited to:

- Physical Abuse
- Sexual Abuse
- Emotional or Psychological Abuse
- Neglect
- Self-Neglect
- Financial Exploitation
- Sexual Exploitation
- Capacity/Lacks Capacity to Consent
- Deception
- Intimidation
- Mental Suffering
- Undue Influence
- Position of Trust

Potential definitions were drafted by a small workgroup convened in 2011. (See Appendix C)

Recommendation 2 Safeguards from Financial Exploitation

Implement safeguards as outlined in Recommendation 6, “Laws Related to Powers of Attorney, Conservatorship Abuse and the Office of Substitute Decision Making” to ensure financial security against exploitation for older Iowans. Current financial power of attorney and conservatorship laws do not adequately protect older Iowans and their assets from perpetrators or from persons in a position of trust.

Factors such as undue influence and cognitive impairment need to be considered and defined.

The proposed recommendations in #1 above as well as in #6 below will help address this recommendation.

Recommendation 3 Elder Abuse Intervention System

Implement a system focused on prevention, intervention, detection and provision of services to maintain the health, welfare, safety, and resources of the older Iowan. The recommended system to implement and fund statewide is based upon the Elder Abuse Initiative demonstration projects previously funded through the Senior Living Trust Funds and piloted in 22 counties.

A) The Elder Abuse Initiative

In 2001, the Iowa Legislature appropriated funding for demonstration projects in a few areas of the state to create a system to respond to concerns of potential elder abuse for at-risk older populations. This system became known as the Elder Abuse Initiative. The Elder Abuse Initiative Demonstration Projects focused on the prevention,

intervention, detection, and reporting of abuse, neglect and financial exploitation once suspected. With the Elder Abuse Initiative, many concerns for older lowans were able to be resolved with supports and services, rather than needing an abuse investigation. Through this program, the Department on Aging gathered data, developed protocols for the prevention and intervention of elder abuse, neglect and financial exploitation situations; and assisted older lowans, who otherwise would not have received assistance.

Due to the results experienced through the Elder Abuse Initiative, it is recommended that the demonstration projects are continued and that the models developed through these projects be replicated statewide. The Elder Abuse Initiative outcomes are listed under “Additional Information and Research” in this report.

The Elder Abuse Initiative model is very similar to the Differential Response or Family Assessment Response movement across the country in the child abuse realm. These response systems, like the Elder Abuse Initiative, have core elements such as:

1. “Response system assignments depend on an array of factors, such as the presence of imminent danger, level of risk, presenting case characteristics;
2. Original assignments can change, based on new information that alters risk level or safety concerns;
3. Services are voluntary in a non-investigative response; and
4. Families (older individuals) are served in a non-investigative fashion.”

(National Quality Improvement Center, University of Colorado (2012))

B) Collaboration on Dependent Adult Abuse Issues.

To further enhance the protections of older lowans and allow a seamless referral system between the Department of Human Services and the Elder Abuse Initiative Program, it is recommended that Iowa Code 235B.3(9) be expanded to include “any referral involving an individual age 60 or older will also be referred to the Area Agency on Aging”.

Recommendation 4 Allocation of Service Dollars

To fully implement an elder abuse intervention system, funding for services is needed to ensure protection and safety.

Through the Elder Abuse Initiative Demonstration Projects, it was discovered that many times, older lowans who are victims of abuse, neglect or financial exploitation need immediate access to services in order to ensure the safety of their person or property. Unfortunately, immediate access to funds to pay for needed services is not readily available. Services might include the need to obtain a restraining order, revocation of a power of attorney document, or filing court fees to prevent further victimization and financial exploitation by a fiduciary.

*“Nearly 1 in 10 financial abuse victims turn to Medicaid as a direct result of the exploitation”
(Gunther, 2011)*

One of the many assets of the Elder Abuse Initiative was the instant availability of service dollars for

immediate needs to allow the older lowan to stay in their home safely. Therefore, to ensure an adequate system of protection, the availability of flexible service dollars to the Elder Abuse Initiative programs is a necessity.

Recommendation 5 Specialized Education and Training

Achieve consistency and effectiveness in addressing and preventing elder abuse through the development of a single training module to increase knowledge and distinguish between elder abuse and dependent adult abuse.

Currently, hundreds of training manuals exist within this state. Each training curriculum approaches the issue differently and therefore has different requirements for what is presented. This makes for inconsistency and confusion. A single, comprehensive training module would standardize knowledge across disciplines and reduce inconsistencies and subjective interpretations of what constitutes elder abuse and dependent adult abuse. Additionally, sub-courses specific to each discipline (medical professionals, financial institution staff, law enforcement, etc.) would serve to further clarify roles and promote more appropriate and timely response strategies, thereby decreasing variability among responders.

Certification of those providing instruction in these courses would further ensure consistency and establish an educational standard. Currently, Iowa Code Section 135.11(24) establishes an Abuse Education Review Panel for "review and approval of mandatory reporter training curricula for those persons who work in a position classification that under law makes the person a mandatory reporter of child or dependent adult abuse when the position classification does not have a mandatory reporter training curriculum approved by a licensing or examining board."

"90% of abusers are family members or trusted others"
(National Center on Elder Abuse, 1998)

and new curricula are no longer being approved. Accordingly, organizations and individuals may only gain approval to use existing curricula.

The Iowa Department on Aging collaborated with the Departments of Human Services, Inspections and Appeals, and Public Health to develop the curriculum "Trainer's Guide for Mandatory Reporters of Dependent Adult Abuse" in compliance with Iowa Code 235B.16 (1). In addition, the Department on Aging has administrative rules, which went into effect May 2006, requiring entities and individuals who utilize this curriculum to be certified and Train the Trainer Certification sessions are conducted via webinars three times per year. Therefore, it is recommended the Department on Aging take the lead on creating the standard training and certification of trainers.

Recommendation 6 Laws Related to Powers of Attorney, Conservatorship Abuse, and Office of Substitute Decision Maker

Strengthen the laws pertaining to financial powers of attorney, and conservatorships. Power of attorney documents and conservatorships often serve as powerful tools for exploiters.

A) Powers of Attorney Abuse

Powers of attorney are the vehicle by which perpetrators are often able to financially exploit older Iowans. Assistant Polk County Attorney Celene Gogerty, who prosecutes exploiters, has said, "This document is so dangerous, I call it "legal dynamite. A power of attorney is legal dynamite because if it is used correctly, it is incredibly powerful and useful. If not, it blows up in your face. But unlike actual dynamite, the use of a power of attorney document is not really regulated."

(See Appendix B)

A power of attorney for financial decisions is a written document by which one person (the principal) gives another person (the attorney-in-fact) the authority to make financial decisions on the principal’s behalf. It creates a relationship wherein the attorney-in-fact is authorized by law to make financial decisions on behalf of the principal, putting the attorney-in-fact in a position to unduly influence and misuse or steal the principal’s assets.

“This document is so dangerous; I call it “legal dynamite”.
Celene Gogerty,
Assistant Polk County Attorney
(August 2012 Elder Abuse Summit)

Iowa Code Chapter 633B provides legal recognition to powers of attorney under which the principal may give an attorney-in-fact the authority over the financial affairs of the principal. Chapter 633B does not, however, include any safeguards against abuse by attorneys-in-fact nor does it provide any remedies for such abuse.

1. Revisions to Power of Attorney Act, Iowa Code, Chapter 633B

Amend Iowa Code Chapter 633B to adopt the provisions of the Uniform Power of Attorney Act (UPOAA). UPOAA provides safeguards against power of attorney abuse including provisions for prevention of abuse, the detection of abuse and the redress of abuse.

The UPOAA was promulgated by the Uniform Law Commission whose members are legal experts appointed by state governments to research, draft and promote enactment of state laws. The UPOAA has thus far been adopted in thirteen (13) states, including Nebraska and Wisconsin.

The following are specific examples of recommended code provisions to strengthen safeguards against power of attorney abuse:

- a. Require registration when the principal becomes incapacitated.

Currently, there is no requirement or option to register a power of attorney document. Further, there is no statutory procedure by which a family member, friend or other interested party who suspects that the attorney-in-fact might be abusing the power of attorney can directly seek court review. These omissions serve as roadblocks in the protection of the older lowan and makes it difficult, if not impossible, to prevent, detect and remedy such abuse.

- b. Authorize a civil action against an attorney-in-fact for the abuse of a power of attorney document and authorize remedies such as punitive damages under specific circumstances, attorneys’ fees, and court costs, and authorize a cause of action to survive the death of the victim.

Currently, the lack of such a provision creates major barriers to the pursuit of civil actions by elderly persons victimized by power of attorney abuse and other forms of financial exploitation. This omission results in many older lowans simply suffering in silence or becoming the subject of prolonged litigation.

- c. Create a rebuttable presumption of fraud upon the transfer by an attorney-in-fact of any of the principal’s property or resources in such a way that does not financially benefit the principal, unless the principal specifically allows such a transfer in the power of attorney document.

- d. Amend the Iowa Code to require all attorneys-in-fact to sign a notarized acknowledgement of their fiduciary duties under a power of attorney document in order for that power of attorney to be considered valid.

Iowa courts have recognized that the attorney-in-fact has fiduciary duties which include acting in good faith on the principal's behalf; avoiding any act of self-dealing; acting only as authorized by the contract; and providing all material facts to the principal. *Kurth v. Van Horn*, 380 N.W.2d 693 (Iowa 1986); *Sinnard v. Roach*, 414 N.W.2d 100 (Iowa 1987); *Estate of Crabtree*, 550 N.W.2d 168 (Iowa 1996); *State v. Flax*, 2002 WL 100677 (Iowa App.).

(See Appendix D1 & D2)

2. Civil Protection/Restraining Orders

Authorize civil protection/restraining orders allowing an individual's assets to be frozen and transactions involving their property to be encumbered under designated circumstances so as to prevent the loss of assets due to power of attorney abuse by an attorney-in-fact.

Currently, Iowa Code chapter 235B authorizes courts to issue protective orders but only in cases of "dependent adult abuse" as defined by the Code and only the Department of Human Services can file a petition for such an order. However, there is no grant of express authority for a civil protection/restraining order to prevent loss of an elderly person's assets or property due to power of attorney abuse.

3. Criminal Action and Sanctions for Power of Attorney Abuse

- a. Criminalize financial exploitation, specifically including power of attorney abuse with an option for enhanced sentencing of a person convicted of a criminal offense against an elderly person involving financial exploitation and/or power of attorney abuse.

There are several reasons why a new criminal statute would be important:

- Iowa Code 235B criminalizes "dependent adult abuse", however, it is only applicable where the dependent person is both physically and mentally dependent and the person perpetrating the financial exploitation or power of attorney abuse is the dependent adult's caregiver. Creating a criminal statute would allow for prosecution of persons falling outside the limited scope of Chapter 235B.
- Iowa Code 702.19 criminalizes "theft", however, financial exploitation can occur in many ways other than traditional theft, such as using undue influence, duress, deception, false representation or by false pretenses. A separate criminal statute with financial exploitation by a power of attorney document would make prosecution of elder financial exploitation much simpler for the parties and create a greater chance of success for making the victim whole.
- The current criminal statutes are not sufficient to protect victims of elder financial exploitation, especially when the exploitation is perpetrated through a financial power of attorney. The reality is both statistically and anecdotally, these cases are not getting reported or prosecuted.

- Older lowans deserve special protections due to the high rate of financial exploitation, their vulnerability, and the large amounts of assets at risk.

Criminalizing “financial exploitation” would demonstrate that the State of Iowa has already made it a priority to fight elder abuse. Iowa has made it a point to recognize certain individuals as being more vulnerable and requiring a higher level of protection. Perpetrators of child abuse and domestic violence could be prosecuted under the assault statute. However, through focused provisions, the legislature has recognized that the victims in these situations are more vulnerable than the general population and created stand-alone criminal sanctions. As noted above, older lowans are equally as vulnerable and require this additional protection.

- b. Amend Iowa Code section 633.535, which currently denies an inheritance to an individual if he or she caused the death of a decedent, to also bar an individual from receiving an inheritance if the court determines that the individual financially exploited the decedent.
- c. Define “informed consent” in Iowa Code 235B so a caretaker’s obligations on behalf of a dependent adult are known.

Currently, “informed consent” is not defined and as a result caretakers do not understand the type of consent that is required of the dependent adult. Further, the lack of definition can be a barrier to the prosecution of financial exploitation cases. Where lack of “informed consent” is an element of the crime, the State is currently required to

prove the existence of an undefined concept.

B) Conservatorship Abuse

1. Amend Iowa Code chapter 633 to require background checks for prospective conservators in order to determine whether they have been convicted of a crime that would disqualify them from serving as a conservator.

Currently, background checks are not performed on prospective conservators. As a result, the courts are unknowingly appointing individuals who are not appropriate to serve as fiduciaries. Under this recommendation, the court would have full discretion in determining which convictions would be disqualifying, taking all factors into consideration.

2. Implement a monitoring and assistance program for conservatorships utilizing well trained and supervised volunteers to assist courts in carrying out their traditional function of monitoring these court-authorized relationships and providing needed assistance to individuals serving in the capacity of conservator.

The Iowa Code contemplates the ongoing court monitoring of conservatorships in order to ensure that incapacitated persons (wards) are receiving appropriate financial management and protection. Unfortunately, our courts lack the resources to perform fully their monitoring function and provide needed assistance to those serving as conservators. Initially, a pilot project could be established involving the University of Iowa, College of Law and the Office of Substitute Decision Maker.

The Department on Aging has been and will continue to work in collaboration with

the National Health Law & Policy Resource Center at the University of Iowa, College of Law, to conduct research and surveys to identify abuse issues involving guardianships, conservatorships and Power of Attorney documents. A separate report setting forth the results of this research and these surveys is in the process of being developed by the Center.

C) Office of Substitute Decision Maker

Iowa Code 231E creates the Office of Substitute Decision Maker (OSDM). While the law creating the OSDM is still in force, the partial funding given for initial operation was eliminated in 2009. During the short life of the OSDM, the Office made a significant difference in the lives of older Iowans subject to guardianship and conservatorship by serving as a visible advocate when abuse, neglect or financial exploitation was suspected. The OSDM intervened in a number of cases and directly brought to the attention of the court the suspicious actions of the guardian or conservator.

It is recommended that the Office of Substitute Decision Maker be re-instituted to serve in a statewide capacity as a decision maker of last resort for individuals who are being abused, neglected or financially exploited who are in need of such assistance.

**Recommendation 7
Multi-Disciplinary Teams (MDT)**

Review the MDT process and evaluate to ensure teams meet and that collaboration occurs to better serve older Iowans who are victims of or are vulnerable to elder abuse. Currently, MDTs are allowed to exist under the Dependent Adult Abuse Law but are not statewide.

Ensuring that MDTs meet across the state allows all partners involved in abuse, neglect, and financial exploitation to collaborate, identify barriers and provide for resolution. As established in Iowa Code 235B.1(1) “local or regional Multi-Disciplinary Teams assist in assessing the needs of, formulating and monitoring a treatment plan for, and coordinating services to victims of dependent adult abuse. The membership of a team shall include individuals who possess knowledge and skills related to the diagnosis, assessment, and deposition of dependent adult abuse cases and who are professionals practicing in the disciplines of medicine, public health, mental health, social work, law, law enforcement, or other disciplines relative to dependent adults. Members of a team shall include but are not limited to persons representing the area agencies on aging, county attorneys, health care providers, and other persons involved in advocating or providing services to dependent adults.”

Currently, MDTs only meet in a few areas of the state. Utilizing the MDTs and expanding their purview to include elder abuse, neglect and financial exploitation would increase partnerships on the local level and optimize limited resources.

**Recommendation 8
Single Entry Point**

Establish a single point of contact to discuss concerns of or report elder abuse, neglect and financial exploitation. The current system and laws for protecting older Iowans are fragmented and do not meet older Iowan’s needs.

One statewide phone number to request assistance and report suspicions of elder abuse should be developed in coordination with other state health and human service-type initiatives. This number would connect

callers to trained professionals for referral to the appropriate resources. Currently, lowans are transferred numerous times before reaching the appropriate agency. NOTE: Several states are utilizing the single entry point contact concept for the Aging and Disability Resource Center network.

Recommendation 9
Safe Havens

Create specific locations to house a victim of elder abuse. A victim of elder abuse is generally removed from their home in an attempt to keep them safe from a perpetrator. If an older lowan needs a safe place to stay there are currently no specific locations that can meet the unique needs of an older person.

Iowa does not have Safe Havens for individuals age 60 or older. Safe Havens are identified locations for older victims to go while the situation is addressed. Collaboration with long-term care facilities, assisted living programs, Area Agencies on Aging, Department of Inspections and Appeals, Department of Human Services and other stakeholders needs to be established to further discuss how Safe Havens can be mirrored from other state’s models and customized for older lowans.

Recommendation 10
Ongoing Collaboration

Continue the dialogue in an effort to protect older lowans. As the population of Iowa grows older, the work and issues surrounding elder abuse needs to continue through a task force which is geared to discussing the issues and researching best practices.

Continue the work the Elder Abuse Committee and Task Force have done by

requiring the Department on Aging to carry on the efforts of addressing the issue of elder abuse, neglect and financial exploitation as established in the Federal Older American’s Act and Iowa Code 231. These efforts would include addressing a number of issues raised at the Elder Abuse Summit that were not able to be addressed in this initial report.

Summary

Iowa’s current system for protecting older lowans is fragmented and does not include an elder abuse law. Currently, a victim of elder abuse or a concerned individual trying to assist a victim of elder abuse must attempt to fit within one of the laws or systems that exist but may not work effectively to protect an older person. Iowa has a dependent adult abuse law which is administered by the Department of Human Services and the Department of Inspections and Appeals. This system is necessary to ensure the safety and protection of Iowa’s dependent adults. To utilize this system:

1. A victim must be a dependent adult;
2. The alleged perpetrator must be a caretaker; and
3. One of the allegations of abuse must be met.

This system works for lowans who meet these criteria, but not all older lowans fit nicely into these categories. Laws also exist if the older adult is a victim of domestic abuse or a victim of consumer scams or securities fraud. Additionally, criminal laws do make such actions as theft, assault, and neglect against the law. In each instance, it is the older lowan, their family member or advocate who is trying to figure out how to “fit” the type of abuse that was experienced into one of the current systems available for protection. Sometimes this can be done and other times the older adult simply gives up because it is just too much to figure out and no specific system meets the need.

The recommendations throughout this report are made with the goal of protecting older adults in this state from abuse, neglect and financial exploitation in a way in which there is no question as to where they should turn. The recommendations also allow for demonstration models which have shown their effectiveness to be expanded or more fully utilized to benefit all older Iowans.

Our hope is that these recommendations, which are a result of years of research, studies and the expertise of professionals and older Iowans, will be read and acted upon to ensure older persons in this state can grow old in a fashion that allows them independence, but when that independence is abused or exploited that there is a system of protection in place.

Current Situation

National Scope

Elder abuse is grossly under reported and under recognized across the nation. According to a 2011 study by the New York City Elder Abuse Center, only 1 in 23.5 cases of elder abuse is reported ... and for financial abuse, only 1 in 44 cases is reported (Under the Radar, 2011). The 2010 National Elder Mistreatment Study found 1 in 9 seniors report being abused, neglected or exploited in the past twelve months (Acierno et al., 2010); The study goes on to state: [T]he rate of financial exploitation is extremely high, with 1 in 20 older adults indicating some form of perceived financial mistreatment occurring at least one time in the recent past.

The National Center on Elder Abuse found that an incredible 90% of abusers are family members or trusted others, adding to the complexity of the situation (National Center on Elder Abuse, 1998). A common

misconception is that elder abuse perpetrated by a family member is a family problem and outside entities should not become involved. The consequences of elder abuse, neglect and exploitation, even within the family nucleus, are devastating not only to the abused, but to society.

In their 1998 article, *The Mortality of Elder Mistreatment*, Lachs, et al. found that abused seniors are three times more likely to die prematurely. In his March 2, 2011 recorded testimony before the Senate Special Committee on Aging in Washington, D.C., Mark Lachs reiterated the 1998 findings that elder abuse leads to illness and premature death. In addition, he testified that elder abuse victims are four times more likely to go into a nursing home. Nearly one in ten financial abuse victims turn to Medicaid as a direct result of the exploitation (Gunther, 2011). Victims of abuse utilize healthcare services at higher rates; those who had experienced abuse accessed the healthcare system two to two and a half times as often (Koss & Heslet, 1992).

In 2009, the MetLife Mature Market Institute reported financial exploitation cost American Seniors more than \$2.6 billion per year. The total U.S. household income is \$53.1 trillion dollars and a third of it is being held by seniors. A study done in Utah found that their seniors lost an average of \$1 million dollars weekly from thieves (The Washington Examiner, 2011).

Iowa Scope

Along with the rest of the nation, elder abuse continues to be under acknowledged, under identified, and under reported. Celene Gogerty, Assistant Polk County Attorney summarized Iowa's situation in her keynote address at the August 3, 2012 Elder Abuse Summit when she stated, "What is the

state of elder abuse in Iowa? It is an unspeakable epidemic.” (See Appendix B) This issue is compounded by the fact that Iowa does not have a specific elder abuse law. Iowa’s abuse law is actually a dependent adult abuse law. The Dependent Adult Abuse Laws are defined in Iowa Code Chapter 235B and assigns authority and responsibility to the Iowa Department of Human Services for abuse occurring in the community and in 235E to the Department of Inspections and Appeals for abuse occurring in long-term care facilities.

*“What is the state of elder abuse in Iowa? It is an unspeakable epidemic.”
Celene Gogerty, Assistant Polk County Attorney
(August 2012 Elder Abuse Summit)*

The constraints of the dependent adult abuse law means that many Iowans age 60 or older experiencing abuse, neglect and financial exploitation are left with very limited, if any, intervention and assistance. The following criteria must be met before Department of Human Services may respond:

- A)** The individual must be “dependent”- an individual age 18 or older who is unable to protect their own interests or unable to adequately perform or obtain services necessary to meet essential human needs as a result of a physical or mental condition which requires assistance from another;
- B)** The alleged perpetrator of the abuse must be the “caretaker”, which means that the individual perpetrating the abuse has the responsibility for the protection, care, or custody of the dependent adult as a result of assuming the responsibility voluntarily,

by contract, through employment, or by order of the court;

- C)** The incident must be one of the defined abuse categories: physical and sexual abuse, sexual exploitation, financial exploitation, denial of critical care or self-denial of critical care (neglect).

Below is a breakdown of dependent adult abuse reports during state fiscal year 2011.

Department of Human Services	Department of Inspections and Appeals
Reported: 5,980	Reported: 542
Accepted: 2,888	
Founded: 500	Founded: 150

In an effort to evaluate Iowa’s system, Iowa’s General Assembly approved approximately \$475,000 in 2001 to fund strategies for elder abuse detection, training and services. This effort became known as Iowa’s Elder Abuse Initiative Demonstration Projects and were located in 22 of Iowa’s 99 counties. This initiative allowed the Iowa Department on Aging to gather data, and develop protocols for the prevention and intervention of elder abuse, neglect and exploitation situations. Funding and authorization for the demonstration projects ended June 30, 2011.

The Elder Abuse Initiative focused on the prevention, intervention, detection, and reporting of elder abuse, neglect and financial exploitation by presenting elders with options to enhance their lifestyle choices. The objectives of the Elder Abuse Initiative were: 1) To respond to reported concerns regarding Iowans age 60 or older, who were at risk of, or experiencing, abuse, neglect and exploitation; 2) Coordinate community resources and provide a network

to respond to the needs of the targeted population; 3) Collaborate with and serve as a resource for case managers, healthcare providers, law enforcement, county attorneys, Department of Human Services evaluators, domestic violence agencies and community providers; and 4) Increase public local awareness on elder abuse issues through educational training. (See Appendix E)

Analysis Of Laws In Other States

The national review of state adult abuse laws was conducted via the American Bar Association research posted on the National Center on Elder Abuse Center website and Westlaw. A barrier in comparing state laws is the variety of definitions in adult abuse. Some states have dependent adult abuse laws, some have elder abuse laws, and still others have vulnerable adult abuse laws. The states of Arizona, Colorado, Illinois, Texas, and Utah all had a variety of components which would complement Iowa’s existing adult abuse system and fills in where it is lacking. While it is difficult to compare states, it was clear through this analysis that there are states with stronger elder abuse laws and protections. (See Appendix F)

Analysis Of Current Iowa Laws

The review of current Iowa law began with identifying Iowa Code Sections that refers to or addresses adult abuse:

- 231.56A -Prevention of Elder Abuse, Neglect and Exploitation Program
- 231E – Substitute Decision Maker Act
- 235B – Dependent Adult Abuse Services – Information Registry
- 235E – Dependent Adult Abuse in Facilities and Programs

- 236 – Domestic Abuse
- 633.535 – Probate Code – Person Causing Death
- 633B – Powers of Attorney
- 700 Series – Criminal Offenses
- 729 – Infringement of Individual Rights
- 729A – Violation of Individual Rights – Hate Crimes
- 726.7 – Wanton Neglect of a Resident of a Health Care Facility
- 726.8 – Wanton Neglect or Nonsupport of a Dependent Adult

Findings

From this listing, a gap analysis was conducted and is illustrated in Diagram A. The shaded areas are the current Iowa Code Sections in place to address adult abuse, neglect and exploitation. The non-shaded areas are the gaps in protection identified by stakeholders, partners, community providers, and the aging network over the past several years and reiterated during the August 3, 2012 Elder Abuse Summit. (See Appendix G) The empty pieces to the adult abuse puzzle represent additional system improvements that will be revealed as Iowa’s adult abuse system is enhanced and grown to meet the needs of older Iowans.

*“Financial exploitation cost American Seniors more than \$2.6 billion”
(MetLife Mature Market Institute, 2011)*

Building an Elder Protection System ¶

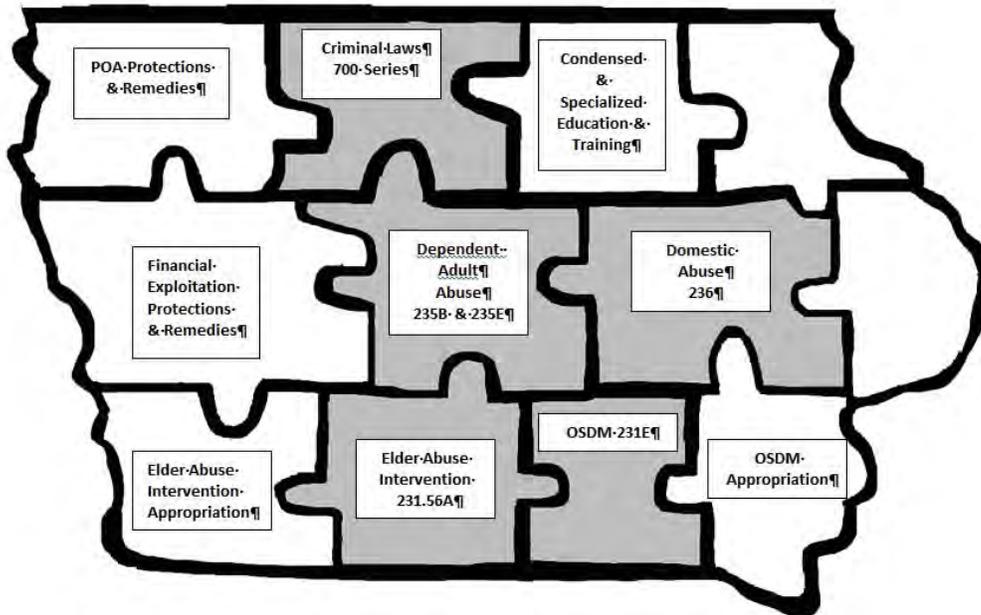


Diagram A

Additional Information & Research

The recommendations put forth by the Task Force build upon years of research, outreach and grassroots efforts regarding what is lacking in Iowa’s adult abuse system. These efforts began in 1998 and include outcomes from the Elder Abuse Summit, Community Conversations, Elder Abuse Initiative Demonstration Projects, and Dependent Adult Abuse Forums as follows:

A) Elder Abuse Summit [August 2012]

(See Appendix G)

The Elder Abuse Summit was an opportunity for information and input regarding an elder abuse system for Iowa. Governor Branstad, legislators, experts and citizens gathered to identify system barriers and solutions to

improve the system for protection of Iowa’s older citizens.

- 193 Participated
- 70 Entities Represented

Findings

- Current Laws Not Adequate
- Substitute Decision Making Inadequacies
- Inadequate Resources & Funding
- Public Awareness Needed
- Training For Professionals
- Lack Of Coordination / Response / Action

B) Community Conversations on Aging [Summer 2011] (See Appendix H)

During the summer of 2011, 646 Iowans attended the 16 Community Conversations

on Aging held throughout Iowa. It is reported in 2010 that Iowa's population reflected over 15% of persons aged 60 and over with those numbers projected to rise to 18% by 2020 and 23% by 2030. By 2030, Woods and Pool Economics, Inc. project that 88 of Iowa's 99 counties will reflect over 20% of their population aged 60 and over. While conversations are occurring on the federal level regarding Social Security, it is important to note the Social Security Administration reports Iowa recipients bring \$485,942,000 into the State of Iowa that support the economy with those numbers increasing as more individuals reach retirement age. Discussions held at the community forums identified three priority areas of unmet needs:

1. Develop a statewide system of protections and support services for older individuals facing abuse or financial exploitation, including a strong elder rights law;
2. Increase mental health services designed and delivered to older individuals throughout the state, particularly in rural areas; and
3. Increase the focus on lack of affordable, adequate and appropriate transportation services to allow better access to health and support services, particularly in rural areas

C) Elder Abuse Initiative Demonstration

Projects [FY2001 – 2011] (See Appendix E)

In 2001, the Iowa Legislature approved approximately \$475,000 to fund strategies for elder abuse detection, training and services in an effort to evaluate Iowa's fragmented system. This endeavor became known as Iowa's Elder Abuse Initiative demonstration projects. These projects were located in 4 of the 13 Area Agencies on Aging and available in 22 of Iowa's 99 counties. The Elder Abuse Initiative focused on the prevention, intervention, detection, and reporting of elder abuse, neglect and

exploitation by presenting elders with options to enhance their lifestyle choices.

Outcomes (FY2007 – 2011)

- 11,903 Total Referrals;
- 66% Had Mental Health Issues;
- 44.4% Experienced Financial Exploitation;
- 30.7% Experienced Denial of Critical Care by an Adult;
- Only an Estimated 16% of Elder Abuse Initiative Clients Fell into the Category of Iowa's Dependent Adult Abuse Definition

Findings

- Establish a definition of elder abuse separate from dependent adult abuse
- Create a statewide elder abuse intervention system
- Amend Iowa Code Chapter 235B – rejected referrals and referrals of individuals age 60 and older shall be referred to the local Area Agency on Aging
- Identify gaps in criminal law to address undue influence; non caretakers exploiting, neglecting and abusing individuals age 60 and older, legal remedies to address misuse of POAs (Elder Abuse Law)
- Create a statewide Office of Substitute Decision Maker

D) Dependent Adult Abuse Professional Forums & Survey [1998, 2003 & 2006]
(Appendix I)

Forums were held across the state to hear from professionals working in the field about how the dependent adult abuse law and system worked. Opinions were sought on what was working well, what could work

better and what their suggestions might be for improvements and/or changes at the local and state level.

Results:

***1998 Grassroots Forums:**

- 16 Forums
- 316 Participants
- 71 Counties

Findings

- Education to Raise Awareness and Work Toward Prevention
- Education for Mandatory Reporters
- Systemic Changes Need to Occur
- Adequate Funding Needed

***2003 Follow Up Survey:**

- 1000 surveys were disseminated to the organizations or entities that were represented at the 1998 forums
- 301 surveys returned (30%)
- Results published in the Social Work in Health Care, Quarterly Journal, Volume 40, Number 2, 2004

Findings

- An Increase in Abuse Awareness is Needed
- Increase in Communication
- Continue to Collaborate with Community Partners to Build a Service Delivery and Protection System

***2006 Grassroots Forums**

- 9 Forums
- 212 Participants
- 52 Counties

Findings

- Clear and consistent guidelines and protocols for determining dependency, what constitutes abuse, negligence and gross negligence and the implementation of active multidisciplinary teams
- Expand the Elder Abuse Initiatives statewide which includes prevention, early intervention, support services, emergency shelters and specialized investigators
- Education and training for law enforcement, county attorneys, investigators, community providers, consumer directed attendant care (CDAC), direct care workers and stakeholders including prosecution and penalties
- Funding for
 - Public Awareness
 - Elder Abuse Initiative statewide; and
 - Office of Substitute Decision Maker.

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Appendices

HOUSE FILE 2387

AN ACT RELATING TO IMPROVEMENTS TO AND IMPLEMENTATION OF LAWS CONCERNING ELDER ABUSE BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. ELDER ABUSE REVIEW AND REPORT.

1. The department on aging shall work with the department of inspections and appeals, the department of human services, the office of the attorney general, and other affected stakeholders to conduct a comprehensive review of occurrences of and laws relating to the abuse, neglect, or exploitation of individuals in the state who are sixty years of age or older.

2. The review shall include all of the following:

- a. The current situation of abuse, neglect, and exploitation of individuals in the state who are sixty years of age or older.
- b. An analysis of laws in other states related to the abuse, neglect, or exploitation of individuals who are sixty years of age or older.
- c. An analysis of current state law addressing issues related to abuse, neglect, or exploitation of an individual who is sixty years of age or older and recommendations for improvements to existing law or implementation of other laws specifically addressing abuse, neglect, or exploitation of an individual who is sixty years of age or older.
- d. Other information the department on aging deems relevant.

3. The department on aging shall, by December 15, 2012, submit a report of its review including findings and recommendations to the governor and general assembly.

Elder Abuse Summit
August 3, 2012
Celene Gogerty, Assistant Polk County Attorney

Intro:

Thank you so much for inviting me to come speak to you about a very serious topic. First, I am going to talk about the problem of elder abuse. I will go over the relevant Iowa Law. I will talk to you about how we are responding to elder abuse day today. And last, I will talk a little bit about where we are going. Also, I want you to know that I am going to tell you several stories today. All of them are true and the only thing changed is the names of the parties involved.

Before we really get rolling this morning, I want you all to take a moment and imagine your ideal circumstances of your twilight years. Think about that, will you? Do you have that picture in your head? I'm picturing, living in my own home, lying on a wrought iron bed, with a warm homemade quilt, I'm wearing a crisp white nightgown. There is sunlight streaming in the windows, fresh cut flowers on the bedside table. I am surrounded by my adoring children, who wait on me hand and foot until I slowly and peacefully fade into that good night. That is probably pretty close to what most of you are picturing, right? Sounds perfect. Now keep that image in your mind while I tell you about Betty and Bill.

Betty and Bill were married for 69 years. They had one child, Lisa. A few years ago, time had caught up with Betty and Bill and they needed someone care for them. Lisa and her husband, John, a minister, agreed to look after Betty and Bill. Lisa and John moved in with Betty & Bill, as live in caretakers. This was the perfect retirement plan: Betty and Bill would stay in their own home, cared for by their family in their twilight years. Remember that picture you thought of when we got started? It sounds like that doesn't it? Here is the reality of what really happened.

You see, Lisa and John told Betty and Bill that they had to sign a power of attorney, which gave Lisa and John power over their finances. That's how it started and really, that doesn't seem that unreasonable on the surface. Lisa and John are taking care of everything; of course, they should handle the bills as well. Within six months though, Lisa and John had Betty and Bill sign over the house to them too. At that point, Betty and Bill were in no position to object. They relied on Lisa and John completely for their care. Both had medical conditions; Bill was in a wheelchair. They felt they had no one else to rely on or to intervene. They felt they could not speak up. So they signed.

In a matter of three years, Lisa and John plundered Betty and Bill's retirement savings. Betty and Bill were not rich, by any stretch of the imagination. Bill had retired from a city job and they had a modest home on the south side of Des Moines. But they had managed to save over \$100,000 in their bank account and their house was paid for. And like that, it was all gone. Lisa and John wanted a better life, but they couldn't or wouldn't earn it. So they took it from Betty and Bill. Lisa and John went out to eat, went to movies, and went on an elaborate vacation on Betty and Bill's dime. The vacation involved Linda and John taking their entire extended family to Disneyworld.

You might be thinking, it is hard work caring for elderly, dependent parents. They are entitled to some compensation. I would say that may be true, if they actually took care of Betty and Bill.

Remember that vacation to Disneyworld? Well, Lisa and John took *almost* their entire family. They left out some people. Can you guess who? All together now, Betty and Bill. They didn't take Betty or Bill to Florida, even though they couldn't care for themselves. And they also didn't make arrangements for anyone else to take care of them. So Betty and Bill were left to fend for themselves that entire time.

To make matters worse, Linda and John didn't take care of them even when they were there. For over the last year of Lisa and John's spending spree, neither Betty nor Bill was allowed out of the house. Not to go out to eat or go on vacation, or even see a doctor. For over a year. And due to their medical conditions, they needed supervision and care, but for the most part, Lisa and John were out spending Betty and Bill's money.

Finally, a neighbor realized that she hadn't seen Betty nor Bill for a long time. She became so concerned that she called the Department of Human Services. When the DHS worker arrived, she found Betty and Bill home alone. Lisa and John arrived a short time later and the DHS worker started to try and figure what was going on. Bill, due to his medical conditions, was not able to speak. Betty's cognitive abilities were intact. However, Betty

was too frightened to speak in front of Lisa and John. Instead, Betty passed notes to the DHS worker, begging for help. After all, it had been three years since the exploitation and neglect had started.

Betty and Bill had to go into a nursing home, as there was no one appropriate to care for them. They didn't get to pick the facility, as their money was all gone and they had to go on government assistance. But they got good medical care, food, and were able to see family and friends they hadn't seen in years. And they were no longer prisoners in their own home, unable to speak up.

So what is the state of elder abuse in Iowa? It is an unspeakable epidemic. It is unspeakable that people could commit such despicable crimes. It is unspeakable that perpetrators are usually beloved family members. It is unspeakable that these crimes are woefully underreported. It is unspeakable that the victims are so vulnerable. It is unspeakable merely because these victims are often literally unable to speak.

How common is Betty and Bill's story in Iowa? Honestly, we really don't know. According to the US Department of Justice, about .4% of US seniors reported being a victim of any type of crime. However, studies indicate that about 7 to 8 percent of the senior population has suffered elder abuse. Assuming that all of those reported crimes were elder abuse (and we know they weren't), but assuming they were, the actual rate of abuse is 17.5 times the amount of crimes reported. We know that in 2011, there were 3434 mandatory reports made to the Iowa DHS for dependent adult abuse. Assuming they were all seniors (and we know they weren't) but assuming they were, that would be less than one percent of the Iowa senior population that was alleged to have been abused.

The state of New York did a groundbreaking study of elder abuse where they interviewed thousands of seniors about whether they had been subject to elder abuse. They found that the rate of actual abuse was 24 times the amount reported. 24 times.

This means we are missing thousands of cases here in Iowa. Thousands of Iowa seniors are silently suffering.

This is an unspeakable epidemic.

And why don't seniors report the abuse themselves? One study found that the victims are ashamed and afraid and they don't know how to get supportive services. That makes sense to me. How hard must it be for a person to admit they have been had by their own child, they have been neglected by their sister, that they have been assaulted by their grandson? How embarrassing it must be to realize and tell someone else that they have lost cognitive ability? How terrifying is it to be threatened with being placed in a nursing home? How lost and alone would you feel if you had nowhere to turn for help? And quite frankly, some victims are cognitively unable to even know what is happening to them.

Here is another factor. The perpetrators are often people the victims' love. This is their flesh and blood who did this. They don't want them in trouble, in jail. What a terrible conundrum in which they have been placed.

What if Betty and Bill had only seen the doctor? Betty could have told her doctor. Her doctor was a mandatory reporter. Surely, the doctor would report it. The statistics indicate otherwise. A study in 2005 of primary care physicians revealed that about 75% of them were not concerned about elder abuse and that 2/3 had no cases of abuse in the past year. I am not here to demonize doctors, quite frankly, a lot of other professions are not reporting it either. Mandatory reporters are required to be trained and I know that they comply and they use the approved curriculum. And that is a good thing. But I think we need more. I have trained physicians in the past about elder abuse. When I got feedback from them, it was interesting. The doctors' biggest request was for actual medical training on recognizing the medical signs of abuse. As my entire medical training consists of watching two seasons of ER, I'm really not qualified. But there is a need, a desire by treating physicians to get it right, to protect their patients. We just need to address it. That is just one example of professionals that are calling for more training and more specific training in their fields on elder abuse.

I want to tell you about another couple, Frank and Vicky. Frank and Vicky, another couple married for decades. Like Betty and Bill, they had one child, a son named Danny. Frank and Vicky also gave Danny access to their financial affairs, via a power of attorney document. And like Lisa and John, Danny misused his authority to access his parents' money for his own personal gain. Danny couldn't hold a job but he wanted to remodel his house. So he stole the money from his parents. Conservatively, he stole over \$40,000. By the time law enforcement and DHS became involved, Vicky was in poor physical health and Frank was suffering from dementia and they both needed nursing home care. Vicky died while the criminal case was pending against Danny.

Sometimes, I hear defendants say that they were just taking what they would inherit anyway. And Danny was no exception. So what's the harm?

A study found that seniors that suffer *mild* abuse have a 300% increased risk of dying compared to seniors who have not been abused. Another study found that abused seniors are four times as likely to be put in a nursing home.

This also had a huge financial impact. Frank, once again, he had to rely on government assistance as most of his money was stolen.

I met with Frank several times at the nursing home. Frank clearly had memory issues, but he knew what Danny had done. I could see his pain. His face would crumple and he would look to the floor when he talked of Danny's stealing. This crime had a profound impact on Frank and he died within a few years, penniless.

When Danny was sentenced to pay over \$43,000 in restitution to his father, Danny paid as little as he possibly could. When Frank later died, Danny was able to wipe out the entire debt because in Iowa, you can still inherit from someone, even if you steal them blind before they died.

Pop Quiz:

What is the most dangerous document? This document is so dangerous, I call it "legal dynamite". I will give you a hint: that is, I have already given you a hint.

A power of attorney. It is legal dynamite because if it used correctly, it is incredibly powerful and useful. If not, it blows up in your face. But unlike actual dynamite, the use of a power of attorney document is not really regulated.

Danny, as well as Lisa and John, were able to steal using power of attorney documents.

One of the problems is that, for an unscrupulous person, a power of attorney document turns into a blank check. It doesn't matter to them that they have fiduciary duties. It doesn't matter that the Courts have said that you can't engage in self-dealing, that you have to act in good faith. Because either they don't know of their fiduciary duties or they don't care.

Giving them the benefit of the doubt, how would they know? Most of the fiduciary duties are not spelled out in the Iowa Code, but in court rulings. A person acting via a power of attorney document is not required to acknowledge their obligations. And no one is telling them. The general population is not being informed on how these documents should and should not work. Attorneys are guilty of it too. And so the unspeakable epidemic continues.

And the studies indicate that financial exploitation of seniors is the most common type of elder abuse. How much is being stolen? Don't know. The total US household income is \$53.1 trillion dollars and a third of it is being held by seniors. In 2009, the MetLife Mature Market Institute reported financial exploitation cost American Seniors more than \$2.6 billion per year. That New York state study found that the amount of actual financial exploitation was forty-four times the rate of reported cases. A study done in Utah found that their seniors lost an average of \$1 million dollars weekly from thieves. It's unspeakable.

Now, I want you to think about an important senior in your life. Picture them in your head, how much you love them, what is special about them. Does everyone have that senior in their head? Keep that in mind for a moment.

The National Adult Protective Services Association found that the typical victim of elder financial exploitation was a female, aged between 70 and 89, frail and cognitively impaired. Does that sound like anyone you know? Your mother, your grandmother, your aunt, your neighbor?

Who is committing these crimes? MetLife found that most of the thieves were family members and caregivers. The Linda and Johns of this world.

But it is not just financial exploitation. Iowa seniors are being abused and neglected on a daily basis.

My very first case as an elder abuse prosecutor involved a certified nurse assistant who deliberately tormented two elderly and medically fragile residents. She repeatedly cranked up the air conditioning up on these ladies when they were only partially dressed and cold. They were shiver and suffer until, as one person described it, they would turn gray. One of these ladies had previously had eye surgery and suffered from dry eyes, a fact this CNA knew. The CNA turned a fan into her eyes. I remember the testimony of one of the witnesses; that she put her hands up, but couldn't speak. Even worse, the CNA would laugh about what she had done with another nurse.

The victims, due to dementia, were unable to speak up. They suffered greatly as no one spoke for them when the abuse first started happening. It took a long time for it to get reported.

A lack of reporting by mandatory reporters is a real problem. A 2009 study published by the University of Iowa College of Medicine involved interviewing nursing home employees. 35 percent of the interviewed employees stated they did not report cases of suspected abuse. Over a third of them did not speak up.

We all know of abuses that occur in health care facilities. We read it in the papers and see it on the news. What isn't commonly known is how much abuse and neglect occurs in the home. That really shouldn't be surprising when, according to the National Adult Protective Services Association, 95% of seniors live in at home. A study found that 47 percent of dementia patients, living in their own homes, suffered from abuse. This study, however, didn't even look at financial exploitation. If we throw that in, it is not an exaggeration that more dementia patients in the home will be abused than not.

In 2010, a worldwide study of dementia was released. The cost to treat dementia in at that time was \$600 billion dollars. The study found that the amount of people with dementia was likely to double every twenty years. To put this in perspective, the report stated that if dementia care were a company, it would be the largest company in the world.

Alzheimer's disease and other forms of dementia place caregivers under a tremendous amount of stress, both emotional and financial. The Alzheimer's Association calculated that the value of the time caregivers spend tending to their family members afflicted with Alzheimers in 2011 was \$1.8 trillion dollars nationwide. We shouldn't be surprised when there isn't funding for respite care or other supportive services that abuses of our seniors are occurring.

But isn't always just about caretaker stress. There are some people who should never be taking care of our seniors. In 2000, professors at the University of Iowa studied Iowa community characteristics associated with elder abuse. They found that the strongest risk factor for reported elder abuse cases was also child abuse.

In 2009, Gladys was living in her own home. She was starting to show signs of dementia in the summer, so her adult grandson, Gary, moved in to care for her. In October, Gladys was taken to the hospital in a terrible state. She was emaciated, malnourished, dehydrated and as one nurse put it, skin and bones. She had dried feces in her hair. Her entire body was infested with lice and fleas. The ER doctor later testified that you could see the bugs moving on her skin from across the room. It was so bad that medical staff had to shave Gladys' head. Anyone who wanted to see Gladys had to put on a hospital gown so they wouldn't get infested.

When hospital staff asked Gary how long Gladys had been like this, Gary said she hadn't left the couch in five or six days. Gary hadn't brought her food or drink or helped her to the bathroom in all of that time. Several family members had been in Gladys' home during those five or six days and no one called for assistance until Gladys was extremely ill.

Gladys died eleven days later.

I wish I could say that this was my only case involving neglect, but I have had several others just as bad, if not worse.

Abuse and neglect are unspeakable crimes, but we can't ignore the problem of self-neglect. We have had many, many cases where a senior who cannot live safely in their home anymore, usually because of dementia, has no one to make decisions for them. Often times, they have no family members left, so they have no power of attorney document or person to act as guardian. They didn't have the capacity to consent to medical treatment or to take care of their finances.

In those cases, DHS has been forced to find a volunteer to act as guardian and conservator. Our DHS workers practically pound the pavement, desperately looking for volunteers and they are always in short supply. We have one volunteer who is a guardian or conservator for 37 people in Polk County alone. If we didn't have him, I honestly don't know what we would do. Many hoped that the State Office of Substitute Decision Maker would fill that void. However, it was closed up before it could even get going.

And it is not just self-neglect where volunteers are needed. Often times we need a guardian and conservator for seniors who have been financially exploited. It is not unusual that the Lindas and Johns of this world to have left their parents in a financial mess. I had a case where money was left in trust with the son to care for his mother, June. June had advanced Alzheimer's disease and was unable to speak. Her son stole \$213,000 from her. He left June with a relatively small annuity with a monthly payout of \$7000. However, her nursing home cost \$9000 a month if she were to pay privately. But with the \$7000 payout, she didn't qualify for government assistance. So June was being threatened with discharge from her nursing home but there was no appropriate family member to take care of her. It was only after a lot of begging and pleading that the insurance company took pity on June and released her from the annuity contract. It is this type of case that requires an astute conservator, and quite frankly, there are not that many volunteers who could handle such complicated financial matters. Without such volunteers, there is no one to speak for people like June.

The other challenge we face is the lack of suitable placements. We have had several situations where a vulnerable senior wasn't safe in their home but there wasn't an immediate nursing home bed available. Where do they go? I don't have a good answer for that.

Where is Kris Stroeh? I am picking on her for a couple of reasons. First of all, she has been threatening to heckle for the last week. So I am pre-emptively calling her out. Kris is a DHS services worker. As part of her duties, she coordinates services for dependent adults, but honestly, that description does not do what she does justice. Kris has to be a magician in getting services for her clients, because the Iowa Code specifically does not allocate money for those services. She is also finds those placements, finds volunteer guardians and conservators, and quite frankly, no one does it better. People often ask me what for my opinion because they say I am out in the trenches. I think a more accurate description is that I am out on the battlefield, with a really good view of the action. But its people like Kris who are out in the trenches. If you really want to know what is going on, you need to ask Kris. You are going to hear later for Detective Danny Metzger. Danny is out in the trenches. Talk to Kris and Danny. Listen to them. Listen to them speak.

This is not hopeless or a lost cause. There are many tools at our disposal that, if used, can start to address this unspeakable epidemic.

First of all, we need to understand there are essentially two statutory approaches to these problems: elder abuse laws and dependent adult abuse laws, or a combination of both. The main difference is that an elder abuse law applies to all adults who are seniors. A dependent adult abuse law applies to only those adults who are impaired and need protection.

In Iowa, we use a dependent adult abuse approach. Our dependent adult abuse laws are in Chapter 235B and Chapter 235E. 235E allows the Division of Inspection and Appeals to investigate dependent adult abuse in health care facilities. If they find violations, they can go after the facilities administratively. DIA also goes after Medicaid fraud as well. 235B allows the Department of Human Services to investigate abuses everywhere else. If they find abuse has occurred, they can put the perpetrators in a registry. DHS also has been given other, lesser known powers. DHS can petition the court to ask for a protective order on behalf of their dependent adults who have don't have capacity to make decisions for themselves. If a dependent adult is not safe in their home, they can get them to a placement where they are cared for properly. If someone is stealing from them, they can get an order keeping the thieves at bay. Essentially 235B emergency orders are lifeboats, keeping people safe until guardians or conservators are appointed. Lastly, 235B gives us criminal charges and penalties.

So what is a "dependent adult" and "dependent adult abuse"? First of all, you need to know that these definitions in 235B and 235E are slightly different. Don't ask me why.

In any event, basically, a dependent adult is an adult, who is unable to protect themselves or obtain services or meet their own needs as a result of a physical or mental condition which requires assistance from another.

So how do we figure out who is dependent? What factors apply and what ones don't?

One factor is time. What I mean, is that you can be dependent for five minutes, five days, or fifty years. If you get into a car accident and are unconscious, you are a dependent adult as long as you can't meet your own needs. That may only last a short time, but you are dependent for that time. That way you are protected when you are vulnerable. The classic example of this is the 1981 assassination attempt against President Reagan. When Reagan was shot and in surgery, there was a big to-do about who was in charge. And that was because someone had to be able to make decisions for the country. President Reagan was dependent during that time. He recovered and went back to being president. Time.

Another factor is situational. What that means that a person may or not be dependent, depending on the situation. Let me give you an example. I had a case involving a gentleman who was paralyzed from the chest down but mentally completely fine. If he had access to a phone, brought his food and water, he was not dependent. The problem was that his caretaker, his son, would take the phone, and then leave him without food and water, sitting in his own waste. In that situation, he was dependent. Situational.

I often hear that to be dependent you have to lack mental capacity. That is not what the code says however. You have to have a mental or physical condition.

There is one factor that I haven't mentioned. Age. This is not an elder abuse law, it is dependent adult abuse law. Just because a person may be a senior does not make them dependent.

What is dependent adult abuse? It's what you think: causing injury, neglect, sexual assault and exploitation, and financial exploitation.

So we have these laws in effect, but I will tell you that it is not enough. DHS and DIA can only investigate abuse of a dependent adult for those specified crimes, not for any other crimes or for any other victims. This is not an elder abuse law. It does not provide additional protections for all seniors, just the ones who fit the definition of dependent. However, just because a senior is independent, doesn't mean they are not susceptible to abuse.

They also can only act in cases where the abuse is perpetuated by a caretaker or the senior is self-neglecting. A dependent senior who is hit, punched, sexually assaulted, or financially exploited by anyone else legally cannot get that extra help from DHS or DIA under 235B or 235E.

One type of situation is consumer fraud. I had a case where my victim was a senior with dementia living in his home. An unscrupulous handyman offered to fix a hole in the roof. The handyman, clearly a grifter, got paid in full up front for the repair. However, he kept going back and kept convincing my victim to keep writing him checks. My victim overpaid by thousands to the handyman. And the "repair" was lousy. He was not covered by 235B or 235E.

What about the case loads of social workers? UP, UP, and away.

In 2011, Polk County DHS petitioned for 40 protective orders on behalf of abused or neglected dependent adults. We are just over half way through 2012, and there have been 50 petitions on file already this year. We are doubling our numbers. Since 2009, I have personally prosecuted around 75 cases for this type of crime with no end in sight. The unspeakable epidemic continues

So where do we go now? In 2010, the percentage of seniors (65+) in Iowa was about 15%. It is predicted that in 2030, the amount of seniors will increase from 15% to 22.5%. Right now, we are 5th in the nation for the percentage of seniors. We can't ignore this any longer.

When I was first asked to speak today, I said sure. I can talk about elder abuse all day long. But when I started working on this speech, I struggled. I was asked to speak about the state of elder abuse in Iowa. And what else could I say, except that it's bad. It's really, really bad. It is unspeakable. How could I speak for an hour on crimes that should not be happening. I am a seasoned prosecutor, have been doing this job for 18 years. I have prosecuted everything from traffic tickets, to fishing violations (after one particularly ridiculous case, I got called the Bass Master for a while), to drugs, to murder, and anything in between. I think I have seen everything and then one of my elder abuses cases come along and I am stunned. How can these things happen? Didn't we used to look out for one another? Isn't anyone checking on vulnerable seniors? How do you let your grandmother literally rot away in front of you? How do you steal from your father that raised you? I don't get it. It is unspeakable.

It doesn't have to be this way. It is time you use your voices to speak up. What can you do to combat elder abuse? Prevent it from happening in the first place? Help people when they need it most? You may be thinking, that you are only one person and you only have a small part to play. But if there is one thing that I have learned about addressing elder abuse, that every member of the team matters. Everyone brings something to the table and it is only when we work together, speak with one voice, that we can make real change happen.

This is not hopeless. I want to tell you one more thing about Frank. Frank was the gentleman whose son, Danny, stole \$43,000 and then had his debt wiped out when Frank died. Let me tell you how we were able to help Frank and successfully prosecute Danny. The bank, suspicious of Danny, spoke up and reported it. DHS and the Des Moines Police Department worked together to investigate. DHS was able to get the protective services in place and DMPD was able to get Danny stopped before he stole everything. When the detective confronted Danny, Danny had a check from Frank's account for \$50,000 in his pocket. DHS was able to get an order to stop payment on that check. If they had not done so, that money would have been gone. We all worked as a team to protect Frank. When I visited Frank, he thanked me. But it wasn't me who did all the hard work. It was Detective Tarry Pote. It was DHS worker Kris Stroeh. It was the bank employees at Wells Fargo. It was my legal assistant, Laurie Bence, who organized the financial records into spread sheets so it made sense. It was my boss John Sarcone, who has had the wisdom to dedicate staff to fight elder abuse for years. It was a team that spoke for Frank.

It is your turn to speak. What will you say?

ELDER ABUSE LAW SUGGESTIONS TO ADDRESS FINANCIAL EXPLOITATION CHANTELLE SMITH, ASSISTANT ATTORNEY GENERAL

DEFINITIONS

"Capacity to consent" means that an eligible adult has sufficient understanding to make and communicate responsible decisions regarding the eligible adult's person or property, including whether or not to accept support and services offered by the department.

"Deception" means a misrepresentation or concealment of a material fact relating to services rendered or to the disposition or use of property intended to benefit an eligible adult. [In addition to its meaning as defined in ***, a misrepresentation or concealment of material fact relating to the terms of a contract or agreement entered into with the eligible adult or to the existing or pre-existing condition of any of the property involved in such contract or agreement; or the use or employment of any misrepresentation, false pretense or false promise in order to induce, encourage or solicit the eligible person to enter into a contract or agreement.]

"Exploitation" means a person who:

1. Stands in a position of trust and confidence with an eligible adult and knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, an eligible adult's funds, assets, or property with the intent to temporarily or permanently deprive an eligible adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the eligible adult;
2. Knows or should know that the eligible adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, the eligible adult's funds, assets, or property with the intent to temporarily or permanently deprive the eligible adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the eligible adult;
3. Without authorization uses an eligible person's identifying information or documents, as prohibited in Iowa Code section ****;
4. Commits theft in violation of Iowa Code section ****; or
5. Stands in the position of a fiduciary of an eligible adult and substantially fails or neglects to fulfill his or her responsibilities.

(b) "Exploitation" may include, but is not limited to:

1. Breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, resulting in the unauthorized appropriation, sale, or transfer of property;
2. Unauthorized taking of personal assets;
3. Misappropriation, misuse, or transfer of moneys belonging to an eligible adult from a personal or joint account;
4. Intentional or negligent failure to effectively use an eligible adult's income and assets for the necessities required for that person's support and maintenance; or
5. Undue influence of an eligible adult.

"Intimidation" means the communication by word or act to an eligible adult that the eligible person will be deprived of food, nutrition, clothing, shelter, supervision, medicine, medical services, money, financial support, or socialization with family or friends, or will suffer physical violence.

"Lacks capacity to consent" means a mental impairment that causes an eligible adult to lack sufficient understanding or capacity to make or communicate responsible decisions concerning person or property, including whether or not to accept support and services.

"Mental suffering" means fear, agitation, confusion, severe depression, or other forms of serious emotional distress that is brought about by forms of intimidating behavior, threats, harassment, or by deceptive acts

performed or false or misleading statements made with the intent to agitate, confuse, frighten, or cause severe depression or serious emotional distress of the eligible adult.

"Obtains or uses" means any manner of:

- (a) Taking or exercising control over property;
- (b) Making any use, disposition, or transfer of property;
- (c) Obtaining property by fraud, willful misrepresentation of a future act, or false promise; or
- (d) Conduct otherwise known as theft, stealing; larceny; embezzlement; misapplication; misappropriation; conversion; obtaining money or property by false pretenses, fraud, or deception; or
- (e) Other conduct similar in nature.

"Position of trust and confidence" with respect to an eligible adult means the position of a person who:

- (a) Is a parent, spouse, adult child, or other relative by blood or marriage of the eligible adult;
- (b) Is a joint tenant or tenant in common with the eligible adult;
- (c) Has a legal or fiduciary relationship, including, but not limited to, a court-appointed or voluntary guardian, conservator, trustee, representative payee, attorney in fact, and attorney at law; or
- (d) Is a caregiver or any other person who has been entrusted with or has assumed responsibility for the use or management of the eligible adult's funds, assets, or property.

"Undue influence" means when a person uses or knowingly assists or causes another person to use that person's role, relationship, or power to exploit the trust, dependency, or fear of an eligible adult, or uses or knowingly assists or causes another person to use that person's role, relationship or power to deceptively gain control over an eligible adult's decision making process.

**Suggested Code Changes:
Provided by: Celene Gogerty, Polk County Attorney's Office**

- 1) Add a new section to Chapter 633B (Powers of Attorney) to include a provision that when an attorney-in-fact transfers any of the principal's property or resources in such a way that does not financially benefit the principal, that transfer would be presumed fraudulent, unless a specific provision was made in the POA to allow such transaction.**

Abuse of Power of Attorney documents is a huge problem; POA is, by far, the most used vehicle for exploiting elders and dependent adults in my case load. As an attorney-in-fact is a fiduciary on behalf of a principal, they have power over the principal and this increases the possibility of undue influence.

- 2) Add a new section to Chapter 633B to require that all attorneys-in-fact sign a notarized acknowledgement of their fiduciary duties for a POA to be considered valid. Most people are not aware of their fiduciary duties and I think it would be beneficially to put them on notice.**

I cannot tell you how many times I have heard from defendants that "I am the power of attorney and I can spend the money however I want". This is not true, as the attorney-in-fact has fiduciary duties. Those duties include: Act in good faith on the principal's behalf; avoid any act of self-dealing; only act as authorized by the contract; and the attorney-in-fact must provide all material facts to the principal. *Kurth v. Van Horn*, 380 N.W.2d 693 (Iowa 1986); *Sinnard v. Roach*, 414 N.W.2d 100 (Iowa 1987); *Estate of Crabtree*, 550 N.W.2d 168 (Iowa 1996); *State v. Flax*, 2002 WL 100677 (Iowa App.)

- 3) Define "informed consent" for purposes of 235B.2(5)(a)(1)(c) (dependent adult abuse financial exploitation). Currently, it is not defined but the State has to prove that the financial transaction was without the "informed consent" of the victim. I would propose a definition similar to the informed consent requirements for medical procedures and in the ethics rules for attorneys with clients with conflicting interests. Mostly, I think it needs to be in writing.**

Iowa Code Section 147.137 defines "informed consent" in the medical arena. Iowa Rule of Professional Conduct 32:1.0 also gives a definition of "informed consent".

- 4) Amend 633.535 (statute that denies an inheritance if you cause the death of the decedent) to also include an inheritance bar if you financially exploit the decedent. I have had several cases where an heir has stolen the victim blind, doesn't pay restitution or pays the bare minimum, and then their restitution obligation is wiped clean when the victim dies. It seems grossly unfair and I believe such a ban would prevent a lot of financial exploitation if they know they won't inherit if they steal.**

To: Elder Abuse Task Force
From: Josephine Gittler
Date: 10/23/2012
Re: Recommendations Proposal

I have set forth below some proposed recommendations regarding power of attorney (POA) abuse and conservator abuse resulting in financial exploitation of the elderly. The proposed recommendations are based on research being conducted with respect to power of attorney abuse and conservatorship abuse which I and the staff of the National Health Law and Policy Resource Center at the University of Iowa College of Law are conducting. At a meeting last August with Director Harvey and her staff, it was agreed that Resource Center would undertake this research and then write a report describing the results of this research for the Iowa Elder Abuse Task Force. I and Center staff have completed a literature review and a 50 state statutory survey and are in the process of surveying "key informants" about POA abuse and conservatorship abuse in Iowa.

I. POWER OF ATTORNEY ABUSE

Power Of Attorney Act, Iowa Code, Chapter 633B

Proposed Recommendation One

The Iowa General Assembly should consider amending the Iowa Code, Chapter 633B and adopting the provisions of the Uniform Power of Attorney Act furnishing safeguards against POA abuse including provisions for prevention of abuse, the detection of abuse and the redress of abuse.

Comment:

Iowa Code Chapter 633B gives legal recognition to powers of attorney under which the principal may give an agent the authority the financial affairs of the principal and make financial decisions for the principal. However the Iowa Code provisions with respect to POAs do not include safeguards against POA abuse by agents.

The Uniform Power of Attorney Act (UPOAA), referred to in the proposed recommendation, was promulgated by the Uniform Law Commission. Commission members are legal experts appointed by state governments to research, draft and promote enactment of state laws. The UPOAA has thus far been adopted in 13 states, including Iowa's neighboring states of Nebraska and Wisconsin. Other states have adopted provisions similar to those of the UPA.

The UPOAA contains numerous safeguards against POA abuse. (A list of these provisions is attached). The UPA addresses the problems about which Celene Goherty has expressed concern in her e-mails. The AARP Public Policy Institute report to which Anthony Carroll mentioned in his e-mail advocates the adoption of the UPOAA.

It should be noted that the Probate Section of the Iowa Bar Association has established the Uniform Power of Attorney Act Committee to review the UPA and make recommendations regarding its adoption by the General Assembly. (I and Paige Thorson are members of the committee).

Proposed Recommendation Two:

The Iowa General Assembly should consider amending the Iowa Code, Chapter 633B to provide that a POA must be registered when the principal becomes incapacitated and that the agent must account to a 3rd party when the principal becomes incapacitated.

Comment:

At the present time in Iowa, there is no registration of a POA once a principal becomes incapacitated and an agent is not required to make any kind of report regarding their financial transactions to a third party in the event of the principal's incapacitation; and there is no statutory procedure by which a family member, friend or other interested party who suspects that the agent might be misusing the POA, can seek court review directly. This lack of transparency and oversight makes it difficult to prevent and to detect and remedy such abuse. The proposed recommendation addresses these problems in order to facilitate both the prevention of POA abuse and the detection and remedying of POA abuse.

CIVIL ACTIONS AND REMEDIES FOR POA ABUSE

Proposed Recommendation:

The General Assembly should consider amending the Iowa Code to provide for a specific civil action against an agent for POA abuse and authorizing remedies such as punitive damages under certain circumstances, attorney's fees, and court costs and allowing a cause of action to survive after the victim dies.

Comment:

At the present time in Iowa there exist major barriers to the pursuit of civil actions by elderly persons victimized by POA abuse and other forms of financial exploitation. Several states have enacted laws containing provisions such as those recommended in order to reduce these barriers. It should be noted that the UPA provides for civil liability of the agent for POA abuse.

CIVIL PROTECTION/RESTRAINING ORDERS

Proposed Recommendation:

The General Assembly should consider express statutory authorization of civil protection/restraining orders that allow under designated circumstances the freezing of an elderly person's assets or the encumbrance of transactions involving his or her property so as to prevent loss of assets due to POA abuse by an agent or other forms of financial exploitation.

Comment:

Iowa Code, Chapter 235B authorizes courts to issue protective orders but only in cases of "dependent adult abuse" as defined by the Code and only the Department of Human Services can file a petition for such an order. However, the Iowa Code does expressly authorize civil protection/restraining orders to prevent loss of elderly persons, assets or property due to POA abuse or other forms of financial exploitation. Several states have enacted such legislation.

CRIMINAL ACTIONS AND SANCTIONS FOR POA ABUSE

Proposed Recommendation:

The Iowa General Assembly should consider making POA abuse and other forms of financial exploitation of an elder person a specific criminal offense. The Iowa General Assembly also should consider expressly providing for enhanced sentencing of a person convicted of a criminal offense against an elderly person involving POA abuse and of forms of financial exploitation.

Comment:

Iowa Code, Chapter 235B makes “dependent adult abuse” a criminal offense. Dependent adult abuse is defined as including “[e]xploitation of a dependent adult which means the act or process of taking unfair advantage of a dependent adult or the adult’s physical or financial resources for one’s own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretenses.”

However, the Iowa Code does not expressly define POA abuse and other forms of financial exploitation of an elderly person as a criminal offense. Nor does the Code expressly provide for enhanced sentencing of a person convicted of a criminal offense against an elderly person involving POA abuse and of forms of financial exploitation. A number of other states have enacted laws such as the proposed recommendation.

II. CONSERVATORSHIP ABUSE

Proposed Recommendation:

The General Assembly should consider amending Iowa Code, Chapter 633 so as to require background checks of prospective conservators [and guardians] in order to determine if they have been convicted of a crime that would disqualify them from serving as a conservator {or guardian}.

Comment:

Iowa, unlike the majority of states, does not conduct background checks of prospective conservators [and guardians] to determine if they have disqualifying criminal convictions. As a result the court may currently unknowingly appoint an individual as a conservator [or guardian] who has a disqualifying criminal record.

Proposed Recommendation

Volunteer guardianship /conservatorship monitoring and assistance programs should be established to assist courts in carrying out their traditional function of monitoring guardianship/conservatorships, and in providing needed assistance to individuals serving as guardians/conservators.

Comment:

The Iowa code contemplates the ongoing court monitoring of guardianship/conservatorships in order to assure that incapacitated persons, who are wards, are receiving appropriate care and protection. Unfortunately courts, including Iowa courts, lack the resources to perform fully their monitoring function and provide needed assistance to guardians/conservators. In other states programs which recruit and train volunteers to act as “the eyes and ears of the court” for this purpose have proved highly successful and could be replicated in Iowa.

UNIFORM POWER OF ATTORNEY ACT: SAFEGUARDS AGAINST POWER OF ATTORNEY ABUSE

(This is an excerpt from Linda S. Whitton, Planning for incapacity with powers of attorney, a paper prepared for the *Colloquium, The Aging Population, Alzheimer's and Other Dementias: Law and Public Policy* at the University of Iowa College of Law, Spring 2012.)

A. Statutory Provisions for the Prevention of Abuse

1. Express language is required to grant authority to:
 - A. create, amend, revoke, or terminate an inter vivo trust;
 - B. make a gift;
 - C. create or change rights of survivorship;
 - D. create or change a beneficiary designation;
 - E. authorize another person to exercise authority granted to the agent;
 - F. waive the principal's right to be a beneficiary of a joint and survivor annuity;
 - G. exercise fiduciary powers that the principal has authority to delegate; and
 - H. disclaim or refuse an interest in property.[UPOAA § 201(a)]
2. Unless otherwise provided, an agent who is not the principal's ancestor, spouse, or descendant may not exercise authority to create in the agent or in anyone to whom the agent owes a legal obligation of support, an interest in the principal's property. [UPOAA § 201(b)]
3. Unless otherwise provided, all agents are constrained from self-dealing by clearly articulated fiduciary duties. [UPOAA § 114]
4. Unless otherwise provided, a spouse-agent's authority terminates upon the filing of an action for dissolution or annulment of the marriage to the principal, or their legal separation. [UPOAA § 110(b) (3)]
5. A person may refuse an otherwise valid power of attorney if the person in good faith believes that the principal may be subject to abuse by the agent or someone acting in concert with the agent. [UPOAA § 120]

B. Statutory Provisions for the Detection of Abuse

1. A governmental agency charged with protection of the principal (*e.g.*, Adult Protective Services) may request agent disclosure of transactions conducted on behalf of the principal. [UPOAA § 114(h)]
2. Any person who demonstrates sufficient interest in the principal's welfare may petition the court for review of the agent's conduct. [UPOAA § 116(a)]

C. Statutory Provisions for the Redress of Abuse

1. An agent is liable for the amount required to restore the principal's property to what it would have been had the violation not occurred and for reimbursement of attorney's fees and costs paid on the agent's behalf. [UPOAA § 117]
2. Remedies under the Act are not exclusive and do not prevent redress under other statutes that address financial exploitation. [UPOAA § 123]

**Iowa Elder Abuse Initiative Demonstration Projects
Executive Summary
September 26, 2012**

Introduction:

Elder abuse, neglect and financial exploitation is grossly under reported and under recognized across the nation; and Iowa, unfortunately is no different. In 1993, the Iowa Department on Aging created an elder abuse committee to look at the issues of elder abuse. For many of these years, this group of professionals reviewed laws, policy and the responses or lack of responses of the systems which were developed to protect older adults. The results of these efforts lead to problem statements, reports, proposed legislation, and the Elder Abuse Initiative (EAI).

Background:

For the first time in Iowa history, the Iowa Legislature approved in 2001, approximately \$475,000 to fund strategies for elder abuse detection, training and services in an effort to evaluate Iowa's fragmented system. This endeavor became known as Iowa's Elder Abuse Initiative demonstration projects. These projects were located in 4 of the 13 Area Agencies on Aging and available in 22 of Iowa's 99 counties. EAI focused on the prevention, intervention, detection, and reporting of elder abuse, neglect and exploitation by presenting elders with options to enhance their lifestyle choices.

Elder Abuse Initiative Demonstration Projects:

The EAI was identified as a possible bridge between dependent adult abuse and elder abuse to alleviate older Iowans from falling through the system cracks. Elder abuse is defined in the Federal Older Americans Act as the abuse, neglect or exploitation of an individual age 60 or older. Iowa Code Chapter 235B, Dependent Adult Abuse is defined by meeting the following three criteria: 1) Alleged victim shall be a dependent adult (Age 18 or older); 2) Alleged perpetrator shall be a caretaker to the dependent adult; and 3) Must be an allegation of abuse recognized by Iowa Code Section 235B. The constraints of the dependent adult abuse law means that many Iowans age 60 or older experiencing abuse, neglect and exploitation are left in situations that lead to the deterioration of their physical health, mental health, and/or financial status. The EAI was a method to intervene in the situation and assist the elder victim and to help navigate them through the system.

This service delivery system was created through partnerships with local stakeholders. These partners included Area Agencies on Aging, the Department of Human Services (DHS), law enforcement, county attorney's, health care providers, service providers, and other community collaborators. The clients of these projects were age 60 or older; dependent or independent; not living in a licensed health care facility; at risk of abuse, neglect or exploitation; or experiencing abuse, neglect or exploitation.

Outcomes:

Data was collected in the earlier EAI years, State Fiscal Year 2003 through Fiscal Year 2006; however, there was a wide variation due to an increase in demonstration projects, a refinement of data definitions and an expansion of outcome measures. State Fiscal Year 2007 through State Fiscal Year 2011, provided consistent comparable data establishing a solid foundation.

- 11,903 Total Referrals;
- 66% Had Mental Health Issues;
- 44.4% Experienced Financial Exploitation;
- 30.7% Experienced Denial of Critical Care by an Adult
- Only an Estimated 16% of EAI Clients Fell into the Category of Dependent Adult Abuse
- Identified financial exploitation and denial of critical care (neglect) by an adult as the top two categories of elder abuse

Conclusions:

- That elder abuse, neglect and financial exploitation (as defined by the Older Americans Act: Elder abuse is defined in the Older American's Act as the abuse, neglect or exploitation of an individual age 60 or older) is grossly under reported and under recognized in Iowa as substantiated by the collected data. It is estimated based upon the data reported in the 22 counties served through the Elder Abuse Intervention program an estimated 41,656 older Iowans, during FY07 and FY11, did not receive elder abuse related intervention, support and potential services.
- The EAI proved the need for an elder abuse system since only an estimated 16% of referrals met the dependent adult abuse the criteria; meaning DHS had the authority to become involved. Whereas 84% of the EAI referrals did not meet the criteria of dependent adult abuse and therefore would have fallen between the cracks had EAI not been in those counties.
- The success of the project was built upon interdisciplinary team work and intervention strategies.

Recommendations:

- Establish a definition of elder abuse separate from dependent adult abuse
- Create a statewide elder abuse intervention system
- Amend Iowa Code Chapter 235B – rejected referrals and referrals of individuals age 60 and older shall be referred to the local Area Agency on Aging
- Identify gaps in criminal law to address undue influence; non caretakers exploiting, neglecting and abusing individuals age 60 and older, legal remedies to address misuse of POAs (Elder Abuse Law)
- Create a statewide Office of Substitute Decision Maker

State Comparison
“Abuse” Defined in the Context of Elder/Adult Abuse

Included are the following examples of how “abuse” is defined in those states with highly-regarded elder/adult abuse statutes.

State (Code Section)	Definitions
Alaska (AS § 47.24.900)	“Abuse” means (A) the willful, intentional, or reckless non-accidental, and nontherapeutic infliction of physical pain, injury, or mental distress; or (B) sexual assault under AS 11.41.420.
Arizona (A.R.S. § 46-451)	<p>“Abuse” means: (a) intentional infliction of physical harm. (b) Injury caused by negligent acts or omissions. (c) Unreasonable confinement. (d) Sexual abuse or sexual assault.</p> <p>“Exploitation” means the illegal or improper use of a vulnerable adult or his resources for another’s profit or advantage.</p> <p>“Neglect” means a pattern of conduct without the person’s informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or mental health.</p>
Arkansas (A.C.A § 5-28-103)	<p>"Abuse" means:</p> <p>(A) Any purposeful and unnecessary physical act that inflicts pain on or causes injury to an endangered person or an impaired person;</p> <p>(B) Any purposeful or demeaning act that a reasonable person would believe subjects an endangered person or an impaired person, regardless of age, ability to comprehend, or disability, to ridicule or psychological injury in a manner likely to provoke fear or alarm;</p> <p>(C) Any purposeful threat that a reasonable person would find credible and non-frivolous to inflict pain on or cause injury to an endangered person or an impaired person except in the course of medical treatment or for justifiable cause; or</p> <p>(D) With regard to any adult long-term care facility resident by a caregiver, any purposeful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish;</p> <p>"Adult maltreatment" means adult abuse, exploitation, neglect, physical abuse, or sexual abuse;</p>

State (Code Section)	Definitions
Utah (UT St § 76-5-111)	<p>“Abuse” means:</p> <ul style="list-style-type: none"> (i) attempting to cause harm, intentionally or knowingly causing harm, or intentionally or knowingly placing another in fear of imminent harm; (ii) causing physical injury by knowing or intentional acts or omissions; (iii) unreasonable or inappropriate use of physical restraint, medication, or isolation that causes or is likely to cause harm to a vulnerable adult that is in conflict with a physician’s orders or used as an unauthorized substitute for treatment, unless that conduct furthers the health and safety of the adult; or (iv) deprivation of life-sustaining treatment, except: <ul style="list-style-type: none"> (A) as provided in Title 75, Chapter 2a, Advance Health Care Directive Act; or (B) when informed consent, as defined in this section, has been obtained.
Colorado (C.R.S.A. § 18-6.5-103)	<p>Colorado does not define “abuse”.</p> <p>“Crime against an at-risk adult or at-risk juvenile” means any offense listed in section 18-6.5-103 or criminal attempt, conspiracy, or solicitation to commit any of those offenses.</p> <ul style="list-style-type: none"> • Section 18-6.5-103 includes criminal negligence, assault, robbery, theft, sexual assault, and unlawful sexual assault.
Illinois (320 ILCS 20)	<p>“Abuse” means causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult’s financial resources.</p> <p>Nothing in this Act shall be construed to mean that an eligible adult is a victim of abuse, neglect or self-neglect for the sole reason that he or she is being furnished with or relies upon treatment by spiritual means through prayer alone, in accordance with the tenets and practices of a recognized church or religious denomination.</p> <p>Nothing in this Act shall be construed to mean that an eligible adult is a victim of abuse because of health care services provided or not provided by licensed health care professionals.</p>

<p style="text-align: center;">State (Code Section)</p>	<p style="text-align: center;">Definitions</p>
<p style="text-align: center;">Vermont (13 V.S.A. § 1380)</p>	<p>Vermont does not define “abuse”.</p> <p>"Bodily injury" means physical pain, illness, or any impairment of physical condition.</p> <p>"Lewd and lascivious conduct" means any lewd or lascivious act upon or with the body, or any part or member thereof, of a vulnerable adult, with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of the person or the vulnerable adult.</p> <p>"Neglect" means intentional or reckless failure or omission by a caregiver to:</p> <p style="padding-left: 40px;">(A)(i) provide care or arrange for goods, services, or living conditions necessary to maintain the health or safety of a vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, unless the caregiver is acting pursuant to the wishes of the vulnerable adult or his or her representative, or an advanced directive as defined in chapter 111 of Title 18; or (ii) make a reasonable effort, in accordance with the authority granted the caregiver, to protect a vulnerable adult from abuse, neglect or exploitation by others.</p> <p style="padding-left: 40px;">(B) Neglect may be repeated conduct or a single incident which has resulted in or could be expected to result in physical or psychological harm, as a result of subdivisions (A)(i) or (ii) of this subdivision (4).</p> <p>"Serious bodily injury" shall have the same meaning as in subdivision 1021(2) of this title.</p> <p>"Sexual act" means conduct between persons consisting of contact between the penis and the vulva, the penis and the anus, the mouth and the penis, the mouth and the vulva, or any intrusion, however slight, by any part of a person's body or any object into the genital or anal opening of another.</p> <p>"Sexual activity" means a sexual act, other than appropriate health care or personal hygiene, or lewd and lascivious conduct.</p>

<p style="text-align: center;">State (Code Section)</p>	<p style="text-align: center;">Definitions</p>
<p style="text-align: center;">Utah (UT St § 76-5-111)</p>	<p>“Abuse” means:</p> <ul style="list-style-type: none"> (v) attempting to cause harm, intentionally or knowingly causing harm, or intentionally or knowingly placing another in fear of imminent harm; (vi) causing physical injury by knowing or intentional acts or omissions; (vii) unreasonable or inappropriate use of physical restraint, medication, or isolation that causes or is likely to cause harm to a vulnerable adult that is in conflict with a physician’s orders or used as an unauthorized substitute for treatment, unless that conduct furthers the health and safety of the adult; or (viii) deprivation of life-sustaining treatment, except: <ul style="list-style-type: none"> (A) as provided in Title 75, Chapter 2a, Advance Health Care Directive Act; or (B) when informed consent, as defined in this section, has been obtained.



A compilation of feedback from Summit attendees.

Elder Abuse Summit Theme Summary

Current Law Not Adequate

- Iowa Dependent Abuse Law is not efficient / adequate:
 - The definition of dependent can be a barrier & determination of dependency is often unclear
 - Current dependent adult abuse law does not support elders who do not have a caretaker
- Need Elder Abuse Initiative statewide to protect ALL older adults who are victims of abuse, neglect or exploitation, not just those that meet the definition of dependent or have a caretaker
- Utilize best practices from Elder Abuse Initiative Demonstration Projects and provide resources to the area agencies on aging to implement those best practices

Substitute Decision Making Inadequacies

- Legal instruments such as Power of Attorney, Guardianships & Conservatorships are used to abuse and exploit elders. Documents used for the benefit of the decision maker rather than the individual in need of assistance
- Lack of entities or individuals to serve as guardians and conservators
- Lack of education regarding guardianships, conservatorships and powers of attorney roles and responsibilities
- Lack of oversight and interventions when substitute decision makers breach their duty to act in good faith

Inadequate Resources & Funding

- Enforce current laws
- Intervene
- Provide and train personnel
- Provide services
- Increase awareness
- Support abused elders
- Serve as guardians and conservators

Public Awareness Needed To

- Create public services announcements – create an advertising fund that allows departments to access a certain percentage of TV, radio, trade magazines to make citizens aware of programs and how to access support systems
- Provide family caregivers the tools, education, resources, reimbursement, respite, etc. to succeed
- Educate elders to plan for anticipated future needs related to becoming dependent and vulnerable; Empower and support the elder in this effort
- Support caregivers – community involvement; neighborhood watch

Training for Professionals

- Financial institutions need for personnel to know /have tools to identify and report financial abuse (training)
- Mandatory reporters on how to document
- Dementia
- Establish an educational program to provide:
 - Continuing education for a variety of individuals /occupations
 - Support more, better, and standardized training for all direct care workers
- Law enforcement and county attorneys
- Neighbor service providers (mail carriers, meter readers, etc.) to identify and report signs of problems

Lack of Coordination / Response / Action

- Poor communication between state agencies
- Lack of coordination among agencies and providers (Local 235B MDTs)
- Cases not being investigated because intake does not deem a person dependent
- Coordination – public & private partners
- Lack of central prosecution unit
- Law enforcement be able to press charges without victim agreement
- One place to call – if it is not dependent – whom do you call?

Additional Comments

- Mental health issues
- Lack of empathy
- Victims refuse help
- Blue zone- have neighbor who gets to know older neighbors
- More research including victims of child abuse who become perpetrators of elder abuse

IOWA DEPARTMENT ON AGING

COMMUNITY CONVERSATIONS ON AGING SUMMARY

Conversations across Iowa: 16	Total Attendees: 646
<p>Participants Included:</p> <ul style="list-style-type: none"> • Consumers • Caregivers • Service Providers • Area Agency on Aging Staff and Board Members • Legislators • County Supervisors • Elected Officials • Media 	

Each conversation began with a presentation of demographics and highlights of House File 45 that mandates the Department on Aging to reduce the number of Area Agencies on Aging. Director Harvey answered questioned and listened to concerns. Frequently asked questions are below.

Top 3 Gaps in Services:

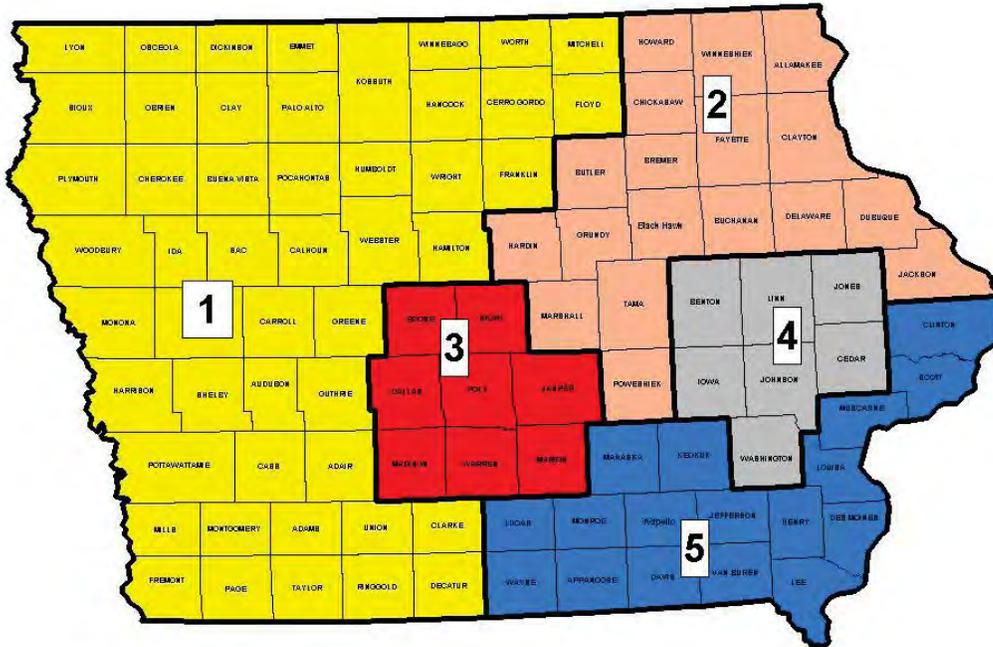


The Iowa Commission on Aging and legislators were provided feedback throughout the community conversations. At the conclusion of the tour the Iowa Commission on Aging met and voted unanimously to:

- a) Approve the map reducing the number of AAAs (See map below)
- b) Authorize the Department to begin development of a Request for Proposal (RFP)
- c) Authorize Director Harvey to prepare the required plan to be submitted to the Standing Committees and Joint Appropriations Committees as soon as possible.

IOWA DEPARTMENT ON AGING

Map approved by the Iowa Commission on Aging



Number of Attendees Per Location					
Date	Location	Attendees	Date	Location	Attendees
July 7	Mt. Pleasant	45	August 2	Calmar	16
	Ottumwa	29		Cedar Falls	26
July 11	Coralville	89	August 4	Carroll	34
	Toledo	20		Ankeny	21
July 26	Storm Lake	53	August 9	Dubuque	25
	Sioux City	27		DeWitt	51
July 28	Atlantic	33	August 11	Mason City	47
	Creston	113		Webster City	17

IOWA DEPARTMENT ON AGING

Community Conversations on Aging

FREQUENTLY ASKED QUESTIONS (FAQS)

WHAT IS THE PURPOSE OF THE DEPARTMENT ON AGING?

To provide older Iowans with the resources and support they deserve and need to lead productive, vital and dignified lives and to continue to choose Iowa as their home. This will be accomplished by developing a comprehensive, coordinated and cost effective system of long-term living and community supports and services which will help individuals maintain health and independence in their homes and communities.

HOUSE FILE 45

Can HF 45 be changed or rescinded?

HF 45 was passed by the House, passed by the Senate and signed into law by the Governor. It is now part of Iowa Code; therefore, the Department on Aging is mandated to enact and to submit a plan of action no later than December 15, 2011 to the Standing Committees for the reduction of the number of Area Agencies on Aging.

Will the current Area Agencies on Aging have a chance to come up with a plan?

The Area Agencies on Aging (AAA) have been encouraged to work with each other to present a plan of consolidation to the Department. If an acceptable plan is provided to the Department by the AAAs, it will be submitted to the Standings Committee for approval.

What happens if the Area Agencies on Aging do not come up with a plan?

The Department will then need to recommend a plan which will be submitted to the Standings Committees as required by HF45. Once a plan is approved, the Department would then issue a Request for Proposal (RFP) according to State Administrative Rules.

How long will the transition process take?

HF45 mandates the reduction be effective July 1, 2012, which marks the beginning of a projected 3 to 5 year transition period.

WILL THESE TYPES OF GRASSROOT CONVERSATIONS CONTINUE IN THE FUTURE?

Director Harvey is committed to ongoing dialogues in local communities. The Older Americans Act is built upon a "grassroots up" system and this is a positive approach to ensure our customers are part of the development and structure of the state unit on aging and its aging network in Iowa.

WHAT CONCERNS/ISSUES WERE EXPRESSED DURING THE COMMUNITY CONVERSATIONS?

Accessibility of services due to reorganization

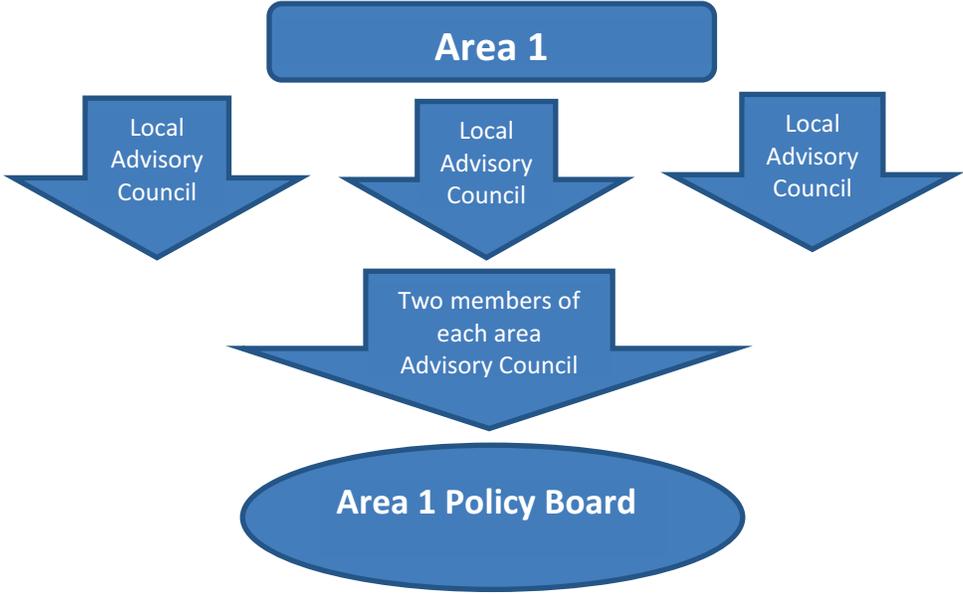
Director Harvey, Commission on Aging, IDA staff and the Area Agencies on Aging are committed to maintaining a seamless, consistent, customer focused delivery system transition.

Direct Services or Subcontract

AAA's will continue to determine on the local level whether they provide direct services or subcontract with providers. Federal and state guidelines must be followed with waivers required for certain services should an area agency on aging decide to provide directly rather than contract.

Volunteer & Advocate Base

Need to grow the next generation of volunteers and grassroots advocates. Local AAA's working with high schools, colleges, associations, etc.

<p>Loss of Local Access and Participation</p>	<p>The modernization provides an opportunity for greater local access and participations at the grass roots level.</p> <p>Director Harvey envisions a governing board at each area agency on aging comprised of representation from local advisory councils across the combined areas to provide an avenue for community specific feedback.</p> 
<p>Mental Health Outreach, Treatment, Placement</p>	<p>Infrastructure needs to be enhanced to better serve persons with mental health issues of all ages. IDA is working with DHS and other partners to address this issue.</p>
<p>Elder Abuse, Neglect and Exploitation</p>	<p>IDA is working to strengthen elder abuse support and services. Close attention is being given to the Elder Justice Act passed as part of the Affordable Care Act to ensure Iowa’s elder rights programs embrace those principles and strategies.</p>
<p>Visibility, Education and Outreach</p>	<p>IDA and the AAA network continue to increase public awareness through many approaches. A strategy will be developed with the “new network” of AAAs and IDA in the future.</p> <p>Topics include but not limited to:</p> <ul style="list-style-type: none"> • Health and wellness • Options for long term supports and services • Aging Disability and Resource Center (ADRC) • Family Caregiver Support • Elder Justice
<p>Generational Differences</p>	<p>Generations have different needs and expectations which need to be identified when long term care supports and services are considered. Again, the Community Conversations is a beginning point to gather different needs, ideas, and approaches as we design the “future”.</p>

Quality of Care	One of the Department on Aging’s priorities is to strengthen partnerships with other state agencies, universities, associations, and other partners involved with aging issues to streamline systems, processes, find efficiencies for a seamless, high quality delivery system. The Community Conversations is an important vehicle for us to work with our customers to ensure we address these issues.
Social Networking	As congregate meal sites and other areas of socialization decrease, be mindful of the need to increase face to face gatherings and activities in the community. Social media such as Skype, Face Book and email can assist with staying in touch with friends and family. IDA is working to design policies/procedures to embrace social networking while still maintaining privacy and security of individuals AND not replacing face-to-face options.
Statewide Availability of Services	A list of core services, identified jointly between the IDA and the AAAs, will be made available across the state. In addition, flexibility will be maintained to customize services as identified by the local community.

1998 Dependent Adult Abuse Professional Forum Summary

Sixteen forums were held across the state to hear from professionals working in the field about how the dependent adult abuse law and system worked. Opinions were sought on what was working well, what could work better and what their suggestions might be for improvements and/or changes at the local and state level.

- 316 individuals attended representing 71 counties
- Questions asked
 - How do the current laws, services and systems help protect elders and dependent adults?
 - What needs to be improved?
 - What can we do to create the ideal system for protecting dependent adults?
- Summary
 - Education to Raise Awareness and Work Toward Prevention
 - Education for Mandatory Reporters
 - Systemic Changes Need to Occur
 - Adequate Funding Needed

2003 Dependent Adult Abuse Follow-Up Survey

(Results published in the Social Work in Health Care, Quarterly Journal, Volume 40, Number 2, 2004)

The Dependent Adult Protection Advisory Council (DAPAC) sponsored and developed a follow-up survey. The questions were based on the summary outcomes which included the following topics: General Systemic Issues; Training and Education; Reporting; and Awareness of Dependent Adult Abuse and Elder Abuse.

- 1000 surveys were disseminated to the organizations or entities that were represented at the 1998 forums
- 301 surveys returned (30%)
- Summary
 - An Increase in Abuse Awareness is Needed
 - Increase in Communication
 - Continue to Collaborate with Community Partners to Build a Service Delivery and Protection System

2006 Dependent Adult Abuse Professional Forums Summary

Nine forums were held across the state to continue the ongoing dialogue with professionals and stakeholders about how the service delivery and protection system for dependent adults and elders is functioning. Opinions were sought on what was working well, what could work better and their suggestions for improvements and/or changes at the local and state level.

- 212 individuals attended representing 52 counties
- Questions asked
 - How do the current laws, services and systems help protect elders and dependent adults?
 - What needs to be improved?
 - What can we do to create the ideal system for protecting dependent adults?
- Summary
 - Clear and consistent guidelines and protocols for determining dependency, what constitutes abuse, negligence and gross negligence and the implementation of active multidisciplinary teams
 - Expand the Elder Abuse Initiatives statewide which includes prevention, early intervention, support services, emergency shelters and specialized investigators
 - Education and training for law enforcement, county attorneys, investigators, community providers, consumer directed attendant care (CDAC), direct care workers and stakeholders including prosecution and penalties
 - Funding for
 - Public Awareness
 - Elder Abuse Initiative statewide; and
 - Office of Substitute Decision Maker.



Report Pursuant to SF 2336:

An Act Relating to Appropriations for Health and Human Services

The department shall develop recommendations for an implementation schedule, including funding projections, for the substitute decision maker program created pursuant to chapter 231E, and shall submit the recommendations to the individuals identified in this Act for submission of reports by December 15, 2012.

**Report Developed by:
The Iowa Department on Aging
December 14, 2012**

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Funding Projections

To Fully Implement Iowa Code 231E

State Office	\$ 403,187
Salaries	\$ 259,375
Office Administration.....	\$ 11,177
Travel.....	\$ 7,600
Volunteer Guardianship Monitoring Project	\$ 14,535
Education, Training, and Awareness.....	\$ 39,500
Legal	\$ 50,000
Case Management Database	\$ 20,000
Other	\$ 1,000
Sources of Revenue.....	\$ Unknown
6 Local Offices	\$1,847,460
Salaries	\$1,449,660
Office Administration.....	\$ 88,800
Travel.....	\$ 48,000
Other	\$ 3,000
Legal	\$ 258,000
Sources of Revenue.....	\$ Unknown
To Fully Implement 231E	\$2,250,646

Substitute Decision Maker

A substitute decision maker is a guardian, conservator, attorney-in-fact under a power of attorney document, or a representative payee who assists those with limited or no decision-making capabilities make personal care and financial decisions. The Office of Substitute Decision Maker will serve as the public substitute decision maker of *last resort*, acting only where there was no willing and responsible person available to serve as a private substitute decision maker or the adult is without adequate resources to compensate a private substitute decision maker (Iowa Code § 231E.2(1)(e)).

Background

For many years, the Iowa Department on Aging has been involved in issues of substitute decision-making. The first State Task Force on Substitute Decision Making was called together in January, 1990, at the request of an interdisciplinary team of health care providers that had been struggling with the problem of substitute decision-making. The task force identified gaps in the law, identified less restrictive alternatives to guardianship/conservatorship and developed criteria for determining who needs a public substitute decision maker. This task force disbanded around 1995.

In 1998, the Department on Aging was asked to spearhead a task force (State Substitute Decision Makers Task Force) to continue to look at the unresolved issues and concerns surrounding substitute decision-making. The department brought together a diverse group of individuals and agencies to identify concerns and frustrations with the system and to develop solutions and strategies for change. The task force began meeting in August of 1999 and by March of 2001 prepared the following recommendations to members of the Iowa Legislature:

- Establish a statewide guardianship program utilizing models of public, corporate, and volunteer guardianship programs;
- Increase education about the use of legal mechanisms available to designate decision makers prior to incapacity; and
- Review the current petition, evaluation and hearing process.

This task force disbanded in 2009.

In 2005, the Iowa General Assembly passed the Substitute Decision Maker Act, using language developed by the task force. The Act called for the creation of the Office of Substitute Decision Maker. The Office was charged with the establishment of a formal substitute decision makers program of last resort to administer a statewide network to provide services if other substitute decision makers are not available (Iowa Code § 231E.4(1)). To serve the growing population of Iowa adults (18+) who are unable to meet essential requirements to maintain their physical health or to manage essential aspects of their finances, the office would be available to provide information and assistance and to serve in the least restrictive manner. The office was intended to serve as: representative payee, attorney-in-fact, guardian, conservator, or personal representative (Iowa Code § 231E.3(22)).

The Act also mandated the development of a statewide network consisting of a local office in each of the planning and service areas¹ (Iowa Code § 231E.4(3)(a)). Each local office would provide substitute decision-making services to those adults who had no private substitute decision maker available (Iowa Code § 231E.5(2)(a) and (g)) and assist private and public substitute decision makers in securing services and ensuring expeditious handling of proceedings for wards, principals, clients, and personal representatives (Iowa Code § 231E.8(2)).

Due to limited state fiscal resources, the Office of Substitute Decision Maker did not immediately receive funding. An appropriation of \$250,000 was eventually approved in 2007 but was discontinued in 2009 because of budget reduction. In the brief time the Office was funded, a staff of 2.5 were able to develop training curriculum and public awareness materials; provide training; intervene in a limited number of guardianships and conservatorships under Iowa Code § 231E.7; and provide information and assistance to an average of forty Iowans each month. With limited funding, the Office of Substitute Decision Makers was *not* able to provide substitute decision-making service.

The work done in this two-year period proved that the model supported by the Iowa Legislature would, with sufficient funding, be successful in serving this specific vulnerable population of older and disabled adults who had no willing and responsible person available to serve as a substitute decision maker. Without appropriate funding, the office could not be fully implemented and was limited as to the duties required under Iowa Code § 231E. The chart below outlines the potential of a fully-funded Office of Substitute Decision Maker.

Duties Accomplished with Limited Funding Under 231E Fiscal Years 2008/2009 - with \$250,000 Appropriation
<ul style="list-style-type: none"> • Hired Administrator (Iowa Code § 231E.4(2)) • Hired Legal Assistant (Iowa Code § 231E.4(4)(c)) • Utilized a current employee in a part time (.5) capacity. • Provided information and referrals to the public regarding substitute decision-making services (Iowa Code § 231E.4(3)(g)) • Developed a substitute decision maker education and training program and offer the program to both public and private decision makers (Iowa Code § 231E.4(3)(j)) • Intervened in cases where an appointed guardian/conservator is not fulfilling prescribed duties or the best interests of the ward require the intervention (Iowa Code § 231E.7) <p>* All employees of the Office of Substitute Decision Maker were terminated with the 2009 funding elimination.</p>

¹ The term “planning and service area” refers to an area designated by a State agency “after considering the geographical distribution of older individuals in the State, the incidence of the need for supportive services, nutrition services, multipurpose senior centers, and legal assistance, the distribution of older individuals who have greatest economic need residing in such areas, the distribution of older individuals who are Indians residing in such areas, the distribution of resources available to provide such services or centers, the boundaries of existing areas within the State which were drawn for the planning or administration of support services programs, the location of units of general purpose local government within the State, and any other relevant factors...” 42 U.S.C. § 3026(a)(1).

**Duties of the Office of Substitute Decision Maker Mandated by Iowa Code 231E
FY 2013 - with Full Appropriation**

- Hire Administrator (Iowa Code § 231E.4(2))
- Hire Investigator/Legal Assistant (Iowa Code § 231E.4(4)(c))
- Provide information and referrals to the public regarding substitute decision-making services (Iowa Code § 231E.4(3)(g))
- Re-institute a substitute decision maker education and training program and offer the program to both public and private decision makers (Iowa Code § 231E.4(3)(j))
- Intervene in cases where an appointed guardian/conservator is not fulfilling prescribed duties or the best interests of the ward require the intervention pursuant to Iowa Code 231E.7
- Hire a substitute decision maker (Iowa Code § 231E.4(4)(c))
- Serve as substitute decision maker of last resort (Iowa Code § 231E.4(2))
- Work with various state agencies and the judicial branch to establish a referral system for the provision of services (Iowa Code § 231E.4(3)(e))
- Accept judicial appointments (Iowa Code § 231E.6)
- Develop and maintain a current listing of public and private services and programs available (Iowa Code § 231E.4(3)(f))
- Provide personal representatives for estates where a person is not available for that purpose (Iowa Code § 231E.4(3)(h))
- Establish Local offices in each of the planning and service areas by July 1, 2015 (Iowa Code § 231E.4(3)(a))
- Maintain statistical data on the local offices (Iowa Code § 231E.4(3)(i))
- Monitor, maintain or terminate contracts with local offices (Iowa Code § 231E.4(3)(b))
- Provide technical assistance to the local offices
- Retain oversight responsibilities for all substitute decision makers (Iowa Code § 231E.4(3)(h))
- Act as a substitute decision maker if a local office is not available to do so (Iowa Code § 231E.4(3)(d))
- The local offices shall each provide the following services:
 - Maintain a staff of professionally qualified individuals to carry out the decision-making functions (Iowa Code § 231E.5(2)(a))
 - Identify client needs and local resources to provide necessary support services to service recipients (Iowa Code § 231E.5(2)(b))
 - Collect program data (Iowa Code § 231E.5(2)(c))
 - Conduct background checks on employees and volunteers (Iowa Code § 231E.5(2)(f))
 - Investigate the situation of a proposed ward and determine what type of substitute decision-making, if any, is required (Iowa Code § 231E.5(2)(g))
 - Serve as personal representative, where necessary. (Iowa Code § 231E.5(2)(h))
- Collect fees for provision of services when possible (Iowa Admin. Code 17-22.14).

Proposed State Office Budget

Administrator (Attorney 2)\$ 98,252

The Administrator, mandated under Iowa Code § 231E.4(2), will administer, develop, monitor, and assist to train and education professionals and the general public. The Administrator must be a licensed attorney and must have social services knowledge in order to adequately assist persons in need of substitute decision-making. The Administrator will be responsible for establishing a local office in each of the six planning and service areas (Iowa Code § 231E.4(3)(a)); providing oversight of the local office contracts (Iowa Code § 231E.4(3)(b)) and all local substitute decision makers (Iowa Code § 231E.4(3)(c)); working with various state agencies (DHS, IDPH, Governor’s Developmental Disabilities Council, etc.) and the judicial branch to establish a referral system (Iowa Code § 231E.4(3)(e)); providing legal interventions in guardianships and conservatorships where the ward is abused, neglected, or financially exploited; developing an education and training program in cooperation with the judicial council (Iowa Code § 231E.4(3)(j)); and all other duties required of an office administrator.

\$98,252 reflects the average salary of an Attorney 2, plus benefits.

Substitute Decision Maker (EO1)\$ 81,755

Under Iowa Code § 231E.4(4)(c), the state office may employ the staff necessary to administer the state office. The substitute decision maker in the state office shall be responsible for providing personal representatives for estates where there is no one else available to serve (Iowa Code § 231E.4(3)(h)) as well as acting as substitute decision maker (Iowa Code § 231E.4(3)(d)) if a local office is not available to do so. A local office may be unable to act as substitute decision maker if either a conflict exists (Iowa Code § 231E.10; Iowa Admin. Code 17-22.6) or where assisting the consumer will cause the local substitute decision maker to exceed the staffing ratios (Iowa Admin. Code 17-22.5).

The professional staff hired to serve in this role are required to have graduated from an accredited four-year college or university and be certified by the National Guardianship Association (Iowa Admin. Code 17-22.3). In addition to these qualifications, the substitute decision makers must have the knowledge and skills necessary to successfully complete a range of tasks frequently required of a substitute decision maker, including but not limited to: act as a case manager, fiduciary, and advocate; develop a budget and manage assets and finances; determine eligibility for programs and apply for the same; mediate family dynamics; conduct assessments; consent to medical care; locate resources including housing, medical care, and in-home services where needed; respond to court inquiries and complete an annual report for submission to the court.

\$81,755 reflects the average salary of an Executive Officer 1, plus benefits.

Investigator.....\$ 79,368

Under Iowa Code § 231E.4(4)(c), the state office may employ the necessary staff for program administration. The investigator will develop and maintain a current listing of public and private programs providing substitute decision-making services (Iowa Code § 231E.4(3)(f)); provide information and referrals to the public regarding substitute decision-making services (Iowa Code § 231E.4(3)(g)); assist in maintaining local statistical data and providing an annual report to the general assembly (Iowa Code § 231E.4(i)); gather information through interviews; assist attorneys in gathering and organizing evidence and testimony; and work with the judicial branch and state agencies to pursue findings of concern. In order to successfully complete these tasks and others, the investigator will need substantial experience with substitute decision making as well as a basic understanding of the legal concepts and processes involved.

\$79,368 reflects the average salary of an Investigator, plus benefits.

Office Administration\$ 11,177

These are the costs associated with the physical operation of the state office and includes rent (\$361.50 per month); phones (\$382.20 per year for three office phones; \$600 per year for one on-call smartphone); postage (\$100 per month); office supplies (\$150 per month); and a one-time cost to purchase computers (\$700 per computer x 3 employees).

Travel.....\$ 7,600

Under Iowa Code § 231E.4(3)(b) and (c), the state office shall monitor contracts with local offices and provide oversight for all local substitute decision makers, necessitating travel. The travel budget will allow state office employees to visit each of the six planning and service areas four times in order to provide technical assistance. In addition this budget allows for travel to provide education and training to members of the public and those serving as decision makers (Iowa Code § 231E.4(3)(j)). This figure also accounts for conferences and training for state office employees.

Volunteer Guardianship Monitoring Project (Year 1).....\$ 14,535

Under 231E.4(4)(b) the state office may accept the services of individual volunteers and volunteer organizations. The Office of Substitute Decision Maker will collaborate with the University of Iowa College of Law to begin a volunteer guardianship/conservatorship monitoring and assistance pilot project. This proposed pilot project will recruit, train and supervise volunteers to assist the courts in performing their function of monitoring guardianships and conservatorships. Project volunteers will ensure that court records are accurate and up to date; review reports and accountings from guardians and conservators to better protect wards; make visits to incapacitated wards to ensure needs are met; and bring identified problems and concerns to the attention of the courts. This monitoring will allow the Office of Substitute Decision Maker to intervene in cases where guardians and conservators are not fulfilling prescribed duties

The University of Iowa College of Law has offered to contribute \$116,518 towards costs associated with the operation of this pilot project (including the salary and fringe benefits of the project director, travel costs, and indirect costs). This proposed figure represents the cost of a part-time Project Coordinator in addition to travel costs for staff and volunteers. * This figure is expected to increase by \$10,300 in the second year of the project.

Education, Training, and Awareness\$ 39,500

Under Iowa Code § 231E.4(3)(j), the state office is charged with developing, in cooperation with the judicial council, a substitute decision-maker education and training program. The office will train current guardians, conservators, professionals, and volunteers on the roles and responsibilities of substitute decision makers so that abuse, neglect, and exploitation can be avoided and or detected.

Legal\$ 50,000

The state office may intervene in guardianship or conservatorship proceedings where the decision maker is not fulfilling prescribed duties or the best interests of the ward require the intervention (Iowa Code § 231E.7). These interventions require legal representation from the Iowa Attorney General’s Office (Iowa Code § 231E.11). It is estimated that these interventions will consume about 50% of an assistant attorney general’s time.

Case Management Database\$ 20,000

Under Iowa Code § 231E.4(i), the state office is required to maintain statistical data on the local offices and the demographics of consumers served. In a previous request for application for a similar product, the average quote was just under \$53,000. The product found to be most cost-effective for the services needed was around \$20,000. This is a one-time cost. After the first year, the annual support fee is \$4,000.

Other\$ 1,000

This category includes costs associated with background checks for both staff and volunteers.

Sources of RevenueUnknown

The Iowa Administrative Code entitles the state and local offices of substitute decision makers to reasonable compensation for their services. The rules outline criteria for collecting fees (Iowa Admin. Code 17-22.13) in addition to a fee schedule to determine what fees are applicable to the services provided (Iowa Admin. Code 17-22.14). While we anticipate that a majority of those requiring the services provided by the Office of Substitute Decision Maker will need significant subsidy, there is an expectation that those with the ability to contribute will be charged on a sliding-fee scale. A copy of the fee schedule is attached.

State Office Total\$403,187

Proposed Local Office Budget

3 Substitute Decision Makers (EO1)\$217,650

Local offices are required to maintain a staff of professionally qualified individuals to carry out the substitute decision-making functions (Iowa Code § 231E.5(2)(a)); meet standards established for the local office (Iowa Code § 231E.5(2)(d)); comply with minimum staffing requirements and caseload restrictions (Iowa Code 231E.5(2)(e)); provide a series of services to proposed wards (Iowa Code § 231E.5(2)(g)); and determine where it is necessary to appoint a personal representative to petition to open and settle an estate (Iowa Code § 231E.5(2)(h)).

The professional staff hired to serve in this role are required to have graduated from an accredited four-year college or university and be certified by the National Guardianship Association (Iowa Admin. Code 17-22.3). In addition to these qualifications, the substitute decision makers must have the knowledge and skills necessary to successfully complete a range of tasks frequently required of a substitute decision maker, including but not limited to: act as a case manager, fiduciary, and advocate; develop a budget and manage assets and finances; determine eligibility for programs and apply for the same; mediate family dynamics; conduct assessments; consent to medical care; locate resources including housing, medical care, and in-home services where needed; respond to court inquiries and complete an annual report for submission to the court.

This figure is equivalent to an Executive Officer 1 salary, plus fringe benefits (\$71,880) for three full time employees.

Administrative Assistant.....\$ 23,960

Each local office may employ staff and delegate powers and duties of the substitute decision maker (Iowa Code § 231E.5(3)(c)). An administrative assistant will identify the local resources providing services (Iowa Code § 231E.5(2)(b)); collect data (Iowa Code § 231E.5(2)(c)); and conduct background checks on employees and volunteers (Iowa Code § 231E.5(2)(f)). In addition to these tasks, the administrative assistant will provide intake services, information and assistance, and assist in the operation of the office.

Office Administration\$ 14,800

Physical operation of the local offices includes rent (\$600 per month); phones and internet (\$2,400 per year); postage (\$100 per month); office supplies (\$150 per month); computers (\$700 per employee); and a one-time cost to purchase a copier/scanner/fax machine (\$600).

Travel.....\$ 8,000

The travel budget will allow for local office employees to visit consumers (wards) within their planning and service areas. The substitute decision makers at the local level shall do all of the following: “(1) Determine the most appropriate form of substitute decision-making needed...; (2) Determine whether the needs of the proposed ward require the appointment of a guardian or conservator; (3) Assess the financial resources of the proposed ward...; (4) Inquire and... search to determine whether any other person may be willing and able to serve as the proposed ward’s guardian or conservator; (5) Determine the form of guardianship or conservatorship to request of a court...; (6) If determined necessary, file a petition for the appointment of a guardian or conservator...” Iowa Code § 231E.5(2)(g). This travel budget is necessary to allow the substitute decision makers to do all that is required above.

Other\$ 500

This includes costs associated with staff and volunteer background checks.

Legal\$ 43,000

Under 231E.7 the local office may intervene in a guardianship or conservatorship proceeding if the local office or the court finds that an existing guardian or conservator is not fulfilling prescribed duties or the best interests of the ward require the intervention. These interventions will require the legal representation of the Iowa Attorney General’s office or a county attorney. It is estimated that these interventions will consume about 50% of an assistant county attorney’s time.

Sources of Revenue Unknown

The Iowa Administrative Code entitles the state and local offices of substitute decision makers to reasonable compensation for their services. The rules outline criteria for collecting fees (Iowa Admin. Code 17-22.13) in addition to a fee schedule to determine what fees are applicable to the services provided (Iowa Admin. Code 17-22.14). While we anticipate that a majority of those requiring the services provided by the Office of Substitute Decision Maker will need significant subsidy, there is an expectation that those with the ability to contribute will be charged on a sliding-fee scale. A copy of the fee schedule is attached.

Local Office Total\$307,910

All 6 Local Office Totals..... \$1,847,460

Fully Functioning Office of Substitute Decision Maker \$2,250,647

Implementation Schedule

Please note that this timeline is drafted assuming full funding beginning on July 1, 2013. This timeline is tentative and subject to change.

1. Begin proper hiring processes through the Department of Administrative Services June 10, 2013
2. Start date for Administrator, Intake Investigator, and Substitute Decision Maker August 16, 2013
3. Develop Request for Application to designate local offices of substitute decision makers October 18, 2013
4. Issue Request for Application on targeted small business website November 4, 2013
5. Issue Request for Application on state system November 7, 2013
6. Respond to applicant questions regarding Request for Application process November 13, 2013
7. Request for Application proposals due December 13, 2013
8. Review team begins evaluation of Request for Application proposals December 16, 2013
9. Iowa Commission on Aging reviews recommendations regarding requests for applications and approves or disapproves the Iowa Department on Aging's recommendations for designation of local offices of state substitute decision maker January, 2014
11. Issue notice of intent to award and notice of non-intent to award to entities that applied for the Request for Application After January 2014 meeting
12. Acceptance of notice of intent due to the Iowa Department on Aging February 3, 2014
13. Designate new local offices of substitute decision maker April 1, 2014
14. Local offices begin hiring process April 1, 2014
15. State office trains local substitute decision makers May 1, 2014
16. Projected goal for functioning local offices July 1, 2014

ATTACHMENT

17—22.14 (231E,633) Fee schedule. The following fees are applicable to services provided by an SDM unless reduced or waived pursuant to paragraph 22.13(1) “b.”

Action or Responsibility	Fee
One-time case opening: Guardianship Conservatorship Guardianship and conservatorship Durable power of attorney for health care Durable power of attorney for financial matters Power of attorney for health care and financial matters	\$200 \$300 \$500 \$ 60 \$100 \$160
Monthly SDM services for conservator, durable power of attorney for health care and general power of attorney for financial matters. Total value of liquid assets: \$6,500 – \$9,999 \$10,000 – \$19,999 \$20,000 – \$29,999 \$30,000 – \$39,999 \$40,000 – \$49,999 \$50,000 – \$59,999 \$60,000 – \$69,999 \$70,000 – \$79,999 \$80,000 – \$89,999 \$90,000 – \$99,999 \$100,000 or above	\$100 \$125 \$150 \$175 \$200 \$225 \$250 \$275 \$300 \$325 \$350
Personal representative	As determined by Iowa Code section 633.197
Preparation and filing of income tax returns: Each federal return Each state return	\$ 50 \$ 25
Settlement of a personal injury cause of action: Each cause of action approved by the probate court	\$250
Establishment of a recognized trust for the consumer’s financial estate: Each trust	\$250
Representative payee—monthly fee	As determined by the federal governmental agency that appoints the representative payee

[ARC 8489B, IAB 1/27/10, effective 1/7/10]

Attachment E:
Profile of Title III
Population Served
and Service Trends

Attachment E: Profile of Title III Population Served and Service Trends

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At a Glance

Collectively, the AAAs are reaching the Older American Act (OAA) targeted populations:

- Minorities are served at a percentage that is commensurate with their representation in the state.
- Greater than 30 percent of consumers served are below the poverty level, compared to 6.9 percent of all Iowans aged 60 years and older.
- The majority of customers served reside in a rural area, particularly among those who are age 75 and older.

The typical AAA customer is female over the age 75 living alone in a rural area and receiving nutrition services.

In state fiscal year 2012, consumers received Nutrition services at a much higher rate than Home and Community Based services and Access services.

Among all services provided, Advocacy increased by the highest percentage (81 percent) from the previous year with 313 more Iowans receiving this service.

Among all services provided, Caregiver Support decreased by the greatest percentage (-178%) from the previous year, with 325 fewer Iowans receiving this service.

The vast majority of high nutrition risk individuals receiving meal services reported the positive outcome of maintaining functionality or experiencing a decrease in impairments related to activities of daily living.

The top four types of cases handled by Legal Assistance pertained to Medicaid (19 percent), Collection (14 percent), Powers of Attorney (9 percent), and Wills/Estates (9 percent). These types of cases accounted for 51 percent of all cases handled by contracted legal providers.

Of the 1,869 complaints received by the Office of Long Term Care Ombudsman, 55 percent were resident complainants and 27 percent were relative or friend of resident complainants. The most frequently type of complaint received related to Discharge / Eviction activities.

Profile of Older Iowans Served - Selected Characteristics

This profile of older Iowans served provides a comparison between selected demographic data for all Iowans over the age of 60 and registered consumers served in the Title III programs as collected by Iowa's NAPIS. This comparison can be used to guide activities to identify and determine needs of unserved or underserved Iowans.

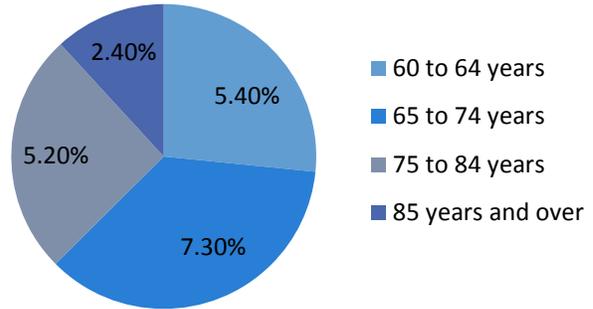
Age

Iowa's Population - Ageⁱ

The number of Iowans aged 60 and over was **613,322** or **20.23 percent** of the total population. The 65 to 74 years age group represents the highest number of the over 60 population.

Table 1: Iowans aged 60 and Over by Age Group

Age Group	Percentage 60+	Total Count
60 to 64 years	5.40%	163,004
65 to 74 years	7.30%	221,311
75 to 84 years	5.20%	156,349
85 years and over	2.40%	72,658



SFY 2012 Registered Consumers - Ageⁱⁱ

The number of unduplicated consumers receiving one or more services from Iowa's Area Agencies on Aging (AAAs) is **62,318**. A total of 8,027 fewer Iowans received services from the previous fiscal year.

Trends: The NAPIS data based on age reveals the following:

- The number of Iowans receiving one or more services from the AAAs in Iowa represents 10.16 percent of Iowans aged 60 or older.
- While Iowans aged 65 to 74 represent the highest number of Iowans over the age of 60, Iowans aged 75 to 84 years old are more likely to have received one or more service.
- Persons aged 85 and older receive services at the greatest proportion to their representation in the state.

Table 2: Consumers Served by Age Group

Age Group	Percentage Served
60 to 64 Years	8%
65 to 69 Years	12%
70 to 74 Years	14%
75 to 79 Years	17%
80 to 84 Years	19%
85 Years and Over	27%

Table 3: Percentage Served in Proportion to Total Population

Age Group	Percentage Served
60 to 64 Years	2%
65 to 69 Years	5%
70 to 74 Years	8%
75 to 79 Years	11%
80 to 84 Years	15%
85 Years and Over	24%

Gender

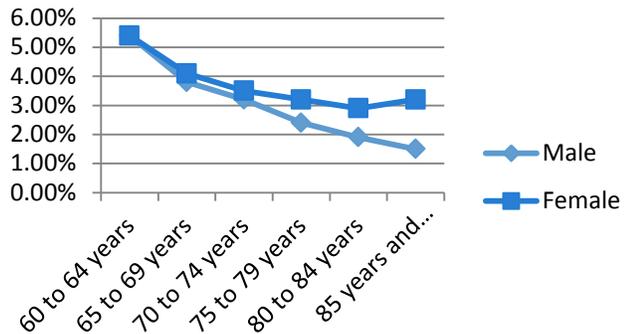
Iowa's Population – Genderⁱⁱⁱ

Iowa's adult population tends to be evenly split between males (49.4 percent) and females (50.6 percent) until the age of 65. After age 65 women represent 57.60 percent of the population. The following table shows the distribution of males and females in age groups over age 60. (The number of Iowans aged 60 and over is 613,322.)

As the table below shows, more than half of Iowans aged 85 and older are women. Further, while the male population tends to decrease steadily after age 65, the female population decreases at a slower rate.

Table 4: Percentage of Iowans by Age and Sex

Age Group	Male	Female
60 to 64 Years	5.40%	5.40%
65 to 69 Years	3.80%	4.10%
70 to 74 Years	3.20%	3.50%
75 to 79 Years	2.40%	3.20%
80 to 84 Years	1.90%	2.90%
85 Years and Over	1.50%	3.20%



SFY 2012 Registered Consumers - Gender

Trends: The NAPIS data reveals the following trends in services to males and females:

- The AAA consumer is more likely to be female than male.
- While more Iowans aged 65 and older are women, the rate at which they receive services from the AAAs is higher than their representation in the state particularly among the 65 to 74 years age group.

A possible explanation for this gender gap may be the number of women aged 65 and over who live alone compared to men. Of Iowans living alone past age 65, nearly 75 percent are women. (Refer to the "Household Characteristics" heading below.)

Table 5: Percentage of Iowans Receiving Services by Age and Gender

Age Group	Male	Female
60 to 64 Years	36%	64%
65 to 69 Years	36%	64%
70 to 74 Years	34%	66%
75 to 79 Years	33%	67%
80 to 84 Years	31%	69%
85 Years and Over	28%	72%

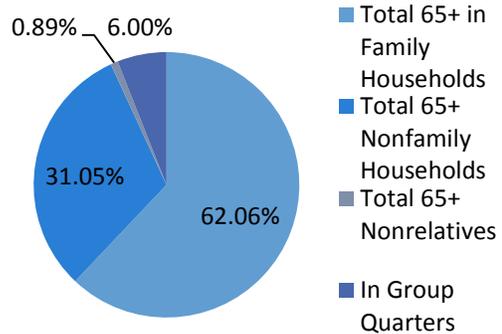
Household Characteristics

Iowa's Population – Household Characteristics^{iv}

The majority of Iowans aged 65 and older live in a household with family members. The number of Iowans living in group quarters exceeds the number living in a household with non-relatives. Finally, the number of women living alone far exceeds the number of men living alone.

Table 6: Percentage by Household Type

Household Type	Percentage of 65+	Total Count
Total 65+ in Family Households	62.06%	279,478
Total 65+ Nonfamily Households	31.05%	139,840
Total 65+ Nonrelatives	0.89%	3,996
In Group Quarters	6.00%	27,004



Non-Family Household

Most Iowans in a non-family household live alone rather than in a household with a non-relative. Males are more likely to live with non-relative than females.

- Iowans Aged 65 and Older Living Alone: **135,434**
- Iowans Aged 65 and Older Living with Non-Relative: **3,996**

Table 7: Percentage Non-Family Household by Gender

Gender	Percentage Living Alone	Total Count	Percentage Living with Non-Relative	Total Count
Male	25.25%	34,200	1.84%	2,489
Female	74.75%	101,234	1.42%	1,917

SFY 2012 Registered Consumers – Household Characteristics

Trends: The NAPIS data reveals the following household characteristics trends for consumers served:

- The older the consumer accessing AAA services the more likely they live alone.
- The AAAs serve more individuals living alone than their representation in the state. Whereas approximately 30 percent of all Iowans 65+ live alone, over 50 percent and higher of Iowans receiving services live alone.

Table 8: Receiving Services & Lives Alone by Age Group

Age Group	Living Alone
60 to 69 Years	50%
65 to 69 Years	50%
70 to 74 Years	50%
75 to 79 Years	51%
80 to 84 Years	57%
85+ Years	67%

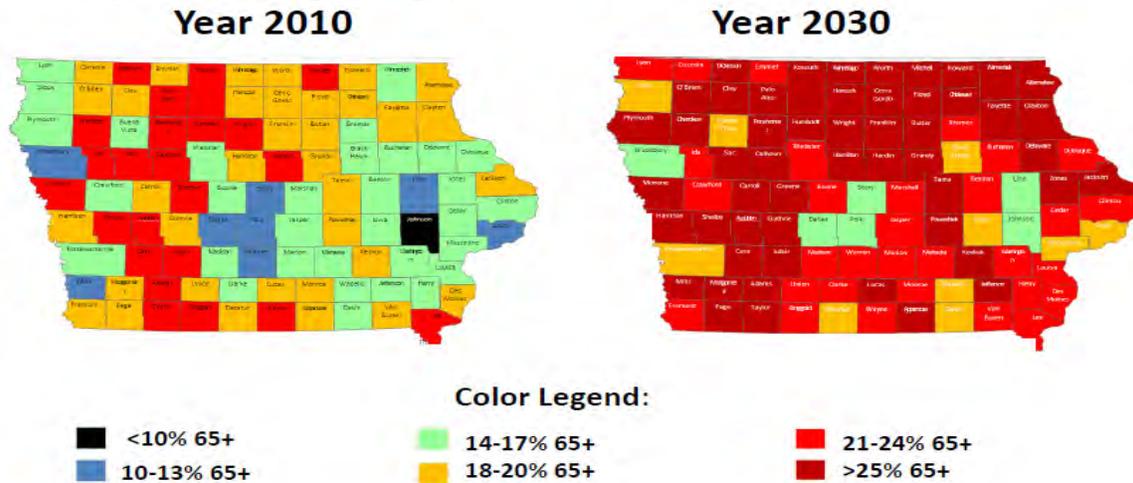
Table 9: Receiving Service & Lives Alone by Gender

Age Group	Male	Female
60 to 64 Years	34%	66%
65 to 69 Years	32%	68%
70 to 74 Years	28%	72%
75 to 79 Years	24%	76%
80 to 84 Years	20%	80%
85 Years and Over	18%	82%

Geographic Distribution

Iowa's Population – Geographic Distribution^v

The majority of Iowans are now living in an urban area (64 percent). However, those living in urban areas tend to be younger. Estimates show that between 2010 and 2030 most of Iowa's rural counties will consist of a significant percentage of Iowans age 65 and over. As shown in the maps below, those counties experiencing the highest growth will have the lowest percentage of Iowans aged 65 and over. Conversely, those counties losing population will have the highest percentage of persons aged 65 and over, with many rural counties expected to have greater than 25 percent of the population in this age demographic.



Source: National Council on Aging

Figure 1: Demographic Shift by Age and County 2010-2030

SFY 2012 Registered Consumers - Geographic Distribution

Trends: The NAPIS location of residence data reveals the following trends:

- Iowans served by the AAAs reflects Iowa's urban/rural distribution by age with more consumers living in rural areas than urban.
- The older the consumer served the increased likelihood that the person will be living in a rural area.
- A majority of older, rural Iowans receiving one or more services live alone.

Table 10: Lives Alone by Age Group

Age	Lives Alone
60 to 64 Years	50%
65 to 69 Years	50%
70 to 74 Years	50%
75 to 79 Years	51%
80 to 84 Years	57%
85 Years and Over	67%

Table 11: Lives Alone by Rural/Urban

Age Group	Rural	Urban
60 to 64 Years	44%	56%
65 to 69 Years	49%	51%
70 to 74 Years	53%	47%
75 to 79 Years	59%	41%
80 to 84 Years	63%	37%
85 Years and Over	68%	32%

Disability

Iowa's Population – Disability

Approximately 33 percent of Iowans over the age of 65 have a disability.^{vi} Unsurprisingly, the occurrence of a disability increases with age. The most frequently cited disability among Iowans over the age of 60 and over the age of 85 is ambulatory difficulty, followed closely by hearing difficulty and then independent living difficulty.^{vii}

Table 12: Percentage of Disability by Age Group

Age Group	Self-care difficulty	Hearing difficulty	Vision difficulty	Independent living difficulty	Ambulatory difficulty	Cognitive difficulty	Two or more types, includes self-care difficulty	Two or more types, does not include self-care difficulty
60 years and older	4.97%	12.54%	4.41%	9.67%	17.14%	5.53%	4.85%	8.50%
85 years and older	15.04%	33.52%	13.91%	32.12%	39.77%	16.55%	14.80%	25.77%

SFY 2012 Registered Consumers - Activities of Daily Living (ADL) Impairment and Instrumental Activities of Daily Living (IADL)

The NAPIS collects data on the difficulties consumers experience related to activities of daily living (ADL) and instrumental activities of daily living (IADL). Of registered consumers, 86 percent reported at least one ADL difficulty, 83 percent reported at least one IADL difficulty, and 82 percent reported at least one ADL and one IADL difficulty. The system does not track the physical limitations that may impact the ability to perform the ADLs and IADLs. However, the most frequently occurring disabilities among Iowans aged 60+ often cause the functional limitations cited as the most common ADLs and IADLs among those receiving Title III services. For instance, getting in and out of bed is a common problem for a person with ambulatory difficulties. Similarly, a person with a hearing impairment is likely to have difficulty using the telephone.

Trends: Of consumers reporting difficulty with ADL and IADLs, the NAPIS data reveals the following trends:

- The most frequently reported ADL difficulties are eating, toileting, and transferring in/out of bed/chair.
- The most frequently reported IADL difficulties are using the telephone, managing money, and medication management.

Table 13: Difficulty with ADLs Reported

ADL	Reporting Difficulty
Eating	95%
Toileting	94%
Transferring: bed/chair	90%
Dressing	86%
Bathing	76%
Walking	78%

Table 14: Difficulty with IADLs Reported

IADL	Reporting Difficulty
Using telephone	91%
Managing money	80%
Medication management	76%
Doing light housework	71%
Prepare meals	71%
Shop for personal items	64%
Transportation ability	61%
Doing heavy housework	50%

Minority status

Iowa's Population – Race

Iowa is a racially homogenous state, with 91.8 percent reported as white only. African-Americans represent 2.8 percent of the population and Asians represent 1.7 percent. American Indian or Native Alaskan, Native Hawaiians or Pacific Islander, and all other races represent less than 1 percent of Iowa's populations. Nearly five percent of Iowans identify as Hispanic or Latino (4.8 percent). As shown in the following tables, the racial makeup of Iowa's population over age 65 is less diverse than the general population.^{viii}

Table 15: Percentage of Iowans Aged 65+ by Race

Race	Percentage
White	97.8%
Black or African American	1.0%
American Indian / Alaska Native	0.1%
Asian	0.6%
Native Hawaiian and Other Pacific Islander	0.0%
Some other race	0.2%

Ethnicity	Percentage
Hispanic or Latino origin (of any race)	0.9%
White alone, not Hispanic or Latino	97.1%

SFY 2012 Registered Consumers - Race

Trends: Ninety-three percent of consumers reported their race when registering for services. Of those reporting race and ethnicity, the NAPIS data reveals the following trends:

- Consumers of minority status are being served at a higher proportion than their representation in the state.
- Minorities served are more likely to live in an urban area.

Table 16: Total Count of Minorities Served

Race	Count
Black/African-American	1,078
Asian	415
American Indian / Alaskan Native	123
Native Hawaiian/Other Pacific Islander	35

Table 17: Percentages based on Unduplicated Count

Race	Percentage
Black/African-American	1.73%
Asian	0.67%
American Indian / Alaskan Native	0.20%
Native Hawaiian/Other Pacific Islander	0.06%

A total of 667 Hispanics received services, which represents 1.07 percent of consumers served

Table 18: Minorities in Living in Urban Areas

Race	Percentage in Urban Area
Black/African-American	95.27%
Asian	86.51%
American Indian / Alaskan Native	69.92%
Native Hawaiian/Other Pacific Islander	40.00%

Income and Poverty

Iowa's Population – Income and Poverty

The poverty rate for Iowans age 65 and older in 2011 was 6.9 percent compared to 12.2 percent for all Iowans.^{ix} The median income for householders age 65 and older in 2011 was \$34,516 compared to \$63,178 for all households in Iowa. A significant majority of Iowans 65 and older receive Social Security (94.4 percent).

Table 19: Poverty Levels for Iowans 65 and older

Poverty Level	Percentage
Below 100 percent of the poverty level	6.9%
100 to 149 percent of the poverty level	12.2%
At or above 150 percent of the poverty level	80.9%

Table 20: Income by Source and Mean Dollars (65 and older)

Income in the Past 12 Months (In 2011 Inflation-Adjusted Dollars)	65+
Households	287,666
With earnings	35.1%
Mean earnings	\$34,516
With Social Security income	94.4%
Mean Social Security income (dollars)	\$18,201
With Supplemental Security Income	4.4%
Mean Supplemental Security Income	\$8,652
With cash public assistance income	1.3%
Mean cash public assistance income	\$3,491
With retirement income	43.6%
Mean retirement income (dollars)	\$16,638
With Food Stamp/SNAP benefits	5.1%

A relatively small number of Iowans 65 and older are receiving public assistance from needs based programs (SSI, Cash Public Assistance, SNAP). The Department of Human Services – Iowa Medicaid Enterprises reported that 8,595 Iowans were receiving services under the Elderly Waiver.^x This number represents 1.91 percent of Iowans aged 65 and older.

Nearly one-third of Iowans remain in the labor force beyond retirement age, until age 75 when the numbers in the labor force decreases significantly. The unemployment rate for older Iowans is lower than the rate for all Iowans which was 5 percent in December 2012.^{xi} As shown in the table 20 above, 35.1% of Iowans over the age of 65 have income from earnings.

Table 21: Employment Data 55+ by Age Group^{xii}

Age Group	In Labor Force	Employed	Unemployment Rate
55 to 64 years	72.10%	69.80%	3.20%
65 to 74 years	28.10%	27.30%	2.80%
75 years & over	6.90%	6.60%	3.10%

SFY 2012 Registered Consumers – Income and Poverty

Trends: For registered consumers, the NAPIS data related to poverty reveals the following trends:

- Compared to the poverty rate among all lowans age 65 and older (6.9 percent), a significant number of consumers receiving services are below the poverty level.
- Minorities served are more likely to live below the poverty level than non-minorities.
- Most lowans receiving case management services are also receiving services under the Medicaid Elderly waiver and vice versa. In SFY 2012, of the 9,461 older lowans who utilized Case Management services, 86 percent (6,656) also received services under the Medicaid Elderly waiver. The number of lowans accessing the OAA Case Management services represents 77 percent of those accessing Medicaid Elderly waiver services.^{xiii}

Table 22: Percentage of Consumers Below the Poverty Level by Age

Age Group	Percentage Below Poverty
60+ Years	32%
60-74 Years	34%
75-84 Years	30%
85+ Years	31%

Table 23: Percentage of Minorities Below the Poverty Level

Race	Percentage Below Poverty
Black/African-American	53%
Asian	56%
American Indian / Alaskan Native	42%
Native Hawaiian/Other Pacific Islander	60%

2012 Senior Community Service Employment Program (SCSEP) Outcomes

At the end of the program year in July 2012, a total of 198 lowans participated in SCSEP. These lowans provided over 100,000 hours of service to the community while participating in employment training. The program surpassed its employment placement goal with 25 lowans achieving employment. On average, those individuals placed in employment were earning above minimum wage and working nearly 30 hours per week.

Table 24: SCSEP Employment Outcomes

Measure	Outcome
Average Hourly Wage	\$10.05
Average Hours Worked	27.2
Percentage with Benefits	44%

Caregivers

Iowa’s Population –Caregivers

The number of grandparents aged 60 and older responsible for grandchildren under 18 years of age is 4,601. Of those households, 59.5 percent have no parent of the grandchild present. Forty-six percent of grandparents responsible for grandchildren are in the labor force.^{xiv} The number of children under 18 years and living with a grandparent is 15,297. Of those, 6,043 have no parent present in the household.^{xv}

Table 25: Grandchildren under 18 years living with a grandparent householder

Age Group	With Grandparent Responsible	Grandchildren with no parent present
Under 6 years	47.90%	27.10%
6 to 11 years	28.10%	34.00%
12 to 17 years	23.90%	38.90%

The AARP Public Policy Institute’s 2011 Update - *The Growing Contributions and Costs of Family Caregiving* report estimates Iowa has 540,000 caregivers providing 353 million hours of care. (www.aarp.org/research/ppi/)

SFY 2012 Registered Consumers – Title III E Caregiver Services

A total of 2,283 Iowans received Title III E Caregiver Services in SFY’ 2012. Over 205,000 consumer contacts were made through Family Caregiver funding.

Trends: For registered consumers receiving Title III E services, the NAPIS data reveals the following demographic trends:

- Iowans over the age of 60 are much more likely to receive Title III E caregiver services than younger Iowans.
- Women are much more likely to receive Title III E caregiver services than men; however, the percentage of women receiving caregiver services compared to men decreases with age.
- Of Iowans receiving caregiver services, 5.12 percent were minorities. (Minorities represent 8.3 percent of Iowa’s population.)

Table 25: Percentage Receiving Caregiver Services by Age Group

Age Group	Percentage Served
Younger than 40 Years	2%
40-44 Years	2%
45-49 Years	3%
50-54 Years	5%
55-59 Years	7%
60 to 64 Years	14%
65 to 69 Years	12%
70 to 74 Years	13%
75 to 79 Years	14%
80 to 84 Years	13%
85 Years and Over	15%

Table 26: Percentage of Consumers Served by Gender (Female)

Age Group	Percentage Female
Younger than 40 Years	80%
40-44 Years	86%
45-49 Years	84%
50-54 Years	81%
55-59 Years	79%
60 to 64 Years	72%
65 to 69 Years	68%
70 to 74 Years	64%
75 to 79 Years	70%
80 to 84 Years	63%
85 Years and Over	63%

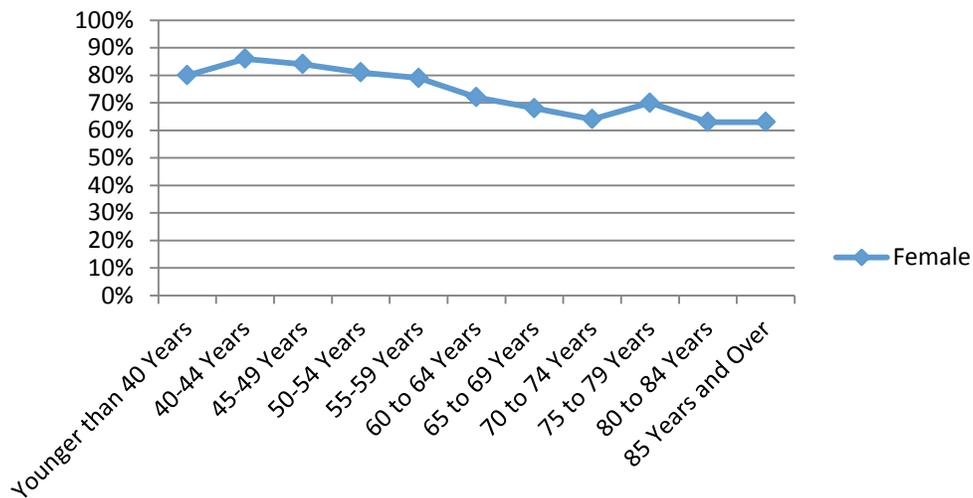


Figure 2: Percentage Receiving Caregiver Services by Gender (Female)

Table 27: Count of Consumers Served by Race

Race	Number Receiving Services
Black/African-American	103
Asian	8
American Indian / Alaskan Native	5
Native Hawaiian/Other Pacific Islander	1

Selected Service Trends and Measures (SFY'2012)

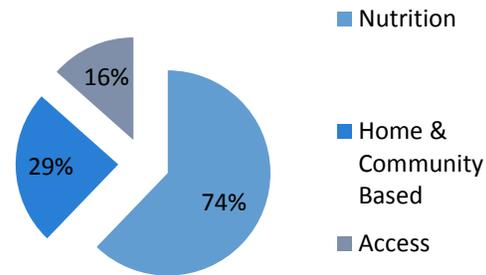
Service Trends for Registered Consumers

The following summary is based upon the INAPIS Activity Report for State Fiscal Year 2012 developed by the Iowa Department on Aging. Please refer to Attachment F for this report and full details.

In state fiscal year 2012, the thirteen AAAs collectively provided thirty-seven Nutrition, Access, and Home and Community Based services. Of the 62,318 unduplicated consumers served, most received Nutrition services followed by Home and Community Based Services.

Table 28: Consumers Served by Service Type

	Nutrition	Home & Community Based	Access
Consumers	45,878	18,294	10,011
Percentage of Consumers Served	74%	29%	16%



Nutrition Services

Over 2.9 million congregate and home delivered meals were served in FY2012. While the units of congregate meals served have remained fairly steady over the past three years the number of unduplicated consumers being served decreased by 20%. The number of consumers receiving home delivered meals remained fairly consistent over a three year period, with only a one percent decrease. The number of home delivered meals increased by six percent.

An increased number of older lowans received nutrition education and nutrition counseling in 2012 than in previous years. A total of 17,240 more consumers received nutrition education in 2012 than in 2010, a 24 percent increase. Sixty-eight more lowans (38 percent) received nutrition counseling 2012 than in the previous year.

lowans determined to be a high nutrition risk have benefited from the nutrition programs. Among congregate meal consumers, 17 percent indicated improvement in response to a nutrition assessment question related to having enough money to buy food. Those receiving home delivered meals reported an 11 percent improvement to the same question. High nutrition risk individuals receiving congregate or home delivered meals also reported maintaining functionality or experienced a decrease in impairment in activities of daily living. Since functional loss often comes with aging, maintaining functional abilities is a positive outcome.

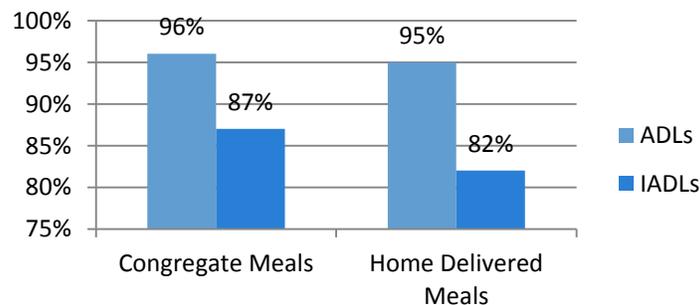


Figure 3: Percent Decrease or No Change to ADLs & IADLs

Home and Community Based Services

In SFY 2012, the AAAs collectively provided over 538,000 units of Home and Community Based Services. Among those receiving these services, 39 percent were at or below the poverty level. Most were female (80 percent) and lived in a rural area (66 percent).

The top three services with increases from the previous year were Advocacy (81 percent), Counseling (55 percent), and Medication Management (41 percent). Both Evidenced Based Health Activities and Placement Services showed a 100 percent increase from the previous year, going from zero consumers served in 2011 to 78 and 166 respectively in 2012.

The three services showing the greatest decrease in services from the previous year were Caregiver Support (-178 percent), Mental Health Outreach (-166 percent) and Payee Protective Service (-33 percent).

Access Services

In SFY 2012, the AAAs collectively provided over 462,000 units of Access services. Among lowans receiving these services 75 percent were female. Compared to other services, the fewest number of rural lowans utilized Access services, with 50 percent of individuals living in a rural area compared to 58 percent who used Home and Community Based Services and 69/67 percent receiving congregate and home delivered meals.

With the exception of Assisted Transportation, all other Access services increased modestly from the previous year. Eighty fewer lowans received Assisted Transportation services in 2012, a six percent decrease. A total of 388 more lowans received Information and Assistance, 366 more received Outreach services, and 60 additional lowans received Transportation.

Family Caregiver

As shown in the table below, the number of lowans registered as receiving one or more Title III E Caregiver Services has remained fairly steady in the past the years.

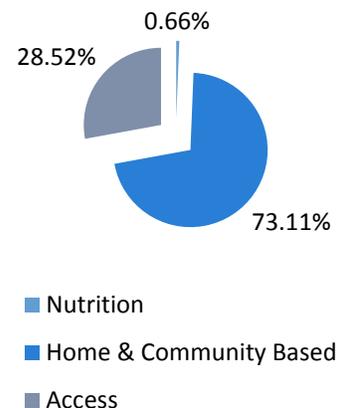
Table 29: Title III E Consumers Served FY 2010-2012

Fiscal Year	Number Served
2010	2,525
2011	2,272
2012	2,283

Of the 2,283 unduplicated consumers served in SFY 2012, most received Home & Community Based services followed by Access Services.

Table 30: Caregiver Consumers Served by Service Type

	Nutrition	Home & Community Based	Access
Consumers	15	1,669	651
Percentage Consumers Served	0.66%	73.11%	28.52%



The top three services with increases from the previous year were Counseling (66 percent), Material Aid (46 percent) and Grandparent Relative Support (29 percent). Those service categories with the highest number of individuals served were Information and Outreach (648) and Training and Education (511).

The two services showing the greatest decrease in services from the previous year were Caregiver Support (-185%) and Respite (-23%). Of those services that do not have expenditure caps or requirements for registration, these services had fewer than 100 individuals served: Personal Care (0) and Homemaker (64).

Legal Assistance Service Trends

The following summary is based upon the Title IIIB Legal Assistance Activity Report for State Fiscal Year 2012 developed by the Iowa Department on Aging. Please refer to Attachment F for this report and full details.

Demographics

The number of older Iowans receiving Legal Assistance has remained fairly consistent over the last three fiscal years, with a steady increase in number of hours of services provided and slight variation in the number of Iowans served.

Table 31: Clients and Hours of Service by Fiscal Year

Fiscal Year	Clients Served	Hours of Service
2010	3,391	5,349
2011	3,330	5,834
2012	3,380	6,677

As with other Title III services, Legal Assistance services are reaching the Older American Act targeted populations:

- Ten percent of clients served were minorities. (Among all Iowans aged 65 and older, minorities make up 2.2 percent of Iowa’s population.)
- Thirty-two percent of consumers were at or below the poverty level. (Just under 7 percent of Iowans age 60 and older are below the poverty level.)
- Thirty-four percent of consumers were determined to be in greatest social need.

Legal assistance providers are serving older clients in relative proportion to their representation in the state.

Table 32: Percentage Served by Age Group

Age Group	Percentage of Clients Served	Percentage of All Iowans
60 – 74 years	63.91%	62.66%
75 years and older	36.09%	37.34%

Services

Services provided included counsel and advice, brief service, referrals, settled with litigation, court decisions, settled without litigation, administrative decision and other. Of the services provided, 71 percent of cases were handled with counsel and advice. Brief Service accounted for 18 percent of services provided.

The top four types of cases were Medicaid (19 percent), Collection (14 percent), Powers of Attorney (9 percent), and Wills/Estates (9 percent). These types of cases accounted for 51 percent of all cases handled by the legal providers.

The AAAs and legal providers identified 367 individuals with unmet needs for legal assistance. Those individuals needed 1,328 hours of service.

A number of emerging issues have been identified. The most frequently cited issues pertain to financial abuse and fraud, Medicaid application & eligibility, and substitute decision making resources.

Long Term Care Ombudsman Trends

The Office of Long Term Care Ombudsman received 1,869 complaints by or on behalf of residents and tenants and opened 1,048 cases. The Office served 3,440 residents and tenants and provided 3,737 hours of advocacy services beyond complaint handling.

Of complaints received, 55 percent were resident complainants and 27 percent were relative or friend of resident complainants. The most frequently type of complaint received related to the Admission, Transfer, Discharge, and Eviction category, with Discharge / Eviction (planning, notice, procedure, implementation, including abandonment) the highest number received in the compliant category. The category receiving the second most complaints was Autonomy, Choice, Preference, Exercise of Rights, Privacy, with Exercise Preference/Choice and/or Civil/Religious Rights, Individual's Right to Smoke the most often occurring in this category.

Ombudsman staff consulted with 1,536 individuals seeking information on resident rights, autonomy/choice/exercise of rights/privacy, assisted living, and ombudsman services. They also provided 629 consultations to facilities on resident rights, care issues, and advance directives.

ⁱ U.S. Census Bureau, Table DP05: ACS DEMOGRAPHIC AND HOUSING ESTIMATES (2007-2011 American Community Survey 5-Year Estimates)

ⁱⁱ Unless otherwise noted all AAA consumer characteristics data is from SFY'2012 INAPIS Activity Report (10/2012). Note that all demographic data is represents only registered consumers who reported their demographic data. (Refer to Attachment F for full report).

ⁱⁱⁱ U.S. Census Bureau, Table S0101: AGE AND SEX (2007-2011 American Community Survey 5-Year Estimates)

^{iv} U.S. Census Bureau, Table B09017: RELATIONSHIP BY HOUSEHOLD TYPE (INCLUDING LIVING ALONE) FOR THE POPULATION 65 YEARS AND OVER (2007-2011 American Community Survey 5-Year Estimates).

^v State Data Center of Iowa (Iowa Library Services), "Iowa Quick Facts," www.iowadatacenter.org/quickfacts; accessed 5/7/2013.

^{vi} U.S. Census Bureau, Table S1810: DISABILITY CHARACTERISTICS (2009-2011 American Community Survey 3-Year Estimates). The following questions on the American Community Survey are used to determine the presence of a disability:

- Is this person deaf or does he/she have serious difficulty hearing?
- Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
- Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
- Does this person have serious difficulty walking or climbing stairs?
- Does this person have difficulty dressing or bathing?
- Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

www.census.gov/acs/www/Downloads/QbyQfact/disability.pdf (accessed 5/7/2013)

^{vii} AGing Integrated Database (AGID), American Community Survey (ACS) Demographic Data 2010, Custom Table, www.agidnet.org/CustomTables/ACS/Results (accessed 5/3/2013).

^{viii} U.S. Census Bureau, Tables: B01001H: SEX BY AGE (WHITE ALONE, NOT HISPANIC OR LATINO); B01001B: SEX BY AGE (BLACK OR AFRICAN AMERICAN ALONE); B01001D: SEX BY AGE (ASIAN ALONE); B01001C: SEX BY AGE (AMERICAN INDIAN AND ALASKA NATIVE ALONE); B01001E: SEX BY AGE (NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER ALONE); B01001F: SEX BY AGE (SOME OTHER RACE ALONE); 2007-2011 American Community Survey 5-Year Estimates

^{ix} State Data Center of Iowa (Iowa Library Services), "Iowa Quick Facts," www.iowadatacenter.org/quickfacts; (accessed 5/7/2013).

^x Iowa Department of Human Services - Iowa Medicaid Enterprise, Medicaid Statistical Reports, IAMM4600-R002--Elderly Waiver Summary by County (06/30/2012) ;

http://www.dhs.state.ia.us/Partners/Reports/PeriodicReports/Medicaid_B1/MedicaidB1Current.html

^{xi} Iowa Workforce Development, Nonfarm Employment Data.

<http://www.iowaworkforce.org/lmi/laborforce/etables/lastyear/lforceia.txt> (accessed 5/8/2013)

^{xii} U.S. Census Bureau, Table S2301: EMPLOYMENT STATUS (2007-2011 American Community Survey 5-Year Estimates)

Definitions:

Unemployed includes "All civilians 16 years old and over are classified as unemployed if they (1) were neither "at work" nor "with a job but not at work" during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to accept a job. Also included as unemployed are civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off, and were available for work except for temporary illness."

In the Labor Force means "all people classified in the civilian labor force, plus members of the U.S. Armed Forces (people on active duty with the United States Army, Air Force, Navy, Marine Corps, or Coast Guard). The Civilian Labor Force consists of people classified as employed or unemployed."

http://factfinder2.census.gov/help/en/american_factfinder_help.htm#glossary/glossary.htm (Accessed 5/7/2013)

^{xiii} Based on a comparison of INAPIS data and Medicaid Statistical Reports, IAMM4600-R002--Elderly Waiver Summary by County (06/30/2012) ; www.dhs.state.ia.us/Partners/Reports/PeriodicReports/Medicaid_B1/MedicaidB1Current.html

^{xiv} U.S. Census Bureau, Table S1002: GRANDPARENTS (2007-2011 American Community Survey 5-Year Estimates).

The number of grandparents aged 60 and over not responsible for own grandchildren is 7,891 (B10051: GRANDPARENTS LIVING WITH OWN GRANDCHILDREN UNDER 18 YEARS BY RESPONSIBILITY FOR OWN GRANDCHILDREN BY PRESENCE OF PARENT OF GRANDCHILDREN AND AGE OF GRANDPARENT).

^{xv} U.S. Census Bureau, Table S1001: GRANDCHILDREN CHARACTERISTICS (2007-2011 American Community Survey 5-Year Estimates).

Attachment F:
Activity Reports SFY 2012:
INAPIS

Iowa Department on Aging

INAPIS

(Iowa National Aging Program Information System)

Activity Report

(State Fiscal Year 2012)

Iowa Department on Aging
Jessie M. Parker Building
510 East 12th Street
Des Moines, IA 50319-9025
Phone: (515) 725-3333
<http://www.aging.iowa.gov/>

(October 2012)

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Introduction

Iowa's 13 Area Agencies on Aging are responsible for tracking and reporting on services provided to aging citizens of Iowa funded through Federal and State programs. After collecting detailed information on the services provided, recipients of the services, providers of the services, and the associated costs, the Iowa Department on Aging (IDA) is responsible for filing an annual State Performance Report (SPR) with the Administration of Aging. There were a total of **62,318** unduplicated consumers reported to INAPIS during SFY2012.

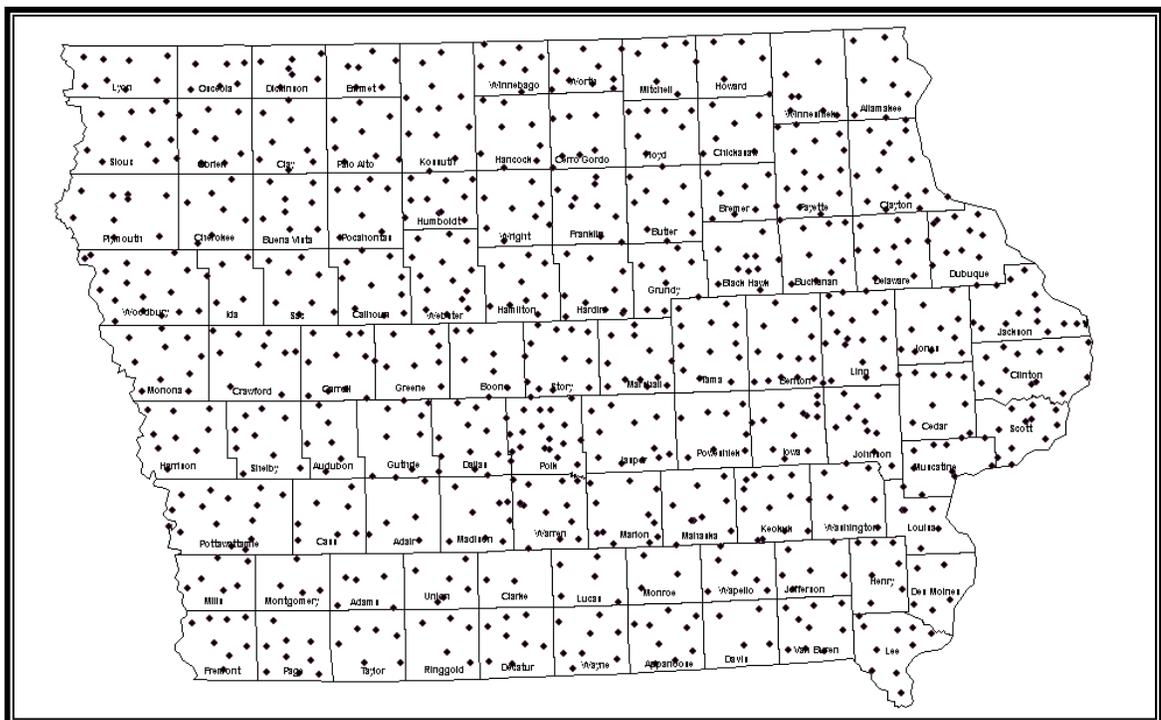
This report shows the number of older Iowans and units of service funded through Title III funding of the Older Americans Act, through the Administration on Aging (AOA), and limited state general fund dollars.

The information provided in this report is the result of hard work and dedication from the Iowa Aging Network who work as a team with IDA toward the mission:

"To develop a comprehensive, coordinated and cost-effective system of long term living and community support services that help individuals maintain health and independence in their homes and communities".

Service Delivery Map

The map below represents the resident zip code location of registered consumers that received one or more services during SFY 2012.



SFY 2012 Consumer & Service Fact Sheet

Consumers

62,318 unduplicated consumers received one or more services

61,120 (98%) unduplicated consumers received services through General Aging Funding

2,283 (4%) unduplicated consumers received funding through Family Caregiver Funding

Services

Offered a menu of **37** nutrition, access and home and community based services

Served over **2.9 million** congregate and home delivered meals

Served over **462,000** units of access services

Served over **538,000** units of home and community based services

Consumer Profile

72% were 75 years of age or older; and **28%** were 85 years of age or older

68% were female

32% were male

55% lived alone

62% resided in rural areas;

32% were below Federal Poverty income level

3% were minority race and/or ethnicity

INAPIS Data

INAPIS data is reported to IDA from AAAs and this report represents information about consumers and services provided from July 1, 2011 through June 30, 2012. INAPIS data is dynamic and any corrections by the AAA at the local level after September 7, 2012 would not be reflected in this report.

The following definitions will assist you in using this document:

General Aging Program: Elderly persons that receive services/benefits from programs offered through Title III funding of the Older Americans Act, the Administration on Aging (AoA) and other funding (Federal, State, Local, etc.).

Family Care Giver: Persons that receive services/benefits from programs offered through the Title III-E Family Caregiver Program and other funding (Federal, State, Local, etc.).

Consumers: Eligible persons that receive services/benefits from programs offered through public funding (Federal, State, Local, etc.).

Services: A form of benefit received by the consumer; service can be recorded by individual consumers or aggregate consumers (tracks service delivery to a number of nonspecific consumers); service tracking can include but is not limited to: Title III services defined by Administration on Aging (AoA); Senior Living Trust Funding (SLP services); and Title III-E Caregiver services.

Home and Community Based Services (HCBS): The combination of all the personal services that are combined to keep an older individual in their home in their community. Such services are personal care, homemaker, chore, home delivered meals, day care/ adult day health, case management, congregate meals, nutrition counseling, assisted transportation, transportation, legal assistance, home repair, health screening/wellness, preventive health, respite, emergency/response system, medication management, adult/consumer protection, protective payee, reassurance, visiting, counseling, placement service, assessment/ intervention and material aid.

See Page 20 for a list of service taxonomies and definitions.

Rural: Means all areas not defined as urban.

Urban: Means persons/territories inside urbanized areas and persons/territories outside urbanized areas in places with 20,000 or more people.

Registered Service: Services that require a INAPIS consumer registration containing a "detailed" profile of consumer characteristics that include:

- Minority status, by individual minority group
- Age group
- ADL/IADL status
- Sex
- Rural status
- Live alone status
- Poverty status

IDA encourages consumer registration for all services but requires consumer registration for 9 of the 14 AOA core services that include:

- Personal Care
- Homemaker
- Chore
- Home Delivered Meals
- Day Care/Adult Day Health
- Case Management
- Congregate Meals
- Nutrition Counseling
- Assisted Transportation

Note: Based on Federal Guidelines services cannot be denied to a consumer who refuses to complete a consumer registration for General Aging and Family Caregiver programs.

Aggregate Service: Services that do not require an INAPIS consumer registration containing a "detailed" profile of consumer characteristics and are entered as an aggregate total of consumers that received a service.

Service Unit: Description of how the service is delivered and recorded into the INAPIS system (i.e. hour, contact, session).

State Population Data: All state population data was based on July 1, 2011 Population Estimates obtained from the State Library of Iowa, State Data Center Program, 800-248-4483, <http://www.iowadatacenter.org>

SFY 2012 Consumer & Unit Count for Services and Programs							
Service Category / Service	All Programs			General Aging		Family Caregiver	
Nutrition	Total Consumers	Aggregate Consumer Totals	Total Units	Total Consumers	Total Units	Total Consumers	Total Units
Congregate Meals	34,365	0	1,522,329	34,365	1,522,329	0	0
Home Delivered Meals	13,835	0	1,358,671	13,826	1,357,763	15	908
Nutrition Counseling	181	0	223	181	223	0	0
Nutrition Education	1,433	78,636	72,732	1,433	72,732	0	0
Total Nutrition Category	45,878	78,636		45,870		15	
Access							
Assisted Transportation	1,255	0	65,869	1,255	65,869	0	0
Information & Assistance	4,447	77,033	91,173	4,283	71,369	648	19,804
Outreach	3,792	16,740	39,171	3,789	37,239	3	1,932
Transportation	1,244	38,611	265,869	1,244	265,869	0	0
Total Access Category	10,011	132,384		9,848		651	
Home & Community Based							
Adult Consumer Protection Service	0	29	25	0	25	0	0
Adult Daycare	574	0	206,311	453	182,138	121	24,173
Advocacy	386	5,723	8,804	386	8,804	0	0
Assessment & Intervention	624	178	2,549	624	2,549	0	0
Caregiver Support	183	90	1,554	5	63	178	1,491
Case Management	9,461	0	66,741	9,461	66,741	0	0
Chore	1,105	0	21,886	1,105	21,886	0	0
Counseling	424	491	1,383	53	899	372	484
Emergency Response System	980	0	7,841	863	6,784	119	1,057
Evidence Based Health Activities	78	454	930	78	930	0	0
Grandparent Relative Support	53	0	483	10	219	46	264
Health Well Elderly Clinics	592	0	1,454	592	1,454	0	0
Home Repair	384	0	4,457	384	4,457	0	0
Homemaker	1,445	0	52,275	1,383	50,398	64	1877
Legal Assistance	0	4,108	6,778	0	6,677	0	101
Legal Education	0	389	354	0	354	0	0
Material Aide	1,667	1	4,819	1,560	4,625	109	194
Medication Management	306	884	2,070	306	2,070	0	0
Mental Health Outreach	68	0	2,302	68	2,302	0	0
Personal Care	358	0	10,967	350	10,686	8	281
Placement Service	166	0	746	166	746	0	0
Preventive Health Promotion	1,659	3,995	38,118	1,659	38,118	0	0
Protective Payee Service	69	0	1,230	69	1,230	0	0
Public Information	0	1,472,992	19,906	0	13,988	0	5,918
Reassurance	29	4,819	7,725	29	7,725	0	0
Respite	372	0	18,831	174	7,265	199	11,566
Senior Center	0	34,230	36,856	0	36,856	0	0
Training & Education	808	4,461	2,659	297	871	511	1,788
Visiting	674	477	8,786	674	8,786	0	0
Total HCBS Category	18,294	1,533,321		16,690		1,669	
Total Consumers	62,318			61,120		2,283	

Note: *Total Consumers* is an unduplicated count for that specific service. The total number of consumers from all services is higher than the actual number of persons served across all services, because some people need and receive more than one service. *Aggregate Consumer Totals* represent the total count of consumers across General Aging, SLP Legal Services and Family Caregiver and do not require a INAPIS consumer registration containing a "detailed" profile of consumer characteristics and may include duplicate consumers.

SFY 2011-2012 Registered Consumer & Unit Comparisons

Service Category / Service	Consumers				Units			
	SFY11 Consumers	SFY12 Consumers	# Change Consumers	% Change Consumers	SFY11 Units	SFY12 Units	# Change Units	% Change Units
Nutrition								
Congregate Meals	41,425	34,365	-7,060	-21%	1,554,718	1,522,329	-32,389	-2%
Home Delivered Meals	13,265	13,835	570	4%	1,366,259	1,358,671	-7,588	-1%
Nutrition Counseling	113	181	68	38%	137	223	86	39%
Nutrition Education	1,116	1,433	317	22%	66,386	72,732	6,346	9%
Access								
Assisted Transportation	1,335	1,255	-80	-6%	65,461	65,869	408	1%
Information & Assistance	4,081	4,447	366	8%	90,415	91,173	758	1%
Outreach	3,404	3,792	388	10%	33,931	39,171	5,240	13%
Transportation	1,184	1,244	60	5%	281,208	265,869	-15,339	-6%
Home & Community Based								
Adult Consumer Protection Service	0	0	0	0%	22	25	3	12%
Adult Daycare	602	574	-28	-5%	218,336	206,311	-12,025	-6%
Advocacy	73	386	313	81%	7,913	8,804	891	10%
Assessment & Intervention	578	624	46	7%	2,825	2,549	-276	-11%
Caregiver Support	508	183	-325	-178%	1,795	1,554	-241	-16%
Case Management	10,964	9,461	-1,503	-16%	141,823	66,741	-75,082	-112%
Chore	1,397	1,105	-292	-26%	27,870	21,886	-5,984	-27%
Counseling	191	424	233	55%	1,143	1,383	240	17%
Emergency Response System	1,181	980	-201	-21%	9,238	7,841	-1,397	-18%
Evidence Based Health Activities	0	78	78	100%	0	930	930	100%
Grandparent Relative Support	32	53	21	40%	61	483	422	87%
Health Screening Well Elderly Clinics	675	592	-83	-14%	1,975	1,454	-521	-36%
Home Repair	358	384	26	7%	4,910	4,457	-453	-10%
Homemaker	1,544	1,445	-99	-7%	60,064	52,275	-7,789	-15%
Legal Assistance	0	0	0	0%	5,763	6,778	1,015	15%
Legal Education	0	0	0	0%	420	354	-66	-19%
Material Aide	1,611	1,667	56	3%	4,540	4,819	279	6%
Medication Management	180	306	126	41%	6,513	2,070	-4,443	-215%
Mental Health Outreach	181	68	-113	-166%	1,450	2,302	852	37%
Personal Care	320	358	38	11%	10,643	10,967	324	3%
Placement Service	0	166	166	100%	1,335	746	-589	-79%
Preventive Health Promotion	1,378	1,659	281	17%	43,434	38,118	-5,316	-14%
Protective Payee Service	92	69	-23	-33%	2,856	1,230	-1,626	-132%
Public Information	0	0	0	0%	30,760	19,906	-10,854	-55%
Reassurance	37	29	-8	-28%	9,619	7,725	-1,894	-25%
Respite	401	372	-29	-8%	24,353	18,831	-5,522	-29%
Senior Center	0	0	0	0%	37,819	36,856	-963	-3%
Training & Education	583	808	225	28%	3,612	2,659	-953	-36%
Visiting	733	674	-59	-9%	8,505	8,786	281	3%
	70,165	62,138	-8,027	-13%				

Note: *Total Consumers* is an unduplicated count for that specific service. In other words, if you add the total number of consumers from all services it is higher than the actual number of persons served across all services, because some people need and receive more than one service.

Note: Note: Both Federal and Iowa rule prohibits consumer registration for persons receiving Legal Assistance.

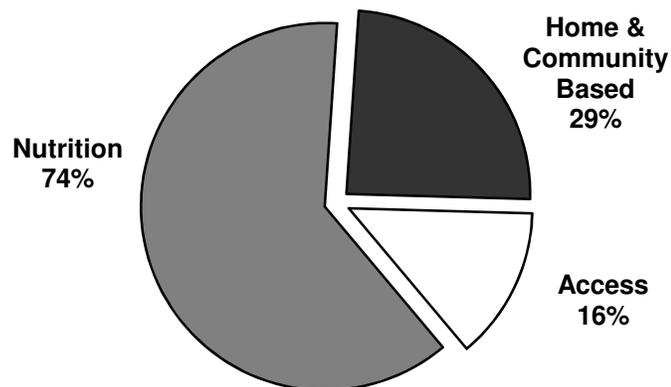
SFY 2011 & 2012 Registered Consumers By Funding Program Comparisons								
Service Category / Service	General Aging				Family Care Giver			
	SFY11 Consumers	SFY12 Consumers	# Change Consumers	% Change Consumers	SFY11 Consumers	SFY12 Consumers	# Change Consumers	% Change Consumers
Nutrition								
Congregate Meals	41,142	34,365	-6,777	-20%	0	0	0	0%
Home Delivered Meals	12,387	13,826	1,439	10%	16	15	-1	-7%
Nutrition Counseling	95	181	86	48%	0	0	0	0%
Nutrition Education	1,116	1,433	317	22%	0	0	0	0%
Access								
Assisted Transportation	1,243	1,255	12	1%	0	0	0	0%
Information & Assistance	3,576	4,283	707	17%	584	648	64	10%
Outreach	2,163	3,789	1,626	43%	1	3	2	67%
Transportation	372	1,244	872	70%	0	0	0	0%
Home & Community Based								
Adult Consumer Protection Service	0	0	0	0%	0	0	0	0%
Adult Daycare	274	453	179	40%	116	121	5	4%
Advocacy	73	386	313	81%	0	0	0	0%
Assessment & Intervention	212	624	412	66%	0	0	0	0%
Caregiver Support	0	5	5	100%	508	178	-330	-185%
Case Management	6,886	9,461	2,575	27%	0	0	0	0%
Chore	413	1,105	692	63%	0	0	0	0%
Counseling	0	53	53	100%	128	372	244	66%
Emergency Response System	120	863	743	86%	127	119	-8	-7%
Evidence Based Health Activities	0	78	78	100%	0	0	0	0%
Grandparent Relative Support	0	10	10	100%	32	46	13	29%
Health Well Elderly Clinics	296	592	296	50%	0	0	0	0%
Home Repair	71	384	313	82%	0	0	0	0%
Homemaker	373	1,383	1,010	73%	71	64	-7	-11%
Legal Assistance	0	0	0	0%	0	0	0	0%
Legal Education	0	0	0	0%	0	0	0	0%
Material Aide	525	1,560	1,035	66%	59	109	50	46%
Medication Management	128	306	178	58%	0	0	0	0%
Personal Care	0	68	68	100%	0	0	0	0%
Mental Health Outreach	36	350	314	90%	10	8	-2	-25%
Placement Service	0	166	166	100%	0	0	0	0%
Preventive Health Promotion	448	1,659	1,211	73%	0	0	0	0%
Protective Payee Service	0	69	69	100%	0	0	0	0%
Public Information	0	0	0	0%	0	0	0	0%
Reassurance	0	29	29	100%	0	0	0	0%
Respite	57	174	117	67%	245	199	-46	-23%
Senior Center	0	0	0	0%	0	0	0	0%
Training & Education	86	297	211	71%	507	511	4	1%
Visiting	646	674	28	4%	0	0	0	0%

Note: *Total Consumers* is an unduplicated count for that specific service. In other words, if you add the total number of consumers from all services it is higher than the actual number of persons served across all services, because some people need and receive more than one service.

Note: Both Federal and Iowa rule prohibits consumer registration for persons receiving Legal Assistance.

SFY 2012 Unduplicated Consumer Counts by Service Category

Chart 1: Unduplicated Consumers by Service Category



	<i>Nutrition</i>	<i>Home & Community Based</i>	<i>Access</i>
SFY12	45,878	18,294	10,011
%	74%	29%	16%

Nutrition Services 45,878 (74%) showed the largest number of registered consumers followed by Home & Community Based Services with 18,294 (29%).

Nutrition Services Consumers

Profile of Registered Congregate Meal Consumers

- 64% were 75 + 24% were 85+
- 66% were female
- 22% were at high nutritional risk
- 50% lived alone
- 69% resided in rural areas
- 25% were at/or below federal poverty
- 2% were minority race and/or ethnicity

Profile of Registered Home Delivered Meal Consumers

- 74% were 75 + 39% were 85+
- 69% were Female
- 51% were at high nutritional risk
- 61% lived alone
- 67% resided in rural areas
- 34% were at/or below federal poverty
- 1% were minority race and/or ethnicity

89% of High Nutrition Risk consumers answered yes to “I take 3 or more different prescribed or over-the-counter drugs a day”.

78% of High Nutrition Risk consumers reported they maintained or improved their Nutrition Risk Score.

Home & Community Based Service Consumers

- 63% were 75 + 27% were 85+
- 80% were female
- 66% lived alone
- 58% resided in rural areas
- 39% were at/or below federal poverty
- 5% were minority race and/or ethnicity

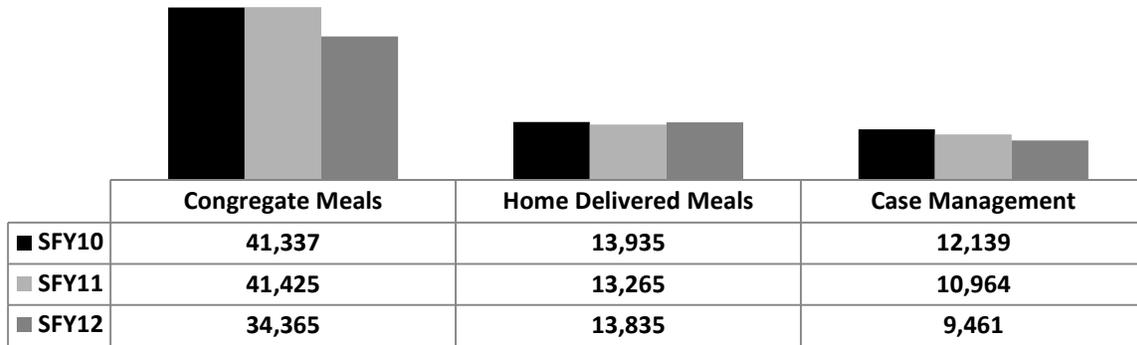
Access Service Consumers

- 61% were 75 + 25% were 85+
- 75% were female
- 58% lived alone
- 50% resided in rural areas
- 33% were at/or below federal poverty
- 5% were minority race and/or ethnicity

Note: The charts and calculated percentages above represent only those consumers that reported the applicable demographic data.

SFY 2010 – 2012 Registered Consumer & Unit Comparison for 14 Core Services

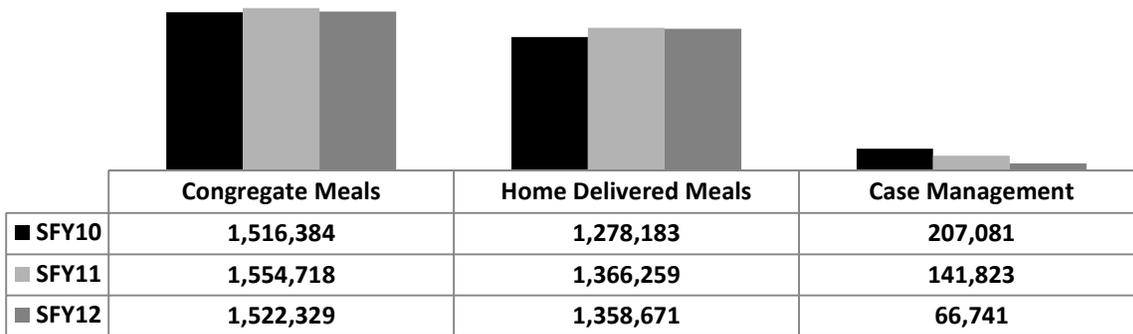
Chart 2: Unduplicated Consumer Count
SFY10-SFY12



Unduplicated Consumer Count

	<u>SFY10</u>	<u>SFY12</u>	<u>3 yr Change</u>	<u>% Change</u>
Congregate Meals	41,337	34,365	-6,972	-20%
Home Delivered Meals	13,935	13,835	-100	-1%
Case Management	12,139	9,461	-2,678	-28%

Chart 3: Total Units
SFY10-SFY12

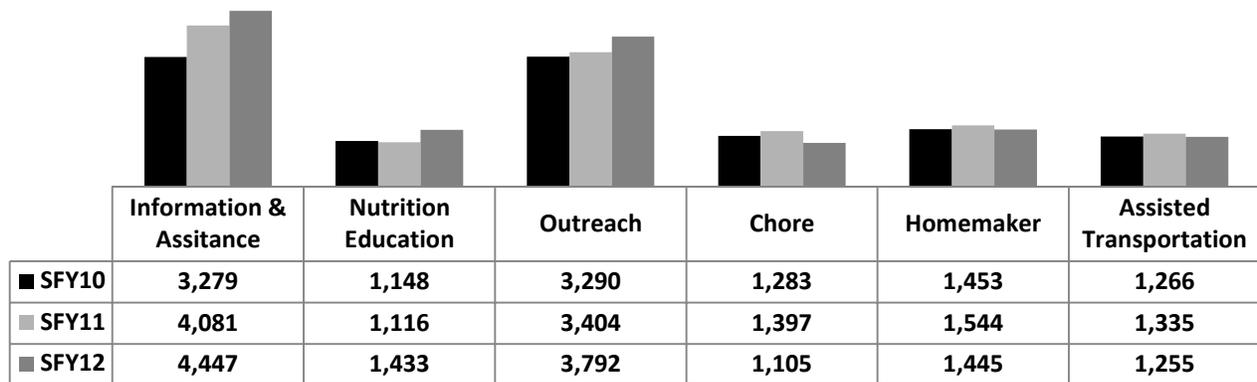


Total Units

	<u>SFY10</u>	<u>SFY12</u>	<u>3 yr Change</u>	<u>% Change</u>
Congregate Meals	1,516,384	1,522,329	5,945	0%
Home Delivered Meals	1,278,183	1,358,671	80,488	6%
Case Management	207,081	66,741	-140,340	-210%

SFY 2010 – 2012 Registered Consumer & Unit Comparison for 14 Core Services

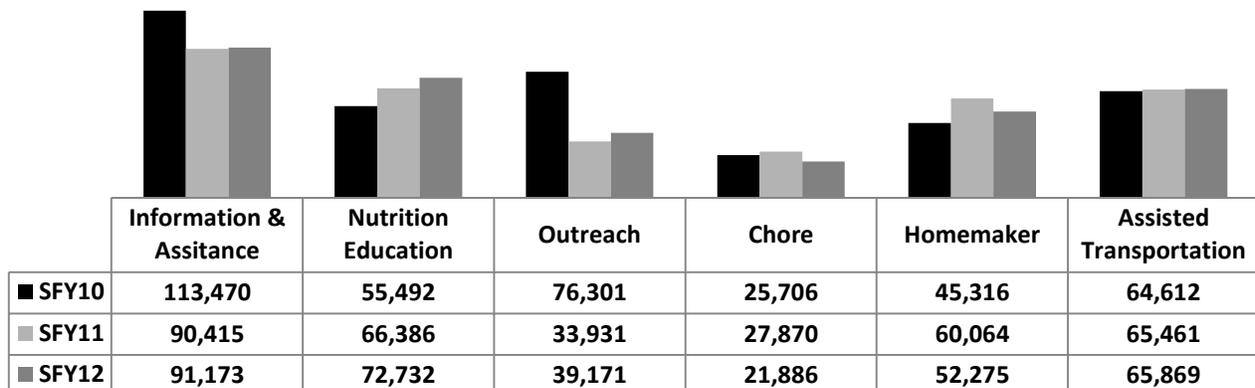
Chart 4: Unduplicated Consumer Count
SFY10-SFY12



Unduplicated Consumer Count

	SFY10	SFY12	3 yr Change	% Change		SFY10	SFY12	3 yr Change	% Change
Information & Assistance	3,279	4,447	1,168	26%	Chore	1,283	1,105	-178	-16%
Nutrition Education	1,148	1,433	285	20%	Homemaker	1,453	1,445	-8	-1%
Outreach	3,290	3,792	502	13%	Assisted Transportation	1,266	1,255	-11	-1%

Chart 5: Total Units
SFY10-SFY12

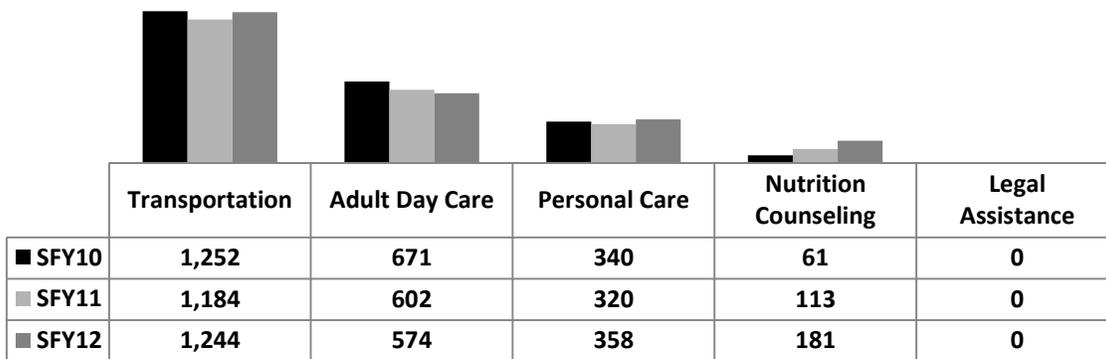


Total Units

	SFY10	SFY12	3 yr Change	% Change		SFY10	SFY12	3 yr Change	% Change
Information & Assistance	113,470	91,173	-22,297	-24%	Chore	25,706	21,886	-3,820	17%
Nutrition Education	55,492	72,732	17,240	24%	Homemaker	45,316	52,275	6,959	13%
Outreach	76,301	39,171	-37,130	-95%	Assisted Transportation	64,612	65,869	1,257	2%

SFY 2010 – 2012 Registered Consumer & Unit Comparison for 14 Core Services

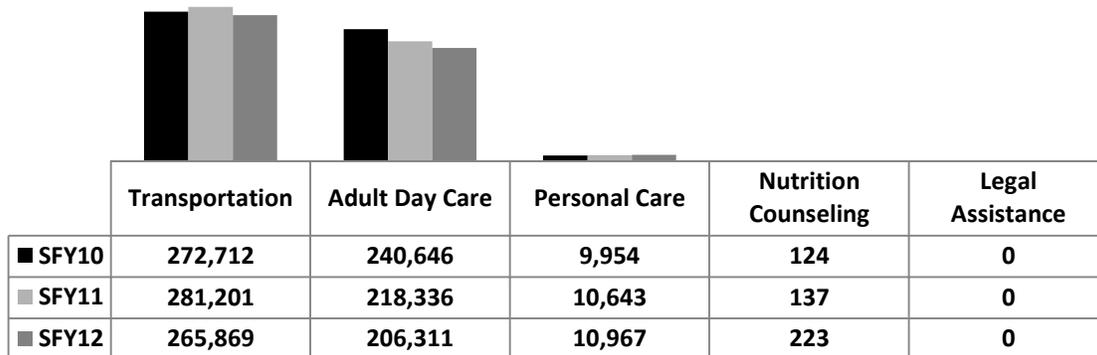
Chart 6: Unduplicated Consumer Count
SFY10-SFY12



Unduplicated Consumer Count

	<u>SFY10</u>	<u>SFY12</u>	<u>3 yr Change</u>	<u>% Change</u>
Transportation	1,252	1,244	-8	-1%
Adult Day Care	671	574	-97	-17%
Personal Care	340	358	18	-5%
Nutrition Counseling	61	181	120	66%
Legal Assistance	0	0	0	0%

Chart 7: Total Units
SFY10-SFY12



Total Units

	<u>SFY10</u>	<u>SFY012</u>	<u>3 yr Change</u>	<u>% Change</u>
Transportation	272,712	265,869	-6,843	-3%
Adult Day Care	240,646	206,311	-34,335	-17%
Personal Care	9,954	10,967	-1,013	9%
Nutrition Counseling	124	223	99	44%
Legal Assistance	0	0	0	0%

Note: Both Federal and Iowa rule prohibits consumer registration for persons receiving Legal Assistance.

SFY 2012 Registered Consumer Characteristics

Chart 7: 75-84 Age Group are most likely to receive services

Percentage of Consumers Served

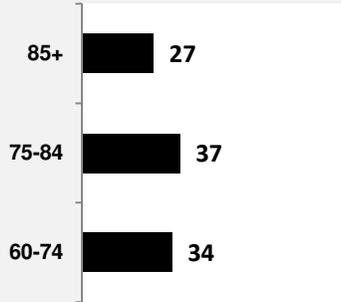


Chart 8: 85+ Age Group represented highest percent of State Population served for that Age Group

Percentage of Consumers Served for each Age Group

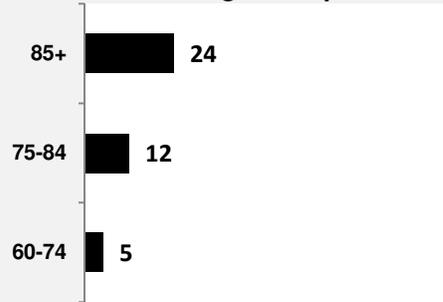


Chart 9: Females are most likely to receive services

Percentage of Consumers Served

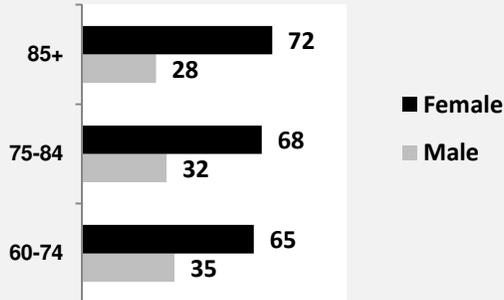


Chart 10: Rural consumers are most likely to receive services

Percentage of Rural Consumers Served

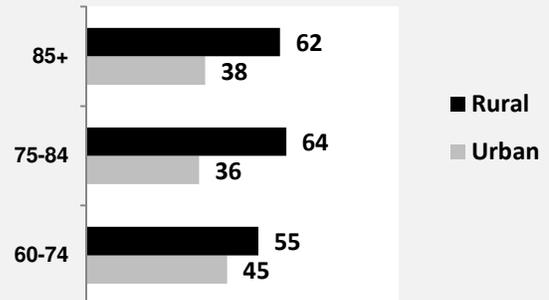


Chart 12: 85+ consumers that live alone are most likely to receive services

Percentage of Consumers reporting they live alone

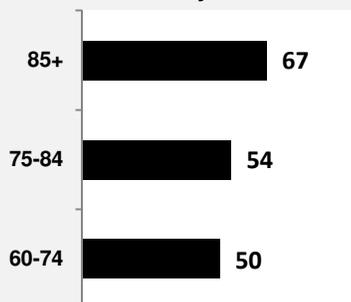
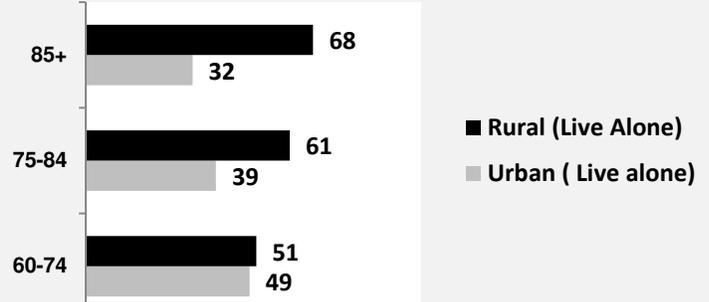


Chart 13: Rural consumers are most likely to live alone

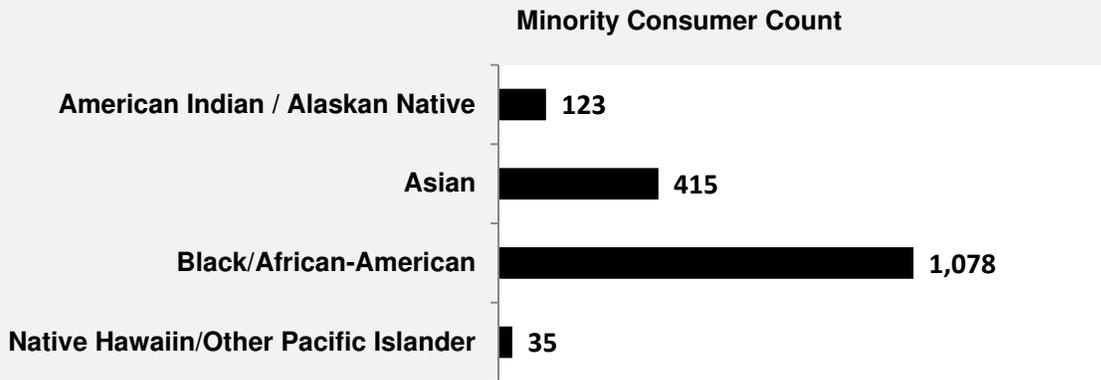
Percentage of Rural Consumers reporting they live alone



Note: The charts above represent only those consumers where Age, Gender, Urban, Rural & Lives alone could be determined.

SFY 2012 Registered Consumer Characteristics

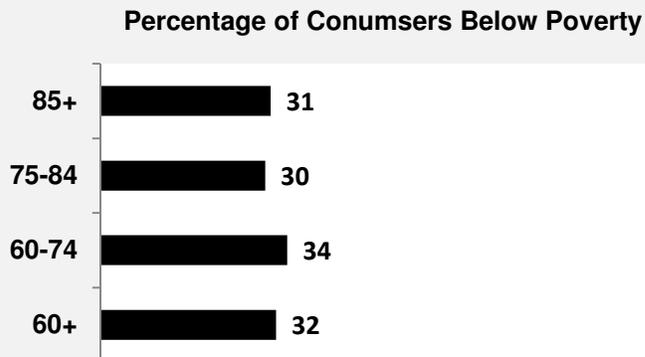
Chart 14: Black/African-American minorities are more likely to receive services



There were 667 consumers recorded as Hispanic in SFY 2012

Note: The charts above represent only those consumers that reported a race.

Chart 15: Consumers Below Poverty Level



Note: The charts above represent only those consumers that reported age and household income.

SFY 2012 Registered Consumer Characteristics

Chart 16: Consumers are more likely to need assistance with Eating and Toileting

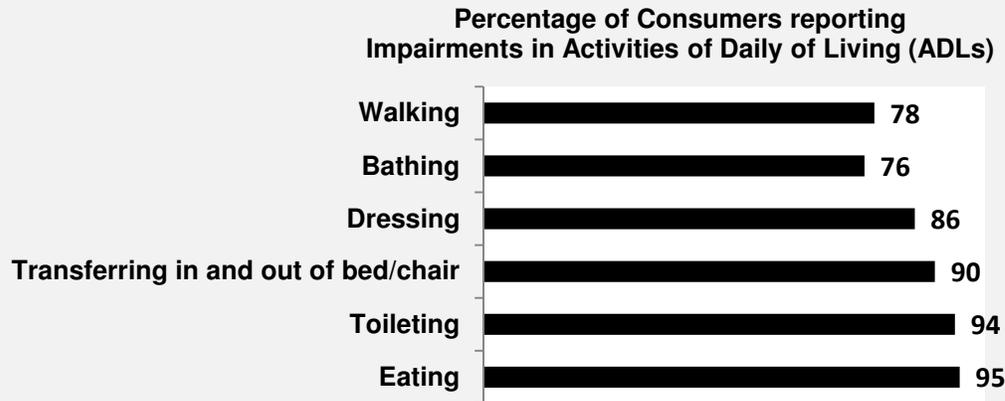
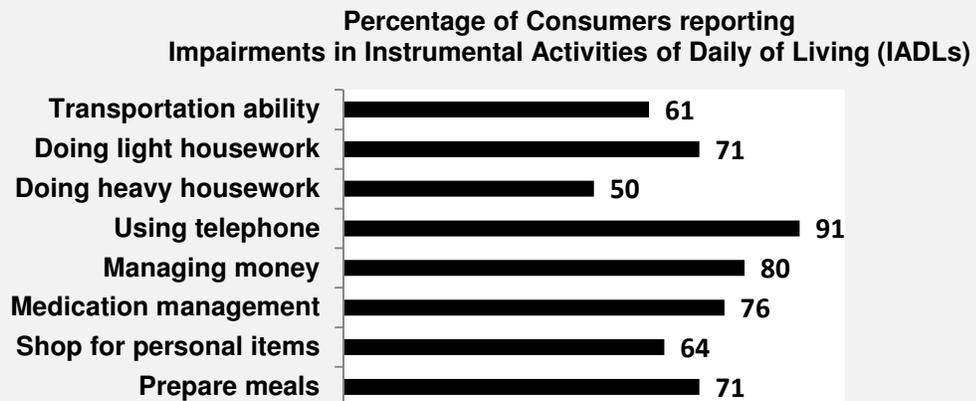


Chart 17: Consumers are more likely to need assistance using the Telephone and Managing Money



Impairment in Activities of Daily Living (ADL) --The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

Impairment in Instrumental Activities of Daily Living (IADL) -- The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual's ability to make use of available transportation without assistance).

Note: The charts above represent only those consumers that reported ADLs & IADLs.

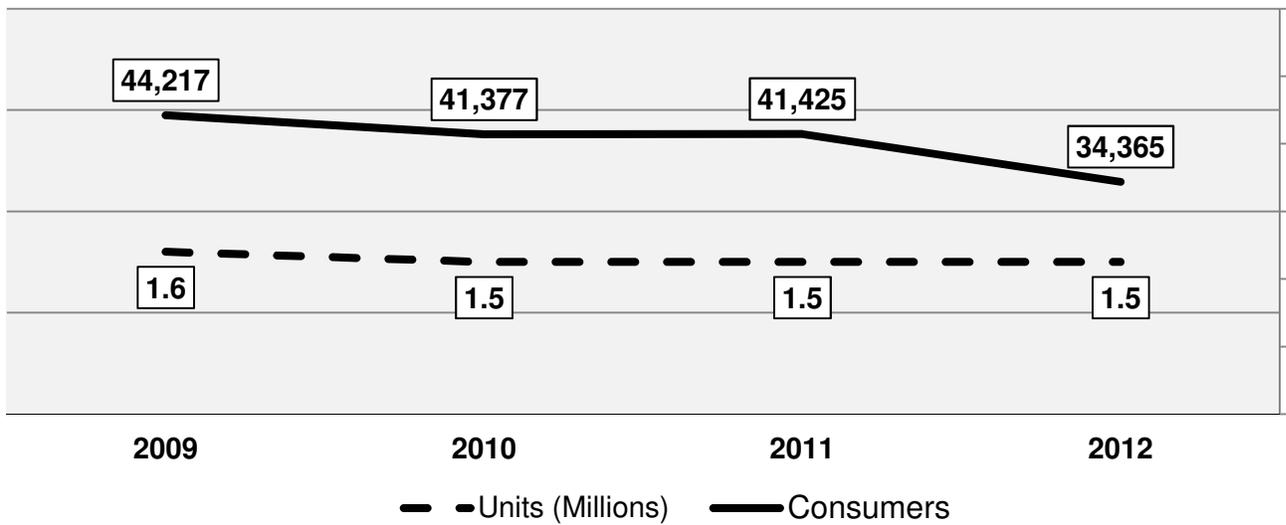
SFY 2012 Consumer Characteristics and Nutrition Services

Nutrition Services

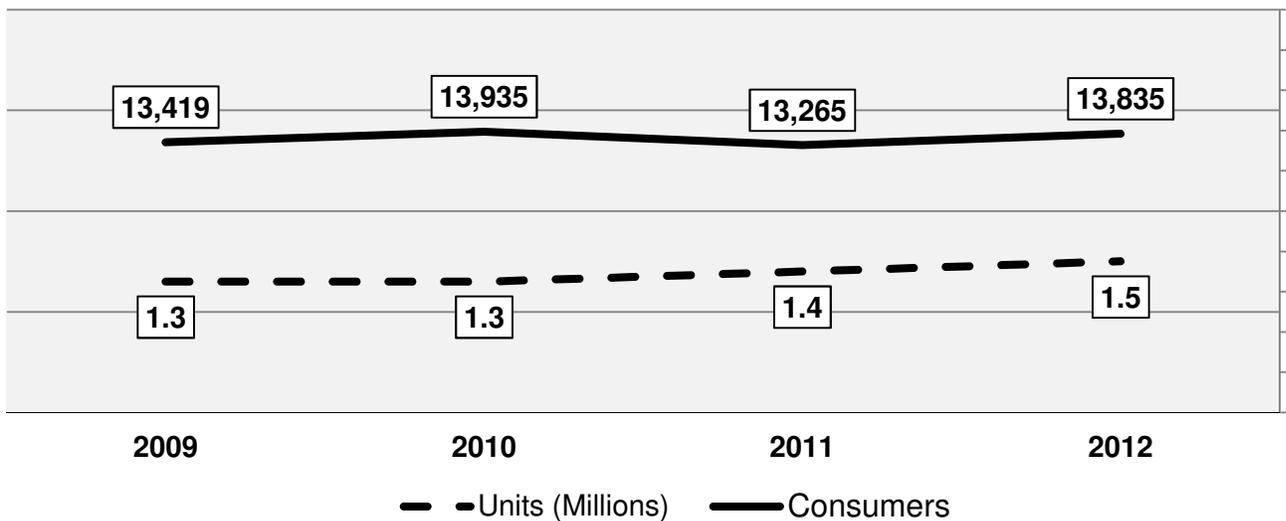
Nutrition services provide meals in community settings and to homebound individuals, and provide nutrition education and counseling.

Nutrition Services	All Programs			General Aging		Family Caregiver	
	Total Consumers	Aggregate Consumer Totals	Total Units	Total Consumers	Total Units	Total Consumers	Total Units
Congregate Meals	34,365	0	1,522,329	34,365	1,522,329	0	0
Home Delivered Meals	13,835	0	1,358,671	13,826	1,357,763	15	908
Nutrition Counseling	181	0	223	181	223	0	0
Nutrition Education	1,433	78,636	72,732	1,433	72,732	0	0

**Chart 18: Congregate Meals
2009-2012**



**Chart 19: Home Delivered Meals
2009-2012**



SFY 2012 Consumer Characteristics - Nutrition Services

Chart 20: High Nutrition Risk Consumers that receive Home Delivered and Congregate meals are more likely to have 5-6 Impairments in Activities of Daily Living (ADLs)

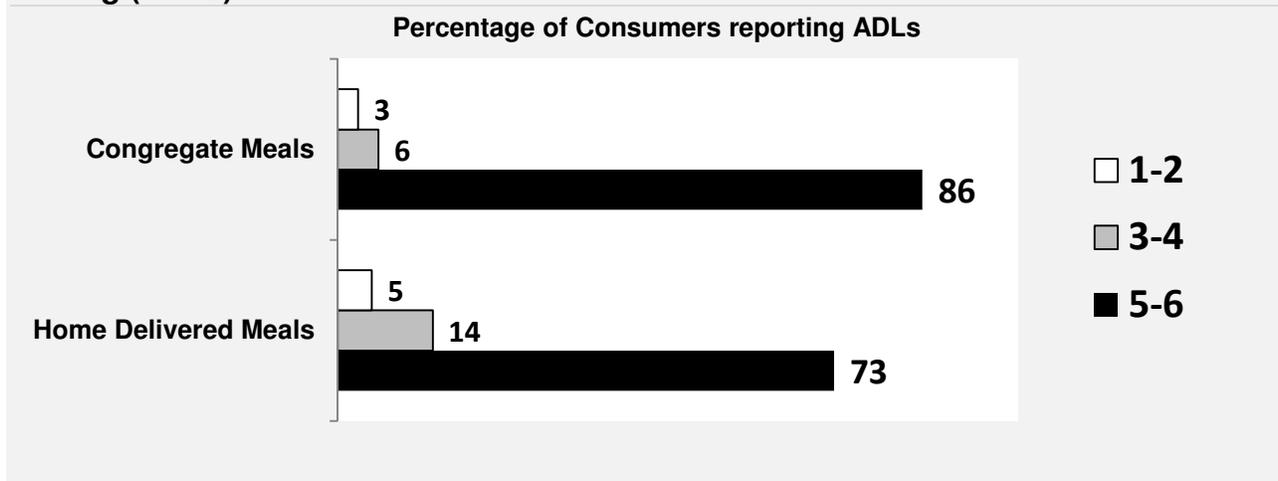
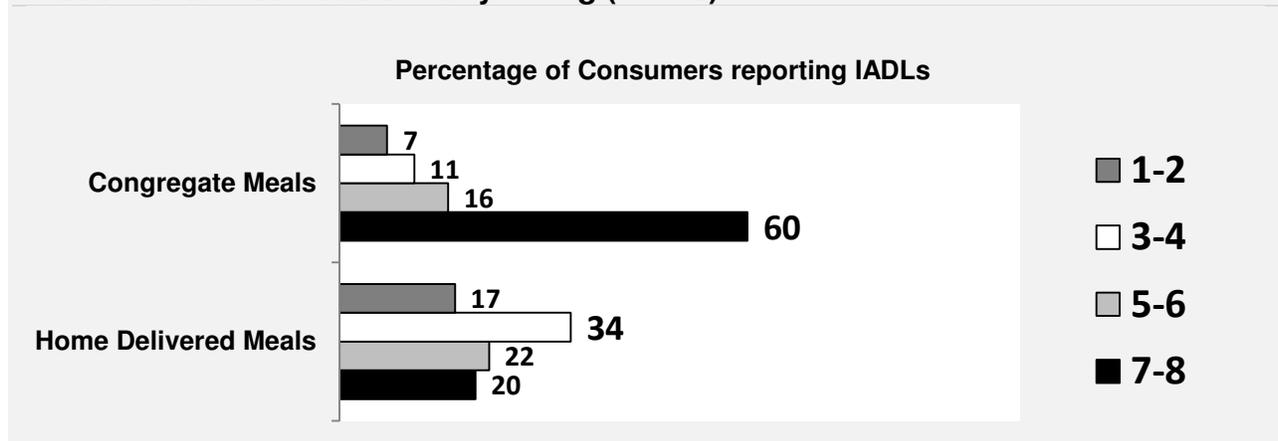


Chart 20: High Nutrition Risk Home Delivered Meal Consumers are more likely to have 3-4 Impairments in Instrumental Activities of Daily Living (IADLs) and Congregate Meal Consumers are more likely to have 7-8 Impairments in Instrumental Activities of Daily Living (IADLs)



Impairment in Activities of Daily Living (ADL) --The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

Impairment in Instrumental Activities of Daily Living (IADL) -- The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual's ability to make use of available transportation without assistance).

Note: The charts above represent only those consumers that reported ADLs & IADLs and High Nutrition Risk status. Beginning in SFY2009, all reported assessments were used to determine HNR.

SFY 2012 Consumer Characteristics - Nutrition Services

Chart 22: High Nutrition Risk Congregate Meal Consumers are more likely to need assistance with Walking and Bathing

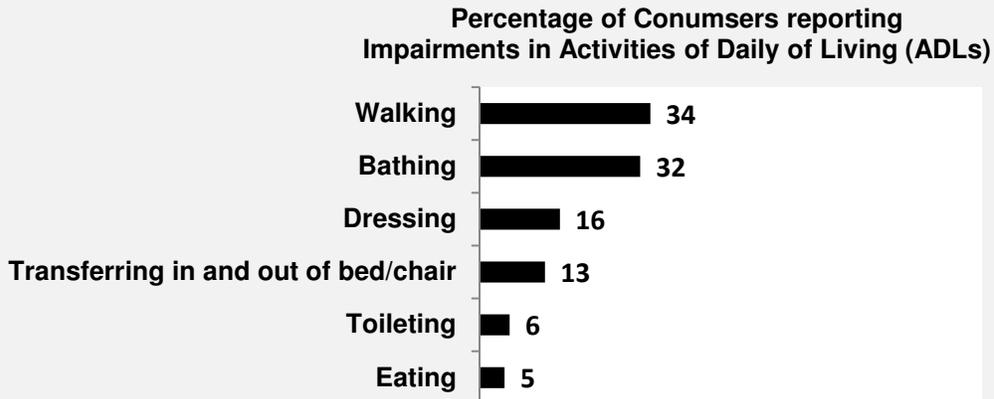
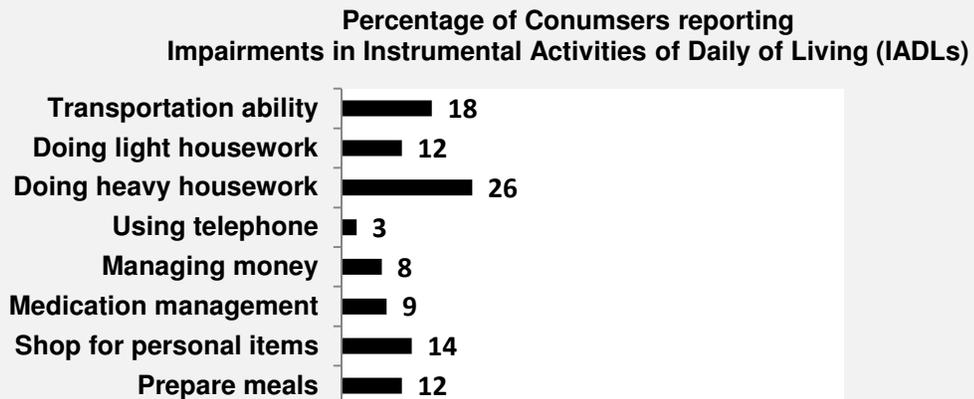


Chart 23: High Nutrition Risk Congregate Meal Consumers are more likely to need assistance with Heavy Housework and Transportation



Note: The charts above represent only those consumers that reported ADLs & IADLs and High Nutrition Risk status. Beginning in SFY2009, all reported assessments were used to determine HNR.

Chart 24: High Nutrition Risk Home Delivered Meal Consumers are more likely to need assistance with Walking and Bathing

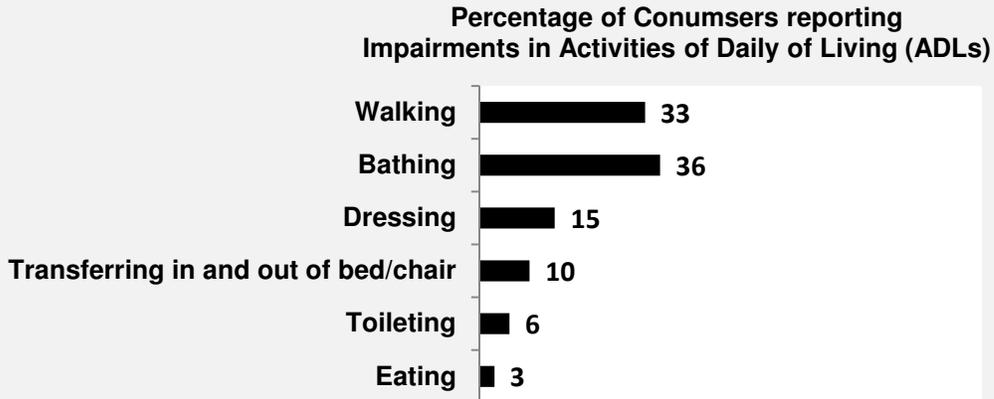
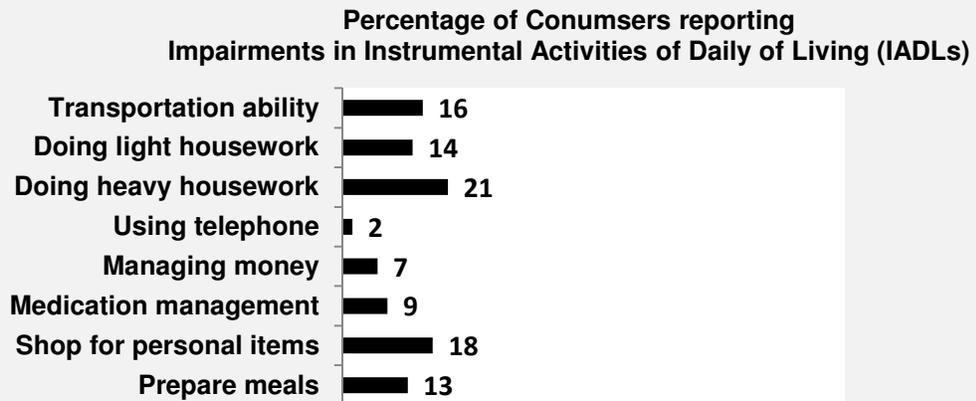


Chart 25: High Nutrition Risk Home Delivered Meal Consumers are more likely to need assistance with Heavy Housework and Shopping for Personal Items

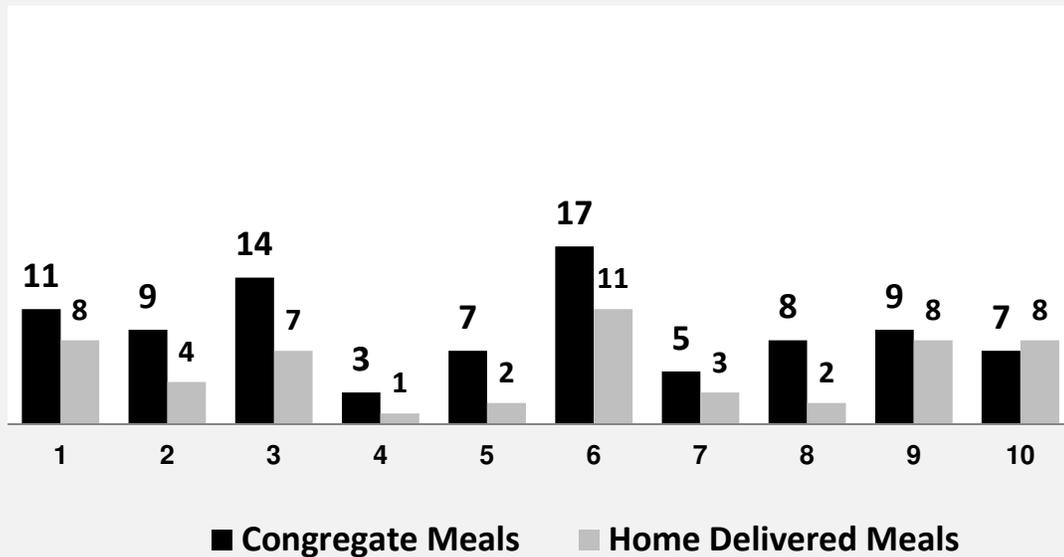


Note: The charts above represent only those consumers that reported ADLs & IADLs and High Nutrition Risk status. Beginning in SFY2009, all reported assessments were used to determine HNR.

SFY 2012 Consumer Characteristics - Nutrition Services

Chart 26: Nutrition Screening Question Improvement

Percent Improvement



Nutrition Screening Questions

- 1 - I have an illness or condition that made me change the kind and/ or amount of food I eat.
- 2 - I eat fewer than 2 meals per day.
- 3 - I eat few fruits or vegetables, or milk products.
- 4 - I have 3 or more drinks of beer, liquor or wine almost every day.
- 5 - I have tooth or mouth problems that make it hard for me to eat.
- 6 - I don't always have enough money to buy the food I need.
- 7 - I eat alone most of the time.
- 8 - I take 3 or more different prescribed or over-the-counter drugs a day.
- 9 - Without wanting to, I have lost or gained 10 pounds in the last 6 months.
- 10 - I am not always physically able to shop, cook, and/or feed myself.

17%

Improvement in Congregate Meal consumers whom answered yes to

“I don't always have enough money to buy the food I need.”

11%

Improvement in Home Delivered Meal consumers whom answered yes to

“I don't always have enough money to buy the food I need.”

Note: The charts above represent only those consumers that reported a nutrition assessment. Beginning in SFY2009, all reported assessments were used to determine HNR.

SFY 2012 Consumer Characteristics - Nutrition Services

Chart 27: High Nutrition Risk Consumers Nutrition Screening Score Outcome

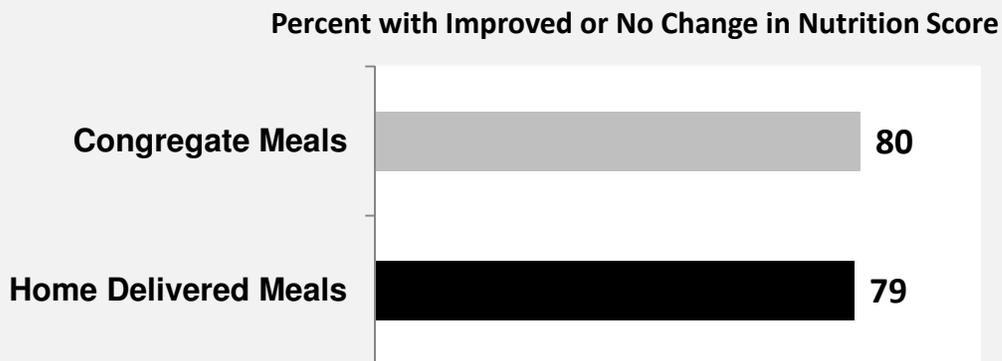
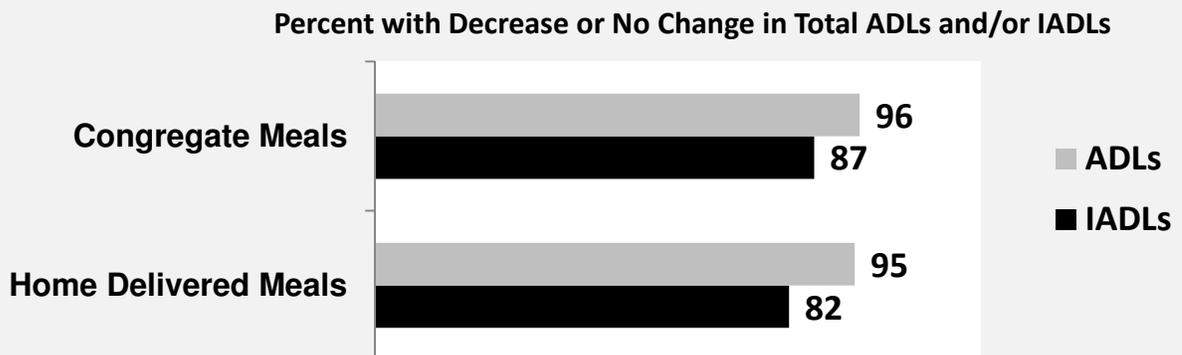


Chart 27: High Nutrition Risk Consumers Decrease in Impairments in Activities of Daily Living



Note: The charts above represent only those consumers that reported ADLs, IADLs and nutrition assessment. Beginning in SFY2009, all reported assessments were used to determine HNR.

INAPIS Service Definitions

Service	Service Definition	Unit
Adult Consumer Protection Service	Services designed to protect older individuals, groups and organizations from any type of fraudulent, deceitful, unfair transaction or trade practice. Services designed to help older people prevent injury and/or loss due to crime, as well as those designed to assist the victims of crime. Elder Abuse is defined as the willful (A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain or mental anguish; or (B) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.	1 hour
Adult Daycare	Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, and counseling, meals for adult day care and services such as rehabilitation, medications assistance, and home health aide services for adult day health.	1 hour
Advocacy	Action taken on behalf of an older person to secure rights or benefits. Includes receiving, investigating, and working to resolve disputes or complaints. Does not include services provided by an attorney or person under the supervision of an attorney.	1 hour
Assessment & Intervention	Uses the casework mode of relating to a consumer (via interview or discussion) to screen and assess the consumer's and caregiver's needs; provide information about referral and assistance to meet identified needs, advocacy, counseling, a written plan of care and related case documentation; inter-agency case coordination; ongoing follow-up and reassessment; evaluation of outcomes of services; exit planning; and placement assistance. Administration of a standardized tool and the use of other procedures to identify existing impairments, situations, and problems which are barriers to a resident's ability to function and to identify strengths and specific needs.	1 hour
Assisted Transportation	Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.	1 one-way trip
Caregiver Support	Group support programs that develop and/or strengthen informal or family support systems in an effort to enhance the health, happiness, and comfort of elders. Components of such programs include the provision of education and training of family and friends, the formation of peer support groups, and the organization of volunteer community projects to help fill any gaps in the existing service networks.	1 hour
Case Management	Also referred to as direct case management services. Assistance either in the form of access to or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.	1 hour

INAPIS Service Definitions (Continued)

Service	Service Definition	Unit
Case Management	Also referred to as direct case management services. Assistance either in the form of access to or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.	1 hour
Chore	Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work, or sidewalk maintenance.	1 hour
Congregate Meals	A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older American Act and State/Local laws. As noted in Section IIA, meals provided to individuals through means-tested programs such as Medicaid Title XIX Waiver Meals or other programs such as state-funded means-tested programs are excluded from NSIP meals figure in line 8a; they are included in the meal total reported on line 8 of Section IIA. NOTE: A meal should: (a) comply with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture; (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA, although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provides, if three meals are served, together, 100 percent of the current daily RDA, although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, <i>the</i> second and third meals shall be balanced and proportional in calories and nutrients.	1 meal
Counseling	Uses the casework mode of relating to a consumer (via interview, discussion, or lending a sympathetic ear) to advise and enable the older person and family to resolve problems (concrete and emotional) or to relieve temporary stresses encountered. May be done on a one-to-one basis or on a group basis and may be conducted by paid, donated or volunteer staff.	1 hour
Emergency Response System	Telephonic or other electronic service system that alerts first responders in the event of an emergency.	1 consumer

INAPIS Service Definitions (Continued)

Service	Service Definition	Unit
Evidence-Based Health Activities	<p>Activities demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and activities ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners. A tiered set of criteria is used to define evidence-based activities and activity programs need to be assessed based on this criteria by the organization providing the activity. Activities meeting the minimal or intermediate criteria will meet the FY2010 requirements, but are required to demonstrate movement toward the highest-level criteria.</p> <p>The Tiers are:</p> <p>Minimal Criteria. Evidence-based activities that meet the minimal criteria include but are not limited to activities related to the prevention and mitigation of the effects of chronic disease, including diabetes, obesity, osteoporosis, hypertension, and cardiovascular disease. Additional activities include falls prevention, physical activity, and improved nutrition. Most health screenings may qualify at this level as well. It is important to note that not all programs of the types listed above meet the minimal criteria for Title IIID evidence-based services. Minimal criteria include.</p> <ul style="list-style-type: none"> • Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and • Ready for translation, implementation and/or broad dissemination by community based organizations using appropriately credentialed practitioners. <p><i>Examples include: Healthy Eating for Successful Living among Older Adults, and health screenings, oral health programs and vaccinations if they meet this level of criteria.</i></p> <p>Intermediate Criteria. Evidenced-based activities from programs that meet the following criteria:</p> <ul style="list-style-type: none"> • Published in a peer-review journal. • Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.). • Some basis in translation for implementation by community level organization. <p><i>An example includes: Eat Better Move More</i></p> <p>Highest-Level Criteria. Evidenced-based activities from programs that meet the following criteria:</p> <ul style="list-style-type: none"> • Undergone Experimental or Quasi-Experimental Design. • Level at which full translation has occurred in a community site. • Level at which dissemination products have been developed and are available to the public. <p><i>Examples include: A Matter of Balance; Chronic Disease Self-Management Program (CDSMP); Chronic Pain Self-Management Program; Enhance Fitness, Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program); Better Choice, Better Health – Diabetes; Tai Chi Moving for Better Balance; Program to Encourage Active Rewarding Lives for Seniors (PEARLS); Diabetes Self-Management Program; Active Living Every Day; Healthy Eating for Successful Living among Older Adults; Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors); Healthy Moves for Aging Well; Medication Management Improvement System; Prevention and Management of Alcohol Problems in Older Adults; Stepping On; Strong for Life; Moving for Better Balance; Active Choices; Enhanced Wellness; Fit and Strong!; Walk with Ease; Positive Self-Management Program for HIV; Arthritis Self-Management (Self-Help) Program; Online Chronic Disease Self-Management Program; Healthier Living with Arthritis (Internet Arthritis Self-Management Program); Programa de Manejo Personal de la Artritis (Spanish Arthritis Self-Management Program) and Programa de Manejo Personal de la Diabetes (Spanish Diabetes Self-Management Program).</i></p>	1 consumer per program

INAPIS Service Definitions (Continued)

Service	Service Definition	Unit
Grandparent Relative Support	Support for a grandparent, a step grandparent or other relative caregiver of a child by blood or marriage who is <u>55 years of age or older</u> and: (A) Lives with the child; (B) Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (C) Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.	1 consumer
Health Screening / Well Elderly Clinics	Administering standard examinations, procedures or tests for the purpose of gathering information about a consumer to determine need and/or eligibility for health services. Routine health screening for blood pressure, hearing, vision, and diabetes are included. Administering standard examinations, procedures or tests for the purpose of gathering information about a consumer to determine need and/or eligibility for services. Information collected may include health status, financial status, activities of daily living, etc. Pre-nursing home admission screening as well as routine health screening (blood pressure, hearing, vision, diabetes) are included.	1 meal
Home Delivered Meals	A meal provided to an eligible consumer or other eligible participant at the consumer's place of residence. A meal which: (a) complies with the Dietary Guidelines for Americans [published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture]; (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA, although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provides, if three meals are served, together, 100 percent of the current daily RDA, although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.	1 hour
Home Repair	Improving or maintaining residence, appliances, etc.	1 hour
Homemaker	Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: medication management, preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.	1 hour
Information & Assistance	A service for older individuals that (a) provides the individual with current information on opportunities and services available within his community, including information relating to assistive technology; (b) assesses the problems and capacities of the individual; (c) links the individual to the opportunities and services that are available; (d) to the maximum extent practicable, ensures that the individual receives the services needed, and is aware of the opportunities available, by establishing adequate follow-up procedures.	1 contact

INAPIS Service Definitions (Continued)

Service	Service Definition	Unit
Legal Assistance	Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.	1 hour
Legal Education	Providing education on issues of concern to older persons.	1 contact
Material Aide	Aid in the form of goods or services such as food, smoke detectors, eyeglasses, security devices, etc.	1 consumer
Medication Management	May include medication management, screening and education. It may consist of review of a person's medication to assess interactions and/or the setup of medications by a pharmacist or a nurse that results in assisting a person to remain at home. This could also include the use of a medication-dispensing unit.	1 consumer
Mental Health Outreach	An outreach program designed to identify, evaluate and provide mental illness treatment, as well as psycho social support, educational activities, and rehabilitative activities to community dwelling elderly who are unable or unwilling because of stigma or physical impairment to participate in services at a Community Health Center.	1/4 hour
Nutrition Counseling	Provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with State law and policy.	1 session
Nutrition Education	A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.	1 session
Outreach	Interventions initiated by an agency or organization for the purpose of identifying potential consumers and encouraging their use of existing services and benefits. Outreach is an individual, one-on-one contact between a service provider and an elderly consumer. An activity that involves contact with several elderly consumers or potential consumers (group services) should not be counted as a unit of Outreach. Such group services might be defined as "Public Education" or a similar designation that states may adopt. Public education is a very important program activity. However, the range of possible forms this activity takes makes quantification difficult. States may elect to report 'public education' activities in the "Other Title III Services Profile".	1 contact
Personal Care	Providing personal assistance, stand by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.	1 hour
Placement Service	Assisting a person or persons in obtaining a suitable place or situation such as employment, housing, institution, etc.	1 hour
Preventive Health Promotion	Preventive health service designed for the purpose of promoting the health of older adults by conducting health assessments and teaching consumers about ways to maintain, restore and improve their health as older adults and provide information about community health care services and resources including referral to appropriate resources for assistance.	1 contact

INAPIS Service Definitions (Continued)

Service	Service Definition	Unit
Protective Payee Service	Services designed to provide financial management for individuals who, at least temporarily, are unable to manage their Federal government benefit funds in a manner that preserves the most independence and decision-making power for that individual, while ensuring that the person's basic needs continue to be met. Contact on behalf of a consumer to protect an older person from neglect, exploitation, or abuse.	1 Contact
Public Information	Service whereby more than one consumer, a group, is informed and/or assisted in identifying services that may be available. A newsletter could be an example of Public Information (number of issues, not copies distributed, is the service unit.)	1 issue/session
Reassurance	Phoning in order to provide comfort or help.	1 call
Respite	Service which offers temporary, substitute supports or living arrangements for older persons in order to provide a brief period of relief or rest for family members or other caregivers.	1 hour
Senior Center	To participate in leisure time activities such as sports, performing acts, games, and crafts, either as a spectator or as a performer, facilitated by a provider.	1 hour
Training & Education	Providing formal or informal opportunities for individuals to acquire knowledge, experiences or skills. Includes individual or group events designed to increase awareness in such areas as nutrition, crime, or accident prevention; promote personal enrichment, for example, through continuing education; to increase or gain skills in a specific craft, trade, job or occupation. Does not include wages or stipends.	1 hour
Transportation	Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Provision of a means of going from one location to another location. Does not include any other activity.	1 one-way trip(s)
Visiting	Going to see a consumer in order to provide comfort or help.	1 visit

INAPIS Client Service Unit Report

State of Iowa

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	358	0	10,967
General Aging	350	0	10,686
Caregiver	8	0	281
Homemaker	1,445	0	52,275
General Aging	1,383	0	50,398
Caregiver	64	0	1,877
Chore	1,105	0	21,866
General Aging	1,105	0	21,866
Home Delivered Meals	13,835	0	1,358,671
General Aging	13,826	0	1,357,763
Caregiver	15	0	908
Adult Daycare	574	0	206,311
General Aging	453	0	182,138
Caregiver	121	0	24,173
Case Management	9,461	0	66,741
General Aging	9,461	0	66,741
Caregiver	0	0	0
Congregate Meals	34,365	0	1,522,329
General Aging	34,365	0	1,522,329
Caregiver	0	0	0
Nutrition Counseling	181	0	223
General Aging	181	0	223
Caregiver	0	0	0
Assisted Transportation	0	0	0
General Aging	1,255	0	65,869
Caregiver	0	0	0
Transportation	1,244	38,611	265,869
General Aging	1,244	38,611	265,869
Caregiver	0	0	0
Legal Assistance	0	4,108	6,778
General Aging	0	4,072	6,677
Caregiver	0	36	101
Nutrition Education	1,433	78,636	72,732
General Aging	1,433	78,636	72,732
Caregiver	0	0	0
Information & Assistance	4,447	77,033	91,173
General Aging	4,283	60,254	71,369
Caregiver	648	16,779	19,804
Outreach	3,792	16,740	39,171
General Aging	3,789	14,863	37,239
Caregiver	3	1,877	1,932

INAPIS Client Service Unit Report

State of Iowa

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	384	0	4,457
General Aging	384	0	4,457
Caregiver	0	0	0
Caregiver Support	183	90	1,554
General Aging	5	0	63
Caregiver	178	90	1,491
Health Well Elderly Clinic	592	0	1,454
General Aging	592	0	1,454
Caregiver	0	0	0
Preventive Health Promotion	1,659	3,995	38,118
General Aging	1,659	3,995	38,118
Caregiver	0	0	0
Respite	372	0	18,831
General Aging	174	0	7,265
Caregiver	199	0	11,566
Emergency Response System	980	0	7,841
General Aging	863	0	6,784
Caregiver	119	0	1,057
Mental Health Outreach	68	0	2,302
General Aging	68	0	2,302
Caregiver	0	0	0
Medication Management	306	884	2,070
General Aging	306	884	2,070
Caregiver	0	0	0
Advocacy	0	0	0
Caregiver	0	0	0
Evidence Based Health Activities	78	454	930
General Aging	78	454	930
Caregiver	0	0	0
Advocacy	78	5,723	8,804
General Aging	78	5,723	8,804
Caregiver	0	0	0
Adult Consumer Protection Service	386	29	25
General Aging	0	29	25
Caregiver	0	0	0
Protective Payee Service	69	0	1,230
General Aging	69	0	1,230
Caregiver	0	0	0
Legal Education	0	389	354
General Aging	0	389	354
Caregiver	0	0	0

INAPIS Client Service Unit Report

State of Iowa

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Training & Education	808	4,461	2,659
General Aging	297	4,410	871
Caregiver	511	51	1,788
Senior Center	0	34,230	36,856
General Aging	0	34,230	36,856
Caregiver	0	0	0
Reassurance	29	4,819	7,725
General Aging	29	4,819	7,725
Caregiver	0	0	0
Visiting	674	477	8,786
General Aging	674	477	8,786
Caregiver	0	0	0
Counseling	424	491	1,383
General Aging	53	491	899
Caregiver	372	0	484
Placement Service	166	0	746
General Aging	166	0	746
Caregiver	0	0	0
Assessment & Intervention	624	178	2,549
General Aging	624	178	2,549
Caregiver	0	0	0
Material Aide	1,667	1	4,819
General Aging	1,560	1	4,625
Caregiver	109	0	194
Public Information	0	1,472,992	19,906
General Aging	0	1,288,275	13,988
Caregiver	0	184,717	5,918
Grandparent Relative Support	52	1	483
General Aging	10	0	219
Caregiver	45	1	264

INAPIS Client Service Unit Report

NorthLand Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	29	0	560
General Aging	27	0	472
Caregiver	2	0	88
Homemaker	99	0	3,820
General Aging	90	0	3,341
Caregiver	9	0	479
Chore	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Home Delivered Meals	435	0	36,175
General Aging	433	0	36,073
Caregiver	2	0	102
Adult Daycare	6	0	252
General Aging	4	0	171
Caregiver	2	0	81
Case Management	421	0	2,803
General Aging	0	0	2,803
Caregiver	0	0	0
Congregate Meals	1,518	0	65,035
General Aging	0	0	65,035
Caregiver	0	0	0
Nutrition Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assisted Transportation	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Transportation	104	0	7,136
General Aging	104	0	7,136
Caregiver	0	0	0
Legal Assistance	0	70	91
General Aging	0	70	91
Caregiver	0	0	0
Nutrition Education	0	2,213	2,213
General Aging	0	2,213	2,213
Caregiver	0	0	0
Information & Assistance	0	3,079	3,089
General Aging	0	2,526	2,526
Caregiver	0	553	563
Outreach	75	47	122
General Aging	75	0	75
Caregiver	0	47	47

INAPIS Client Service Unit Report

NorthLand Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Caregiver Support	59	0	520
General Aging	0	0	0
Caregiver	59	0	520
Health Well Elderly Clinic	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Preventive Health Promotion	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Respite	6	0	440
General Aging	0	0	0
Caregiver	6	0	440
Emergency Response System	141	0	1,423
General Aging	138	0	1,396
Caregiver	4	0	27
Mental Health Outreach	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Medication Management	7	0	54
General Aging	7	0	54
Caregiver	0	0	0
Evidence Based Health Activities	0	9	9
General Aging	0	9	9
Caregiver	0	0	0
Advocacy	1	0	1
General Aging	1	0	1
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Protective Payee Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Training & Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

NorthLand Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Senior Center	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Reassurance	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Visiting	596	0	2,102
General Aging	596	0	2,102
Caregiver	0	0	0
Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	35	0	1,511
General Aging	34	0	1,489
Caregiver	1	0	22
Public Information	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Grandparent Relative Support	0	8,805	8,823
General Aging	0	8,545	8,545
Caregiver	0	260	278

INAPIS Client Service Unit Report

Elderbridge Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	185	0	5,565
General Aging	185	0	5,565
Caregiver	0	0	0
Homemaker	331	0	10,551
General Aging	331	0	10,551
Caregiver	0	0	0
Chore	400	0	6,592
General Aging	400	0	6,592
Caregiver	0	0	0
Home Delivered Meals	2,808	0	191,637
General Aging	2,808	0	191,637
Caregiver	0	0	0
Adult Daycare	14	0	9,252
General Aging	14	0	9,252
Caregiver	0	0	0
Case Management	829	0	4,391
General Aging	829	0	4,391
Caregiver	0	0	0
Congregate Meals	6,016	0	303,218
General Aging	6,016	0	303,218
Caregiver	0	0	0
Nutrition Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assisted Transportation	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Transportation	1	11,642	59,708
General Aging	1	11,642	59,708
Caregiver	0	0	0
Legal Assistance	0	652	711
General Aging	0	652	711
Caregiver	0	0	0
Nutrition Education	0	25,009	25,009
General Aging	0	25,009	25,009
Caregiver	0	0	0
Information & Assistance	0	2,284	2,284
General Aging	0	1,922	1,922
Caregiver	0	362	362
Outreach	0	327	327
General Aging	0	327	327
Caregiver	0	0	0

INAPIS Client Service Unit Report

Elderbridge Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	10	0	256
General Aging	10	0	256
Caregiver	0	0	0
Caregiver Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Health Well Elderly Clinic	549	0	1,328
General Aging	549	0	1,328
Caregiver	0	0	0
Preventive Health Promotion	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Respite	22	0	866
General Aging	22	0	866
Caregiver	0	0	0
Emergency Response System	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Mental Health Outreach	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Medication Management	68	0	830
General Aging	68	0	830
Caregiver	0	0	0
Evidence Based Health Activities	0	67	67
General Aging	0	67	67
Caregiver	0	0	0
Advocacy	0	57	57
General Aging	0	57	57
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Protective Payee Service	61	0	517
General Aging	61	0	517
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Training & Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Elderbridge Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Senior Center	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Reassurance	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Visiting	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Counseling	304	0	467
General Aging	34	0	123
Caregiver	271	0	344
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	182	0	873
General Aging	182	0	873
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	66	0	458
General Aging	66	0	458
Caregiver	0	0	0
Public Information	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Grandparent Relative Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Northwest Aging Association

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	37	0	1,068
General Aging	37	0	1,068
Caregiver	0	0	0
Homemaker	110	0	3,596
General Aging	110	0	3,596
Caregiver	0	0	0
Chore	177	0	2,142
General Aging	177	0	2,142
Caregiver	0	0	0
Home Delivered Meals	521	0	41,149
General Aging	521	0	41,149
Caregiver	0	0	0
Adult Daycare	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Case Management	457	0	2,450
General Aging	457	0	2,450
Caregiver	0	0	0
Congregate Meals	3,081	0	87,682
General Aging	3,081	0	87,682
Caregiver	0	0	0
Nutrition Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assisted Transportation	49	0	730
General Aging	49	0	730
Caregiver	0	0	0
Transportation	252	0	15,361
General Aging	252	0	15,361
Caregiver	0	0	0
Legal Assistance	0	86	219
General Aging	0	86	219
Caregiver	0	0	0
Nutrition Education	0	2,963	504
General Aging	0	2,963	504
Caregiver	0	0	0
Information & Assistance	317	998	2,291
General Aging	317	883	1,785
Caregiver	0	115	506
Outreach	288	73	1,103
General Aging	288	73	1,103
Caregiver	0	0	0

INAPIS Client Service Unit Report

Northwest Aging Association

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	25	0	904
General Aging	25	0	904
Caregiver	0	0	0
Caregiver Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Health Well Elderly Clinic	43	0	126
General Aging	43	0	126
Caregiver	0	0	0
Preventive Health Promotion	253	0	5,216
General Aging	253	0	5,216
Caregiver	0	0	0
Respite	11	0	401
General Aging	10	0	318
Caregiver	2	0	83
Emergency Response System	112	0	669
General Aging	102	0	613
Caregiver	11	0	56
Mental Health Outreach	14	0	795
General Aging	14	0	795
Caregiver	0	0	0
Medication Management	0	85	85
General Aging	0	85	85
Caregiver	0	0	0
Evidence Based Health Activities	0	9	9
General Aging	0	9	9
Caregiver	0	0	0
Advocacy	0	1,644	2,061
General Aging	0	1,644	2,061
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Protective Payee Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Training & Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Northwest Aging Association

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Senior Center	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Reassurance	17	0	727
General Aging	17	0	727
Caregiver	0	0	0
Visiting	71	0	1,028
General Aging	71	0	1,028
Caregiver	0	0	0
Counseling	26	0	34
General Aging	0	0	0
Caregiver	26	0	34
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	170	178	523
General Aging	0	0	0
Caregiver	170	178	523
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	163	0	210
General Aging	163	0	210
Caregiver	0	0	0
Public Information	0	984	92
General Aging	0	266	12
Caregiver	0	718	80
Grandparent Relative Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Siouxland Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	27	0	694
General Aging	21	0	501
Caregiver	6	0	193
Homemaker	155	0	3,083
General Aging	145	0	2,816
Caregiver	10	0	267
Chore	92	0	1,260
General Aging	92	0	1,260
Caregiver	0	0	0
Home Delivered Meals	724	0	68,382
General Aging	724	0	68,382
Caregiver	0	0	0
Adult Daycare	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Case Management	883	0	5,440
General Aging	883	0	5,440
Caregiver	0	0	0
Congregate Meals	1,174	0	81,472
General Aging	1,174	0	81,472
Caregiver	0	0	0
Nutrition Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assisted Transportation	4	0	97
General Aging	4	0	97
Caregiver	0	0	0
Transportation	224	0	8,989
General Aging	224	0	8,989
Caregiver	0	0	0
Legal Assistance	0	251	364
General Aging	0	251	364
Caregiver	0	0	0
Nutrition Education	0	2,004	2,004
General Aging	0	2,004	2,004
Caregiver	0	0	0
Information & Assistance	0	4,009	3,998
General Aging	0	2,962	2,951
Caregiver	0	1,047	1,047
Outreach	0	30	28
General Aging	0	30	28
Caregiver	0	0	0

INAPIS Client Service Unit Report

Siouxland Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Caregiver Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Health Well Elderly Clinic	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Preventive Health Promotion	20	279	462
General Aging	20	279	462
Caregiver	0	0	0
Respite	8	0	420
General Aging	4	0	170
Caregiver	4	0	250
Emergency Response System	97	0	623
General Aging	95	0	599
Caregiver	2	0	24
Mental Health Outreach	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Medication Management	0	59	59
General Aging	0	59	59
Caregiver	0	0	0
Evidence Based Health Activities	0	167	167
General Aging	0	167	167
Caregiver	0	0	0
Advocacy	309	126	774
General Aging	309	126	774
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Protective Payee Service	8	0	713
General Aging	8	0	713
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Training & Education	0	977	61
General Aging	0	926	58
Caregiver	0	51	3

INAPIS Client Service Unit Report

Siouxland Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Senior Center	0	14,025	2,302
General Aging	0	14,025	2,302
Caregiver	0	0	0
Reassurance	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Visiting	7	0	81
General Aging	7	0	81
Caregiver	0	0	0
Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Placement Service	166	0	746
General Aging	166	0	746
Caregiver	0	0	0
Assessment & Intervention	191	0	363
General Aging	191	0	363
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	26	0	101
General Aging	25	0	100
Caregiver	1	0	1
Public Information	0	1,252,933	1,111
General Aging	0	1,252,338	603
Caregiver	0	595	508
Grandparent Relative Support	13	0	13
General Aging	0	0	0
Caregiver	13	0	13

INAPIS Client Service Unit Report

Hawkeye Valley Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	37	0	590
General Aging	37	0	590
Caregiver	0	0	0
Homemaker	166	0	7,309
General Aging	166	0	7,309
Caregiver	0	0	0
Chore	30	0	2,513
General Aging	30	0	2,513
Caregiver	0	0	0
Home Delivered Meals	1,403	0	163,669
General Aging	1,403	0	163,669
Caregiver	0	0	0
Adult Daycare	1	0	1
General Aging	1	0	1
Caregiver	0	0	0
Case Management	730	0	17,298
General Aging	730	0	17,298
Caregiver	0	0	0
Congregate Meals	2,580	0	74,706
General Aging	2,580	0	74,706
Caregiver	0	0	0
Nutrition Counseling	17	0	52
General Aging	17	0	52
Caregiver	0	0	0
Assisted Transportation	351	0	10,912
General Aging	351	0	10,912
Caregiver	0	0	0
Transportation	50	5	2,849
General Aging	50	5	2,849
Caregiver	0	0	0
Legal Assistance	0	386	386
General Aging	0	386	386
Caregiver	0	0	0
Nutrition Education	1,034	3	2,775
General Aging	1,034	3	2,775
Caregiver	0	0	0
Information & Assistance	3,736	3,498	8,887
General Aging	3,574	20	4,613
Caregiver	646	3,478	4,274
Outreach	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Hawkeye Valley Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	28	0	28
General Aging	28	0	28
Caregiver	0	0	0
Caregiver Support	0	57	57
General Aging	0	0	0
Caregiver	0	57	57
Health Well Elderly Clinic	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Preventive Health Promotion	250	151	7,697
General Aging	250	151	7,697
Caregiver	0	0	0
Respite	55	0	3,355
General Aging	0	0	0
Caregiver	55	0	3,355
Emergency Response System	152	0	974
General Aging	152	0	974
Caregiver	0	0	0
Mental Health Outreach	11	0	130
General Aging	11	0	130
Caregiver	0	0	0
Medication Management	143	25	172
General Aging	143	25	172
Caregiver	0	0	0
Evidence Based Health Activities	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Advocacy	75	1	1,800
General Aging	75	1	1,800
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Protective Payee Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Training & Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Hawkeye Valley Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Senior Center	0	12,529	12,529
General Aging	0	12,529	12,529
Caregiver	0	0	0
Reassurance	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Visiting	0	25	25
General Aging	0	25	25
Caregiver	0	0	0
Counseling	19	0	376
General Aging	19	0	376
Caregiver	0	0	0
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	32	0	224
General Aging	32	0	224
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	192	0	413
General Aging	192	0	413
Caregiver	0	0	0
Public Information	0	3,340	3,340
General Aging	0	0	0
Caregiver	0	3,340	3,340
Grandparent Relative Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Scenic Valley Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	1	0	44
General Aging	1	0	44
Caregiver	0	0	0
Homemaker	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Chore	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Home Delivered Meals	586	0	46,684
General Aging	586	0	46,684
Caregiver	0	0	0
Adult Daycare	32	0	6,500
General Aging	32	0	6,500
Caregiver	0	0	0
Case Management	522	0	3,016
General Aging	522	0	3,016
Caregiver	0	0	0
Congregate Meals	2,892	0	71,732
General Aging	2,892	0	71,732
Caregiver	0	0	0
Nutrition Counseling	1	0	2
General Aging	1	0	2
Caregiver	0	0	0
Assisted Transportation	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Transportation	132	14	7,111
General Aging	132	14	7,111
Caregiver	0	0	0
Legal Assistance	0	122	225
General Aging	0	122	225
Caregiver	0	0	0
Nutrition Education	0	9,327	239
General Aging	0	9,327	239
Caregiver	0	0	0
Information & Assistance	0	639	639
General Aging	0	0	0
Caregiver	0	639	639
Outreach	1,622	0	1,997
General Aging	1,622	0	1,997
Caregiver	0	0	0

INAPIS Client Service Unit Report

Scenic Valley Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Caregiver Support	12	15	150
General Aging	0	0	0
Caregiver	12	15	15
Health Well Elderly Clinic	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Preventive Health Promotion	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Respite	26	0	1,599
General Aging	21	0	1,252
Caregiver	5	0	347
Emergency Response System	146	0	1,386
General Aging	146	0	1,386
Caregiver	0	0	0
Mental Health Outreach	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Medication Management	37	434	471
General Aging	37	434	471
Caregiver	0	0	0
Evidence Based Health Activities	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Advocacy	1	0	1
General Aging	1	0	1
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Protective Payee Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Training & Education	297	962	515
General Aging	297	962	515
Caregiver	0	0	0

INAPIS Client Service Unit Report

Scenic Valley Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Senior Center	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Reassurance	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Visiting	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	277	1	300
General Aging	277	1	300
Caregiver	0	0	0
Public Information	0	1,051	4
General Aging	0	326	1
Caregiver	0	725	3
Grandparent Relative Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Generations Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Homemaker	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Chore	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Home Delivered Meals	428	0	39,552
General Aging	428	0	39,552
Caregiver	0	0	0
Adult Daycare	127	0	57,919
General Aging	127	0	57,919
Caregiver	0	0	0
Case Management	1,016	0	5,510
General Aging	1,016	0	5,510
Caregiver	0	0	0
Congregate Meals	2,411	0	73,972
General Aging	2,411	0	73,972
Caregiver	0	0	0
Nutrition Counseling	1	0	1
General Aging	1	0	1
Caregiver	0	0	0
Assisted Transportation	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Transportation	247	44	9,584
General Aging	247	44	9,584
Caregiver	0	0	0
Legal Assistance	0	351	1,185
General Aging	0	351	1,185
Caregiver	0	0	0
Nutrition Education	0	7,302	7,302
General Aging	0	7,302	7,302
Caregiver	0	0	0
Information & Assistance	0	5,537	5,537
General Aging	0	4,462	4,462
Caregiver	0	1,075	1,075
Outreach	1,803	340	19,652
General Aging	1,803	340	19,652
Caregiver	0	0	0

INAPIS Client Service Unit Report

Generations Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	84	0	550
General Aging	84	0	550
Caregiver	0	0	0
Caregiver Support	63	0	628
General Aging	5	0	63
Caregiver	58	0	565
Health Well Elderly Clinic	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Preventive Health Promotion	0	42	42
General Aging	0	42	42
Caregiver	0	0	0
Respite	8	0	314
General Aging	0	0	0
Caregiver	8	0	314
Emergency Response System	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Mental Health Outreach	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Medication Management	27	0	27
General Aging	27	0	27
Caregiver	0	0	0
Evidence Based Health Activities	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Advocacy	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Protective Payee Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Legal Education	0	389	354
General Aging	0	389	354
Caregiver	0	0	0
Training & Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Generations Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Senior Center	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Reassurance	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Visiting	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Counseling	42	0	70
General Aging	0	0	0
Caregiver	42	0	70
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	165	0	205
General Aging	163	0	203
Caregiver	2	0	2
Public Information	0	9,963	80
General Aging	0	5,339	57
Caregiver	0	4,624	33
Grandparent Relative Support	25	0	437
General Aging	10	0	219
Caregiver	18	0	218

INAPIS Client Service Unit Report

Heritage Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Homemaker	11	0	586
General Aging	11	0	586
Caregiver	0	0	0
Chore	98	0	1,478
General Aging	98	0	1,478
Caregiver	0	0	0
Home Delivered Meals	2,395	0	310,071
General Aging	2,395	0	310,071
Caregiver	0	0	0
Adult Daycare	123	0	18,367
General Aging	80	0	10,792
Caregiver	43	0	7,575
Case Management	1,141	0	7,542
General Aging	1,141	0	7,542
Caregiver	0	0	0
Congregate Meals	3,409	0	160,000
General Aging	3,409	0	160,000
Caregiver	0	0	0
Nutrition Counseling	11	0	11
General Aging	11	0	11
Caregiver	0	0	0
Assisted Transportation	105	0	835
General Aging	105	0	835
Caregiver	0	0	0
Transportation	0	279	5,503
General Aging	0	279	5,503
Caregiver	0	0	0
Legal Assistance	0	544	729
General Aging	0	533	720
Caregiver	0	11	9
Nutrition Education	0	3,577	3,582
General Aging	0	3,577	3,582
Caregiver	0	0	0
Information & Assistance	386	8,009	8,903
General Aging	386	7,147	7,904
Caregiver	0	862	999
Outreach	0	4,206	4,264
General Aging	0	4,206	4,264
Caregiver	0	0	0

INAPIS Client Service Unit Report

Heritage Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	6	0	6
General Aging	6	0	6
Caregiver	0	0	0
Caregiver Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Health Well Elderly Clinic	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Preventive Health Promotion	0	81	81
General Aging	0	81	81
Caregiver	0	0	0
Respite	146	0	7,081
General Aging	131	0	4,998
Caregiver	15	0	2,083
Emergency Response System	24	0	212
General Aging	24	0	212
Caregiver	0	0	0
Mental Health Outreach	22	0	709
General Aging	22	0	709
Caregiver	0	0	0
Medication Management	0	258	258
General Aging	0	258	258
Caregiver	0	0	0
Evidence Based Health Activities	0	60	60
General Aging	0	60	60
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Advocacy	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
Caregiver	0	0	0
Protective Payee Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Heritage Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Training & Education	77	77	115
General Aging	0	77	18
Caregiver	77	0	97
Senior Center	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Reassurance	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Visiting	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	49	0	566
General Aging	49	0	566
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	35	0	199
General Aging	35	0	199
Caregiver	0	0	0
Public Information	0	4,535	4,535
General Aging	0	4,535	4,535
Caregiver	0	0	0
Grandparent Relative Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Aging Resources of Central Iowa

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	42	0	2,477
General Aging	42	0	2,477
Caregiver	0	0	0
Homemaker	168	0	6,373
General Aging	140	0	5,827
Caregiver	28	0	546
Chore	122	0	1,603
General Aging	122	0	1,603
Caregiver	0	0	0
Home Delivered Meals	2,296	0	246,467
General Aging	2,296	0	246,467
Caregiver	0	0	0
Adult Daycare	271	0	114,020
General Aging	209	0	106,755
Caregiver	62	0	7,265
Case Management	1,627	0	8,399
General Aging	1,627	0	8,399
Caregiver	0	0	0
Congregate Meals	5,902	0	317,506
General Aging	5,902	0	317,506
Caregiver	0	0	0
Nutrition Counseling	143	0	147
General Aging	143	0	147
Caregiver	0	0	0
Assisted Transportation	733	0	53,150
General Aging	733	0	53,150
Caregiver	0	0	0
Transportation	0	1,888	90,218
General Aging	0	1,888	90,218
Caregiver	0	0	0
Legal Assistance	0	923	1,789
General Aging	0	923	1,789
Caregiver	0	0	0
Nutrition Education	0	1,479	1,479
General Aging	0	1,479	1,479
Caregiver	0	0	0
Information & Assistance	0	31,066	31,066
General Aging	0	24,610	24,610
Caregiver	0	6,456	6,456
Outreach	0	8,991	8,991
General Aging	0	7,286	7,286
Caregiver	0	1,705	1,705

INAPIS Client Service Unit Report

Aging Resources of Central Iowa

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	187	0	1,425
General Aging	187	0	1,425
Caregiver	0	0	0
Caregiver Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Health Well Elderly Clinic	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Preventive Health Promotion	605	1,903	14,869
General Aging	605	1,903	14,869
Caregiver	0	0	0
Respite	56	0	3,295
General Aging	8	0	527
Caregiver	48	0	2,768
Emergency Response System	126	0	1,101
General Aging	42	0	332
Caregiver	84	0	769
Mental Health Outreach	21	0	668
General Aging	21	0	668
Caregiver	0	0	0
Medication Management	1	0	3
General Aging	1	0	3
Caregiver	0	0	0
Evidence Based Health Activities	0	108	108
General Aging	0	108	108
Caregiver	0	0	0
Advocacy	0	531	425
General Aging	0	531	425
Caregiver	0	0	0
Adult Consumer Protection Service	0	29	25
General Aging	0	29	25
Caregiver	0	0	0
Protective Payee Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Training & Education	0	2,370	130
General Aging	0	2,370	130
Caregiver	0	0	0

INAPIS Client Service Unit Report

Aging Resources of Central Iowa

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Senior Center	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Reassurance	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Visiting	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Counseling	33	491	436
General Aging	0	491	400
Caregiver	33	0	36
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	581	0	824
General Aging	488	0	672
Caregiver	94	0	152
Public Information	0	12,359	39
General Aging	0	9,086	13
Caregiver	0	3,273	26
Grandparent Relative Support	5	0	11
General Aging	5	0	11
Caregiver	0	0	0

INAPIS Client Service Unit Report

Southwest 8 Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Homemaker	197	0	9,296
General Aging	193	0	9,157
Caregiver	4	0	139
Chore	21	0	1,084
General Aging	21	0	1,084
Caregiver	0	0	0
Home Delivered Meals	834	0	73,760
General Aging	834	0	73,760
Caregiver	0	0	0
Adult Daycare	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Case Management	706	0	6,434
General Aging	706	0	6,434
Caregiver	0	0	0
Congregate Meals	1,419	0	67,989
General Aging	1,419	0	67,989
Caregiver	0	0	0
Nutrition Counseling	1	0	1
General Aging	1	0	1
Caregiver	0	0	0
Assisted Transportation	13	0	145
General Aging	13	0	145
Caregiver	0	0	0
Transportation	202	251	8,497
General Aging	202	251	8,497
Caregiver	0	0	0
Legal Assistance	0	211	316
General Aging	0	211	316
Caregiver	0	0	0
Nutrition Education	397	532	3,452
General Aging	397	532	3,452
Caregiver	0	0	0
Information & Assistance	0	1,174	7,759
General Aging	0	992	5,935
Caregiver	0	182	1,824
Outreach	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Southwest 8 Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	2	0	144
General Aging	2	0	144
Caregiver	0	0	0
Caregiver Support	0	18	79
General Aging	0	0	0
Caregiver	0	18	79
Health Well Elderly Clinic	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Preventive Health Promotion	531	932	9,144
General Aging	531	932	9,144
Caregiver	0	0	0
Respite	10	0	564
General Aging	10	0	564
Caregiver	0	0	0
Emergency Response System	148	0	1,212
General Aging	130	0	1,031
Caregiver	18	0	181
Mental Health Outreach	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Medication Management	13	0	78
General Aging	13	0	78
Caregiver	0	0	0
Evidence Based Health Activities	78	4	480
General Aging	78	4	480
Caregiver	0	0	0
Advocacy	0	42	1,076
General Aging	0	42	1,076
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Protective Payee Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Training & Education	8	0	120
General Aging	0	0	0
Caregiver	8	0	120

INAPIS Client Service Unit Report

Southwest 8 Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Senior Center	0	577	6,305
General Aging	0	577	6,305
Caregiver	0	0	0
Reassurance	0	226	2,198
General Aging	0	226	2,198
Caregiver	0	0	0
Visiting	0	452	5,550
General Aging	0	452	5,550
Caregiver	0	0	0
Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	38	0	286
General Aging	37	0	285
Caregiver	1	0	1
Public Information	0	47	1,634
General Aging	0	19	166
Caregiver	0	28	1,468
Grandparent Relative Support	8	1	16
General Aging	0	0	0
Caregiver	8	1	16

INAPIS Client Service Unit Report

Area XIV Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Homemaker	31	0	1,319
General Aging	31	0	1,319
Caregiver	0	0	0
Chore	41	0	1,863
General Aging	41	0	1,863
Caregiver	0	0	0
Home Delivered Meals	361	0	33,933
General Aging	360	0	33,811
Caregiver	4	0	122
Adult Daycare	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Case Management	176	0	614
General Aging	176	0	614
Caregiver	0	0	0
Congregate Meals	922	0	76,701
General Aging	922	0	76,701
Caregiver	0	0	0
Nutrition Counseling	5	0	7
General Aging	5	0	7
Caregiver	0	0	0
Assisted Transportation	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Transportation	32	571	26,996
General Aging	32	571	26,996
Caregiver	0	0	0
Legal Assistance	0	73	259
General Aging	0	48	167
Caregiver	0	25	92
Nutrition Education	2	70	16
General Aging	2	70	16
Caregiver	0	0	0
Information & Assistance	8	266	221
General Aging	6	222	153
Caregiver	2	44	68
Outreach	3	100	109
General Aging	0	60	14
Caregiver	3	40	95

INAPIS Client Service Unit Report

Area XIV Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Caregiver Support	9	0	27
General Aging	0	0	0
Caregiver	9	0	27
Health Well Elderly Clinic	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Preventive Health Promotion	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Respite	12	0	279
General Aging	0	0	0
Caregiver	12	0	279
Emergency Response System	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Mental Health Outreach	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Medication Management	2	0	2
General Aging	2	0	2
Caregiver	0	0	0
Evidence Based Health Activities	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Advocacy	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Protective Payee Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Training & Education	17	0	82
General Aging	0	0	0
Caregiver	17	0	82

INAPIS Client Service Unit Report

Area XIV Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Senior Center	0	903	480
General Aging	0	903	480
Caregiver	0	0	0
Reassurance	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Visiting	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	28	0	101
General Aging	19	0	85
Caregiver	10	0	16
Public Information	0	1,895	83
General Aging	0	1,862	50
Caregiver	0	33	33
Grandparent Relative Support	1	0	6
General Aging	0	0	0
Caregiver	1	0	6

INAPIS Client Service Unit Report

Seneca Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	1	0	13
General Aging	1	0	13
Caregiver	0	0	0
Homemaker	140	0	5,330
General Aging	139	0	5,291
Caregiver	2	0	39
Chore	12	0	763
General Aging	12	0	763
Caregiver	0	0	0
Home Delivered Meals	678	0	70,639
General Aging	675	0	70,465
Caregiver	5	0	174
Adult Daycare	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Case Management	936	0	2,733
General Aging	936	0	2,733
Caregiver	0	0	0
Congregate Meals	2,370	0	118,271
General Aging	2,370	0	118,271
Caregiver	0	0	0
Nutrition Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assisted Transportation	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Transportation	0	17,170	17,170
General Aging	0	17,170	17,170
Caregiver	0	0	0
Legal Assistance	0	172	273
General Aging	0	172	273
Caregiver	0	0	0
Nutrition Education	0	21,914	21,914
General Aging	0	21,914	21,914
Caregiver	0	0	0
Information & Assistance	0	14,642	14,667
General Aging	0	14,284	14,284
Caregiver	0	358	383
Outreach	0	2,421	2,421
General Aging	0	2,421	2,421
Caregiver	0	0	0

INAPIS Client Service Unit Report

Seneca Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Caregiver Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Health Well Elderly Clinic	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Preventive Health Promotion	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Respite	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Emergency Response System	34	0	241
General Aging	34	0	241
Caregiver	0	0	0
Mental Health Outreach	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Medication Management	0	23	23
General Aging	0	23	23
Caregiver	0	0	0
Evidence Based Health Activities	0	39	39
General Aging	0	39	39
Caregiver	0	0	0
Advocacy	0	3,322	2,609
General Aging	0	3,322	2,609
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Protective Payee Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Training & Education	409	0	1,486
General Aging	0	0	0
Caregiver	409	0	1,486

INAPIS Client Service Unit Report

Seneca Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Senior Center	0	6,196	15,240
General Aging	0	6,196	15,240
Caregiver	0	0	0
Reassurance	0	4,593	4,593
General Aging	0	4,593	4,593
Caregiver	0	0	0
Visiting	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	39	0	49
General Aging	39	0	49
Caregiver	0	0	0
Public Information	0	165,904	151
General Aging	0	0	0
Caregiver	0	165,904	151
Grandparent Relative Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Southeast Iowa Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Personal Care	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Homemaker	37	0	1,012
General Aging	27	0	605
Caregiver	11	0	407
Chore	111	0	2,544
General Aging	111	0	2,544
Caregiver	0	0	0
Home Delivered Meals	366	0	36,553
General Aging	363	0	36,043
Caregiver	4	0	510
Adult Daycare	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Case Management	17	0	111
General Aging	17	0	111
Caregiver	0	0	0
Congregate Meals	671	0	24,052
General Aging	671	0	24,052
Caregiver	0	0	0
Nutrition Counseling	2	0	2
General Aging	2	0	2
Caregiver	0	0	0
Assisted Transportation	0	0	0
General Aging	0	0	0
Transportation	0	6,747	6,747
General Aging	0	6,747	6,747
Caregiver	0	0	0
Legal Assistance	0	267	267
General Aging	0	267	267
Caregiver	0	0	0
Nutrition Education	0	2,243	2,243
General Aging	0	2,243	2,243
Caregiver	0	0	0
Information & Assistance	0	1,832	1,832
General Aging	0	224	224
Caregiver	0	1,608	1,608
Outreach	0	145	145
General Aging	0	60	60
Caregiver	0	85	85

INAPIS Client Service Unit Report

Southeast Iowa Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Home Repair	42	0	1,144
General Aging	42	0	1,144
Caregiver	0	0	0
Caregiver Support	40	0	93
General Aging	0	0	0
Caregiver	40	0	93
Health Well Elderly Clinic	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Preventive Health Promotion	0	607	607
General Aging	0	607	607
Caregiver	0	0	0
Respite	12	0	217
General Aging	0	0	0
Caregiver	12	0	217
Emergency Response System	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Mental Health Outreach	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Medication Management	8	0	8
General Aging	8	0	8
Caregiver	0	0	0
Evidence Based Health Activities	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Advocacy	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
Caregiver	0	0	0
Adult Consumer Protection Service	0	0	0
General Aging	0	0	0
Protective Payee Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Legal Education	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

INAPIS Client Service Unit Report

Southeast Iowa Area Agency on Aging

	# Unduplicated Clients	Total Aggregate Clients	Total Units
Training & Education	0	75	150
General Aging	0	75	150
Caregiver	0	0	0
Senior Center	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Reassurance	12	0	207
General Aging	12	0	207
Caregiver	0	0	0
Visiting	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Counseling	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Placement Service	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Assessment & Intervention	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Employment	0	0	0
General Aging	0	0	0
Caregiver	0	0	0
Material Aide	22	0	162
General Aging	22	0	162
Caregiver	0	0	0
Public Information	0	11,176	14
General Aging	0	5,959	6
Caregiver	0	5,217	8
Grandparent Relative Support	0	0	0
General Aging	0	0	0
Caregiver	0	0	0

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

State of Iowa

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658
% of AAA Total	--	5.9%	13.3%	4.1%	3.3%	2.7%	2.3%	5.0%	20.8%	14.9%	7.5%	2.5%
% of AAA 60+	--	28.2%	64.0%	19.8%	16.0%	13.1%	10.9%	24.0%	100.0%	71.8%	36.0%	12.0%
% of AAA 65+	--	--	--	27.6%	22.2%	18.2%	15.2%	33.4%	--	100.0%	50.1%	16.7%
% of State Total	100.0%	5.9%	13.3%	4.1%	3.3%	2.7%	2.3%	5.0%	20.8%	14.9%	7.5%	2.5%
% of State 60+	--	28.2%	64.0%	19.8%	16.0%	13.1%	10.9%	24.0%	100.0%	71.8%	36.0%	12.0%
% of State 65+	--	--	--	27.6%	22.2%	18.2%	15.2%	33.4%	--	100.0%	50.1%	16.7%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Northland

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	83,850	5,378	13,049	4,100	3,571	2,979	2,416	5,395	21,222	15,844	8,173	2,778
% of AAA Total	--	6.4%	15.6%	4.9%	4.3%	3.6%	2.9%	6.4%	25.3%	18.9%	9.7%	3.3%
% of AAA 60+	--	25.3%	61.5%	19.3%	16.8%	14.0%	11.4%	25.4%	100.0%	74.7%	38.5%	13.1%
% of AAA 65+	--	--	--	25.9%	22.5%	18.8%	15.2%	34.1%	--	100.0%	51.6%	17.5%
% of State Total	2.7%	0.2%	0.4%	0.1%	0.1%	0.1%	0.1%	0.2%	0.7%	0.5%	0.3%	0.1%
% of State 60+	--	0.8%	2.0%	0.6%	0.6%	0.5%	0.4%	0.8%	3.3%	2.5%	1.3%	0.4%
% of State 65+	--	--	--	0.9%	0.8%	0.7%	0.5%	1.2%	--	3.5%	1.8%	0.6%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Elderbridge

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	294,010	18,948	45,078	13,917	12,213	10,663	9,400	20,063	75,789	56,841	30,711	10,648
% of AAA Total	--	6.4%	15.3%	4.7%	4.2%	3.6%	3.2%	6.8%	25.8%	19.3%	10.4%	3.6%
% of AAA 60+	--	25.0%	59.5%	18.4%	16.1%	14.1%	12.4%	26.5%	100.0%	75.0%	40.5%	14.0%
% of AAA 65+	--	--	--	24.5%	21.5%	18.8%	16.5%	35.3%	--	100.0%	54.0%	18.7%
% of State Total	9.6%	0.6%	1.5%	0.5%	0.4%	0.3%	0.3%	0.7%	2.5%	1.9%	1.0%	0.3%
% of State 60+	--	3.0%	7.1%	2.2%	1.9%	1.7%	1.5%	3.1%	11.9%	8.9%	4.8%	1.7%
% of State 65+	--	--	--	3.0%	2.7%	2.3%	2.1%	4.4%	--	12.4%	6.7%	2.3%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Northwest Aging Association

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	139,555	8,168	19,108	5,817	5,123	4,756	4,126	8,882	32,787	24,619	13,679	4,797
% of AAA Total	--	5.9%	13.7%	4.2%	3.7%	3.4%	3.0%	6.4%	23.5%	17.6%	9.8%	3.4%
% of AAA 60+	--	24.9%	58.3%	17.7%	15.6%	14.5%	12.6%	27.1%	100.0%	75.1%	41.7%	14.6%
% of AAA 65+	--	--	--	23.6%	20.8%	19.3%	16.8%	36.1%	--	100.0%	55.6%	19.5%
% of State Total	4.6%	0.3%	0.6%	0.2%	0.2%	0.2%	0.1%	0.3%	1.1%	0.8%	0.4%	0.2%
% of State 60+	--	1.3%	3.0%	0.9%	0.8%	0.7%	0.6%	1.4%	5.1%	3.9%	2.1%	0.8%
% of State 65+	--	--	--	1.3%	1.1%	1.0%	0.9%	1.9%	--	5.4%	3.0%	1.0%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Siouxland

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	155,799	9,060	20,561	6,435	5,066	4,418	3,821	8,239	32,669	23,609	12,108	3,869
% of AAA Total	--	5.8%	13.2%	4.1%	3.3%	2.8%	2.5%	5.3%	21.0%	15.2%	7.8%	2.5%
% of AAA 60+	--	27.7%	62.9%	19.7%	15.5%	13.5%	11.7%	25.2%	100.0%	72.3%	37.1%	11.8%
% of AAA 65+	--	--	--	27.3%	21.5%	18.7%	16.2%	34.9%	--	100.0%	51.3%	16.4%
% of State Total	5.1%	0.3%	0.7%	0.2%	0.2%	0.1%	0.1%	0.3%	1.1%	0.8%	0.4%	0.1%
% of State 60+	--	1.4%	3.2%	1.0%	0.8%	0.7%	0.6%	1.3%	5.1%	3.7%	1.9%	0.6%
% of State 65+	--	--	--	1.4%	1.1%	1.0%	0.8%	1.8%	--	5.2%	2.6%	0.8%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Hawkeye Valley

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	311,505	18,776	43,745	13,720	11,249	9,020	7,791	16,811	69,311	50,535	25,566	8,755
% of AAA Total	--	6.0%	14.0%	4.4%	3.6%	2.9%	2.5%	5.4%	22.3%	16.2%	8.2%	2.8%
% of AAA 60+	--	27.1%	63.1%	19.8%	16.2%	13.0%	11.2%	24.3%	100.0%	72.9%	36.9%	12.6%
% of AAA 65+	--	--	--	27.1%	22.3%	17.8%	15.4%	33.3%	--	100.0%	50.6%	17.3%
% of State Total	10.2%	0.6%	1.4%	0.4%	0.4%	0.3%	0.3%	0.5%	2.3%	1.7%	0.8%	0.3%
% of State 60+	--	2.9%	6.9%	2.2%	1.8%	1.4%	1.2%	2.6%	10.9%	7.9%	4.0%	1.4%
% of State 65+	--	--	--	3.0%	2.5%	2.0%	1.7%	3.7%	--	11.0%	5.6%	1.9%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Scenic Valley

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	132,102	7,961	18,530	5,644	4,925	3,992	3,292	7,284	29,206	21,245	10,676	3,392
% of AAA Total	--	6.0%	14.0%	4.3%	3.7%	3.0%	2.5%	5.5%	22.1%	16.1%	8.1%	2.6%
% of AAA 60+	--	27.3%	63.4%	19.3%	16.9%	13.7%	11.3%	24.9%	100.0%	72.7%	36.6%	11.6%
% of AAA 65+	--	--	--	26.6%	23.2%	18.8%	15.5%	34.3%	--	100.0%	50.3%	16.0%
% of State Total	4.3%	0.3%	0.6%	0.2%	0.2%	0.1%	0.1%	0.2%	1.0%	0.7%	0.3%	0.1%
% of State 60+	--	1.2%	2.9%	0.9%	0.8%	0.6%	0.5%	1.1%	4.6%	3.3%	1.7%	0.5%
% of State 65+	--	--	--	1.2%	1.1%	0.9%	0.7%	1.6%	--	4.6%	2.3%	0.7%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Generations

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	258,925	15,840	34,957	10,781	8,336	6,310	5,054	11,364	52,117	36,277	17,160	5,796
% of AAA Total	--	6.1%	13.5%	4.2%	3.2%	2.4%	2.0%	4.4%	20.1%	14.0%	6.6%	2.2%
% of AAA 60+	--	30.4%	67.1%	20.7%	16.0%	12.1%	9.7%	21.8%	100.0%	69.6%	32.9%	11.1%
% of AAA 65+	--	--	--	29.7%	23.0%	17.4%	13.9%	31.3%	--	100.0%	47.3%	16.0%
% of State Total	8.5%	0.5%	1.1%	0.4%	0.3%	0.2%	0.2%	0.4%	1.7%	1.2%	0.6%	0.2%
% of State 60+	--	2.5%	5.5%	1.7%	1.3%	1.0%	0.8%	1.8%	8.2%	5.7%	2.7%	0.9%
% of State 65+	--	--	--	2.4%	1.8%	1.4%	1.1%	2.5%	--	7.9%	3.7%	1.3%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Heritage

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	450,188	24,515	54,002	16,688	12,799	10,393	8,236	18,629	81,710	57,195	27,708	9,079
% of AAA Total	--	5.4%	12.0%	3.7%	2.8%	2.3%	1.8%	4.1%	18.2%	12.7%	6.2%	2.0%
% of AAA 60+	--	30.0%	66.1%	20.4%	15.7%	12.7%	10.1%	22.8%	100.0%	70.0%	33.9%	11.1%
% of AAA 65+	--	--	--	29.2%	22.4%	18.2%	14.4%	32.6%	--	100.0%	48.4%	15.9%
% of State Total	14.7%	0.8%	1.8%	0.5%	0.4%	0.3%	0.3%	0.6%	2.7%	1.9%	0.9%	0.3%
% of State 60+	--	3.8%	8.5%	2.6%	2.0%	1.6%	1.3%	2.9%	12.8%	9.0%	4.3%	1.4%
% of State 65+	--	--	--	3.6%	2.8%	2.3%	1.8%	4.1%	--	12.5%	6.1%	2.0%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Aging Resources of Central Iowa

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	755,154	39,388	85,916	26,482	20,046	15,618	12,640	28,258	127,628	88,240	41,712	13,454
% of AAA Total	--	5.2%	11.4%	3.5%	2.7%	2.1%	1.7%	3.7%	16.9%	11.7%	5.5%	1.8%
% of AAA 60+	--	30.9%	67.3%	20.7%	15.7%	12.2%	9.9%	22.1%	100.0%	69.1%	32.7%	10.5%
% of AAA 65+	--	--	--	30.0%	22.7%	17.7%	14.3%	32.0%	--	100.0%	47.3%	15.2%
% of State Total	24.7%	1.3%	2.8%	0.9%	0.7%	0.5%	0.4%	0.9%	4.2%	2.9%	1.4%	0.4%
% of State 60+	--	6.2%	13.5%	4.2%	3.1%	2.4%	2.0%	4.4%	20.0%	13.8%	6.5%	2.1%
% of State 65+	--	--	--	5.8%	4.4%	3.4%	2.8%	6.2%	--	19.3%	9.1%	2.9%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Southwest 8 Senior Services

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	183,188	11,758	26,941	8,402	6,781	5,658	4,661	10,319	42,261	30,503	15,320	5,001
% of AAA Total	--	6.4%	14.7%	4.6%	3.7%	3.1%	2.5%	5.6%	23.1%	16.7%	8.4%	2.7%
% of AAA 60+	--	27.8%	63.7%	19.9%	16.0%	13.4%	11.0%	24.4%	100.0%	72.2%	36.3%	11.8%
% of AAA 65+	--	--	--	27.5%	22.2%	18.5%	15.3%	33.8%	--	100.0%	50.2%	16.4%
% of State Total	6.0%	0.4%	0.9%	0.3%	0.2%	0.2%	0.2%	0.3%	1.4%	1.0%	0.5%	0.2%
% of State 60+	--	1.8%	4.2%	1.3%	1.1%	0.9%	0.7%	1.6%	6.6%	4.8%	2.4%	0.8%
% of State 65+	--	--	--	1.8%	1.5%	1.2%	1.0%	2.3%	--	6.7%	3.3%	1.1%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Area XIV

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	53,140	3,467	8,387	2,636	2,284	1,875	1,643	3,518	13,799	10,332	5,412	1,894
% of AAA Total	--	6.5%	15.8%	5.0%	4.3%	3.5%	3.1%	6.6%	26.0%	19.4%	10.2%	3.6%
% of AAA 60+	--	25.1%	60.8%	19.1%	16.6%	13.6%	11.9%	25.5%	100.0%	74.9%	39.2%	13.7%
% of AAA 65+	--	--	--	25.5%	22.1%	18.1%	15.9%	34.0%	--	100.0%	52.4%	18.3%
% of State Total	1.7%	0.1%	0.3%	0.1%	0.1%	0.1%	0.1%	0.1%	0.5%	0.3%	0.2%	0.1%
% of State 60+	--	0.5%	1.3%	0.4%	0.4%	0.3%	0.3%	0.6%	2.2%	1.6%	0.8%	0.3%
% of State 65+	--	--	--	0.6%	0.5%	0.4%	0.4%	0.8%	--	2.3%	1.2%	0.4%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Seneca

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	137,450	9,223	21,222	6,633	5,366	4,444	3,647	8,091	33,476	24,253	12,254	4,163
% of AAA Total	--	6.7%	15.4%	4.8%	3.9%	3.2%	2.7%	5.9%	24.4%	17.6%	8.9%	3.0%
% of AAA 60+	--	27.6%	63.4%	19.8%	16.0%	13.3%	10.9%	24.2%	100.0%	72.4%	36.6%	12.4%
% of AAA 65+	--	--	--	27.3%	22.1%	18.3%	15.0%	33.4%	--	100.0%	50.5%	17.2%
% of State Total	4.5%	0.3%	0.7%	0.2%	0.2%	0.1%	0.1%	0.3%	1.1%	0.8%	0.4%	0.1%
% of State 60+	--	1.4%	3.3%	1.0%	0.8%	0.7%	0.6%	1.3%	5.3%	3.8%	1.9%	0.7%
% of State 65+	--	--	--	1.4%	1.2%	1.0%	0.8%	1.8%	--	5.3%	2.7%	0.9%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

Population by Age Group and % of Total Population

Estimates as of July 1, 2011

Southeast Iowa

	<u>Total</u>	<u>60-64</u>	<u>60-74</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>	<u>75-84</u>	<u>60+</u>	<u>65+</u>	<u>75+</u>	<u>85+</u>
AAA Population	107,443	7,250	16,586	5,254	4,082	3,183	2,694	5,877	25,495	18,245	8,909	3,032
% of AAA Total	--	6.7%	15.4%	4.9%	3.8%	3.0%	2.5%	5.5%	23.7%	17.0%	8.3%	2.8%
% of AAA 60+	--	28.4%	65.1%	20.6%	16.0%	12.5%	10.6%	23.1%	100.0%	71.6%	34.9%	11.9%
% of AAA 65+	--	--	--	28.8%	22.4%	17.4%	14.8%	32.2%	--	100.0%	48.8%	16.6%
% of State Total	3.5%	0.2%	0.5%	0.2%	0.1%	0.1%	0.1%	0.2%	0.8%	0.6%	0.3%	0.1%
% of State 60+	--	1.1%	2.6%	0.8%	0.6%	0.5%	0.4%	0.9%	4.0%	2.9%	1.4%	0.5%
% of State 65+	--	--	--	1.1%	0.9%	0.7%	0.6%	1.3%	--	4.0%	1.9%	0.7%
State Population	3,062,309	179,732	408,082	126,509	101,841	83,309	69,421	152,730	637,470	457,738	229,388	76,658

Source: U.S. Bureau of the Census

**Attachment G:
Title IIB Legal Assistance**



Title IIIB Legal Assistance Report

Activity Report State Fiscal Year (SFY) 2012

March 2013

Prepared from data submitted by legal providers and
Area Agencies on Aging

Compiled by: **Paige Thorson**, *Legal Services Developer*
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Des Moines, Iowa 50319
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Introduction

The legal needs of older Iowans are very real and often entwined with other issues that first come to the attention of the aging network. Legal assistance issues are present when questions arise over shelter, adequate food, services, public benefits, and independence. The legal concerns can come in the form of landlord/tenant frustrations, housing violations, advance directives, guardianship, mental health commitment, wills, resident's rights, individual's rights, appeals for Medicaid or Medicare, protection from elder abuse, pursuit of consumer fraud and scams and age discrimination. The aging network legal providers, funded in part by the Older Americans Act dollars, respond to these types of issues and are a valuable resource to those older Iowans who find themselves in situations where legal advice or assistance is needed.

Under the Older Americans Act (OAA), the term legal assistance means legal advice and representation provided by an attorney to older individuals with economic or social needs and includes counseling or other appropriate assistance. Paralegals or legal assistants under the direct supervision of licensed attorneys can also provide assistance. Legal assistance has been a priority service since 1975 when they were first created under the OAA. Legal assistance was retained as one of the three categories of priority services under Title III, Part B, Supportive Services in the 2000 amendments and again in 2006. Priority services must be funded by each Area Agency on Aging in an adequate proportion. Iowa determined that the minimum adequate proportion is 3%.

The Iowa Title IIIB Legal Assistance Program serves persons 60 years of age and older by providing legal advice and representation, information and education and referrals in civil legal matters throughout the state. The role of this program is to identify and serve the legal needs of those older people who are most vulnerable due to social and/or economic circumstances, particularly those who are frail, isolated and/or minorities.

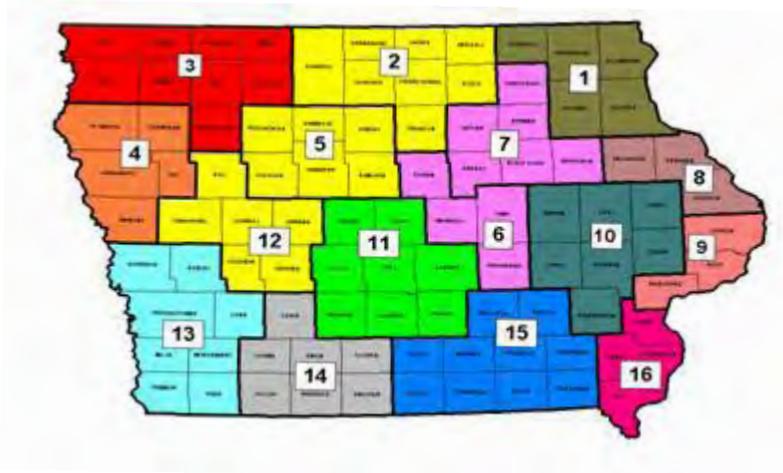
Another piece of the legal assistance program is found in Title III and VII of the OAA. Under Title III, each state is required to assign personnel (one of which is to be known as legal assistance developer) to provide state leadership in developing legal assistance programs for older individuals throughout the state. (OAA §307(a) (13)). Iowa's Legal Assistance Developer is Paige Thorson, JD.

In Title VII, each state must provide a State Legal Assistance Developer and the services of other personnel sufficient to ensure:

1. Leadership in securing and maintaining legal rights of older individuals;
2. Coordination of the provision of legal assistance;
3. Provision of technical assistance, training, and other supportive functions to area agencies on aging, legal assistance providers, ombudsman, and other persons as appropriate;
4. Promotion of financial management services for older individuals at risk of conservatorship;
5. Assistance to older individuals in understanding their rights, exercising choices, benefiting from services and opportunities and maintaining the rights of older individuals at risk of guardianship; and
6. Improvement of the quality and quantity of legal services provided to older individuals.

In an effort to highlight the work of the Older Americans Act Title IIIB legal assistance network in Iowa, the Department on Aging began collecting data from Area Agencies on Aging and the legal providers. This report provides a summary of Units of service, Clients served, Client demographics by minority, economic need, social need and age, Types of cases handled, Level of service provided to each client, Community education presentations, Emerging issues, Unmet needs and Outcomes-case summaries.

Legal Services Funded Under Title IIIB of the Older Americans Act



Area 1 & 8

Iowa Legal Aid
799 Main Street, Suite
280
Dubuque, Iowa 52001
(563) 588-4653 or
1-800-942-4619

Area 2, 5 & 12

Iowa Legal Aid
600 1st St., NW, Suite 103
Mason City, Iowa 50401
(641) 423-4651 or
1-800-392-0021

Area 3 & 4

Iowa Legal Aid
520 Nebraska Street
Suite 337
Sioux City, Iowa 51101
(712) 277-8686 or
1-800-352-0017

Area 6 & 7

Iowa Legal Aid
607 Sycamore Street
Suite 708
Waterloo, Iowa 50704
(319) 235-7008 or
1-800-772-0039

Area 9

H.E.L.P. Legal Assistance
736 Federal Street
Suite 401
Davenport, Iowa 52803
(563) 322-6216

Area 10

Martha Quint
Attorney at Law
118 3rd Avenue, SE
Cedar Rapids, Iowa
52401
(319) 366-7675

Area 11 & 14

Iowa Legal Aid
1111 9th Street, Suite 230
Des Moines, Iowa 50314
(515) 280-3636 or
1-800-532-1503

Area 13

Iowa Legal Aid
532 1st Avenue, Suite 300
Council Bluffs, Iowa
51503
(712) 328-3982 or
1-800-432-9229

Area 15

Iowa Legal Aid
112 East 3rd Street
Ottumwa, Iowa 52501
(641) 683-3166 or
1-800-452-0007

Area 16

Iowa Legal Aid
1700 1st Ave, Ste 10
Iowa City, Iowa 52240
(319) 351-6570 or
1-800-272-0008

Iowa Area Agencies on Aging (AAA) Network



Area 1

Northland AAA
808 River Street
Decorah, Iowa 52101
(563) 382-2941 or
1-800-233-4603

Area 2, 5 & 12

Elderbridge AAA
22 N. Georgia, Suite 216
Mason City, Iowa 50401
(641) 424-0678 or
1-800-243-0678

Area 3

Northwest Aging Assoc.
714 10th Avenue East
Spencer, Iowa 51301
(712) 262-1775 or
1-800-242-5033

Area 4

Siouxland Aging Services, Inc.
2301 Pierce Street
Sioux City, Iowa 51104
(712) 279-6900 or
1-800-798-6916

Area 6 & 7

Hawkeye Valley AAA
2101 Kimball Avenue, Suite 320
Waterloo, Iowa 50702
(319) 272-2244 or
1-800-779-8707

Area 8

Scenic Valley AAA
2728 Asbury Road
Dubuque, Iowa 52001
(563) 588-3970

Area 9

Generations AAA
935 E. 53rd Street
Davenport, Iowa 52807
(563) 324-9085 or
1-800-892-9085

Area 10

The Heritage Agency
6301 Kirkwood Blvd SW
PO Box 2068
Cedar Rapids, Iowa 52406
(319) 398-5559 or
1-800-332-5934

Area 11

Aging Resources of Central Iowa
5835 Grand Ave, Suite 106
Des Moines, Iowa 50312
(515) 255-1310 or
1-800-747-5352

Area 13

Southwest 8 Senior Services, Inc.
300 W. Broadway, Suite 240
Council Bluffs, Iowa 51503
(712) 328-2540 or
1-800-432-9209

Area 14

Area XIV AAA
215 E. Montgomery
Creston, Iowa 50801
(641) 782-4040

Area 15

Seneca AAA
117 N. Cooper Street, Suite 2
Ottumwa, Iowa 52501
(641) 682-2270 or
1-800-642-6522

Area 16

Southeast Iowa AAA, Inc.
509 Jefferson Street
Burlington, Iowa 52601
(319) 752-5433 or
1-800-292-1268

Title IIIB Legal Services Report for SFY 2012

A. Summary

I. Source and Type of Information Provided

This report is a summary of the activities and accomplishments of the Title IIIB legal services providers serving Iowans age 60 and older during State Fiscal Year (SFY) 2012. (July 1, 2011 to June 30, 2012). The data the report is based upon was obtained from quarterly reports submitted by the state's Title IIIB legal services providers. These reports were submitted to the Iowa Department on Aging and to the Area Agency on Aging (AAA) with whom each provider has contracted. The quarterly reports provided information relative to: 1) units of service and clients served; 2) client demographics; 3) types of cases handled; 4) the level of service provided to each client; 5) community education presentations; 6) emerging issues and unmet need and 7) outcome reporting—case summaries.

II. Providers of Service

There are 10 Title IIIB legal services providers contracted with by Iowa's 13 Area Agencies on Aging in SFY '12. These providers made services available in all 16 planning and service areas and all 99 counties. The legal service providers include Iowa Legal Aid regional offices (8), a private attorney, Martha L. Quint (1), and the Senior Citizens Law Project of HELP Legal Assistance (1).

III. Units of Service, Clients and Total Cases

The Title IIIB legal assistance programs served 3,380 clients while providing 6,677 hours of service. Services provided include: counsel and advice, brief service, referrals, settled with litigation, court decisions, settled without litigation, administrative decision and other.

On the Legal Assistance Standardized Reporting form, the categories for reporting legal cases handled are:

Consumer/Finance	Housing
Employment	Income Maintenance
Family	Individual Right
Health	Miscellaneous

In SFY 2012, the four (4) primary case types handled statewide were:

Medicaid	19%
Collection	14%
Powers of Attorney	9%
Wills/Estates	9%

Medicaid, Collection, Powers of Attorney and Wills/Estates represent 51% of the types of cases brought to the attention of the legal providers. A complete listing of individual case types by number of clients and as a percentage of the total clients is included in this report on page 20. (Figure 4)

71% (or 2,314) of cases were handled with counsel and advice, while another 18% (or 568) cases were handled with brief service. See Figure 6 entitled “Cases by Type and Level of Service” on pages 22-23 for a complete listing.

IV. Community Education

A total of 51 sessions were presented through community education efforts and a total of 665 individuals were served. Topics discussed at the community education forums were: elder law issues, Iowa Legal Aid Services, Miller Trusts, power of attorney, medical identity theft, income tax tips for seniors, taxation of Social Security benefits, tax controversies, door to door sales, assistive technology services and issues, Safelink cellular telephone program, “Are Your Legal Affairs in Order”, “The Golden Years and Debt”, “Protecting your Home From Foreclosure”, advance directives, wills, Medicaid eligibility for nursing home care, common legal misconceptions.

V. Minority Groups Served

Of the total clients receiving legal assistance through the Title IIIB program, 322 were minorities. This represents 10% of all clients served. The breakdown by minority group is as follows:

American Indian/Alaskan Native:	17
Asian/Pacific Islander:	14
Black/African American:	219
Native Hawaiian	1
Hispanic:	56
Other:	15

VI. Economically and Socially Needy

In SFY 2012, 32%, or 1,090 of all older lowan's receiving legal assistance were in greatest economic need. This means that the need resulted from having an income level at or below the poverty level. The reports also showed that 34%, or 1,144 of all older lowan's receiving legal assistance were considered to be in greatest social need. This means that the need was caused by non-economic factors which include physical and mental disabilities, language barriers, and cultural, social or geographical isolation caused by racial or ethnic status, that either: (i) restricts the ability of the individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.

VII. Age Groups Served

The figures below show the breakdown of older lowan's served by the Title IIIB Legal Assistance Program and the number of hours of service received by those lowans.

<u>Age Group</u>	<u>Legal Assistance Received</u>
60-74	2,160
75+	1,220
Hours of service	6,677

VIII. Unmet Need for Legal Assistance

The Unmet Needs Report data is reported to the Iowa Department on Aging from the Area Agencies on Aging through an unmet needs reporting system. These numbers account for only those older Iowans that have come in contact with the Area Agencies on Aging (AAA) and service providers not all older Iowans within the aging network.

The other category of unmet need is reported by the Title IIIB legal providers on their quarterly report forms to the AAA's and the Department on Aging. These reports reflect the number of older Iowans that contacted the legal provider for legal assistance.

<u>As Identified by the Unmet Needs Report</u>	<u>As Identified by Title IIIB Legal Providers</u>
44 clients needing 290 hours of assistance	323 clients needing 1,038 hours of assistance

Both the legal assistance and unmet need reports request information to determine the extent of the need for legal assistance. Both reports reflect an unmet need for legal assistance. The reason identified for the unmet need: the funding resource is inadequate to cover the entire need. The Unmet Need report figures highlight that 44 older Iowans had legal assistance needs which would have totaled 290 hours of service that were not met. The Title IIIB legal providers reported that 323 clients were in need of legal assistance which would have resulted in 1,038 hours of assistance. The total from both reports reflect that of the individuals that came into contact with the aging network and its providers, 367 clients had legal needs that could not be addressed by the current resources due to inadequate funding resources. These 367 individuals needed 1,328 hours of legal assistance service.

IX. Emerging Issues

The Title IIIB legal providers identified many emerging issues within the older Iowan population where assistance is needed: Financial abuse by family and friends of frail elderly, undue influence into making gifts, consumer debt and credit card issues, telephone scams that prey specifically on seniors, length of processing of Medicaid applications, lack of information regarding Medicaid applications, reduction in elder waiver providers to serve persons 60 and older, Medicaid eligibility concerns relating to military pensions and divorce, lack of

substitute decision making resources, Consumer Directed Attendant Care (CDAC) providers with conflicts of interest; Social Security disability and inheritance guidelines, and lack of guidance for guardians which results in over extending authority.

X. Outcomes—Case Summaries

The Title IIIB legal assistance programs help Older Iowans, not only through advice and/or representation, but the legal providers also distribute various self-help booklets and make appropriate referrals. Listed below are actual case summaries provided by the legal providers showing how Title IIIB legal assistance programs have helped older Iowans. As evident from the case stories listed below, older Iowans were provided with legal assistance and information that allowed them to prevent problems or resolve their legal issues.

- A client contacted the legal provider after receiving notice of non-payment of a monthly credit card charge. The client had sent a check for \$16.11 to pay the balance on the credit card account, but the credit card company claimed they had not received the check. The client sent in the payment for a second time, but the credit card company was now charging a \$65.00 late fee. The client was informed that the late fees would be enforced after contacting the credit company's customer support department. With advice from the legal provider, Client contacted the customer support department again and was able to prove both checks were cashed. The credit card company returned the extra payment and removed the late fees from the client's account.
- A client contacted the legal provider after her continued eligibility for Elderly Waiver services was denied by the Department of Human Services (DHS) on the basis that she did not need nursing home level of care. After providing a letter from her therapist stating that the client's mental health had deteriorated and that she had recently been hospitalized because she was suicidal, the client was still denied services. The legal provider represented the client at the Administrative Law Judge hearing where the Administrative Law Judge upheld the DHS decision because the client's disabilities were primarily mental. The legal provider appealed to the director of DHS, who overturned the Administrative Law Judge decision and re-instated the client's services.
- A client contacted the legal provider after receiving a deadline from her landlord to clean the clutter in her apartment. The client was recovering from a fall in a nursing home and could not meet the deadline. With counseling

from the legal provider, the client and landlord resumed communication and the client was allowed more time to remove the clutter. With the assistance of a family member, the client cleaned the clutter and was able to remain in her apartment.

- A client contacted the legal provider for assistance in payment of her deceased father's estate recovery debt for Medicaid benefits. The client's father left an automobile, Iowa Public Employment Retirement System (IPERS) death benefit, life insurance policy, and bank account. The legal provider assisted the client in transferring the automobile to the client's name so it could be sold, prepared an Affidavit for Distribution of Property to release the bank account, and assisted with the distribution of the IPERS benefit funds to estate recovery. With the help of the legal provider, the client was able to pay the estate recovery debt.
- A client contacted the legal provider after receiving a 3-day notice for non-payment of rent for her apartment. The landlord had increased the client's rent by \$50.00 for repairs on the apartment. The client had lost her rental assistance and refused to pay the additional \$50.00 for three months because the repairs had not been made. The landlord then increased the rent to \$675.00 because the client refused to sign a new lease. By the time the client contacted the legal provider, she was behind \$525.00. With the assistance of the legal provider, the client re-negotiated a new lease for \$575.00 per month, entered into a payment plan for the \$150.00 in back rent, and the late fees were dropped.
- A client contacted the legal provider after his son, who had been staying with him for several months, refused to move out. Client's son was physically abusive and was intentionally causing a significant increase in the utility bills. The client is on housing assistance and having an extra resident violated Client's "Homebuyers Assistance Program" contract. The legal provider filed a "Forcible Entry and Detainer", and the son was evicted.
- A client was named defendant in a lawsuit by a home services provider that accused the client of selling her home to avoid creditors. The client was in a nursing home and sold her house to qualify for Medicaid benefits. The house was listed by a realtor at \$44,000. However, due to sewer problems (estimated \$15,000 - \$25,000 to repair), a flooded furnace and water heater, and plaster falling from the ceiling, the house was sold for \$25,000. The \$25,000 was paid directly to the mortgage lender. With the assistance of the

legal provider, the lawsuit was dropped and the client was approved for Medicaid benefits.

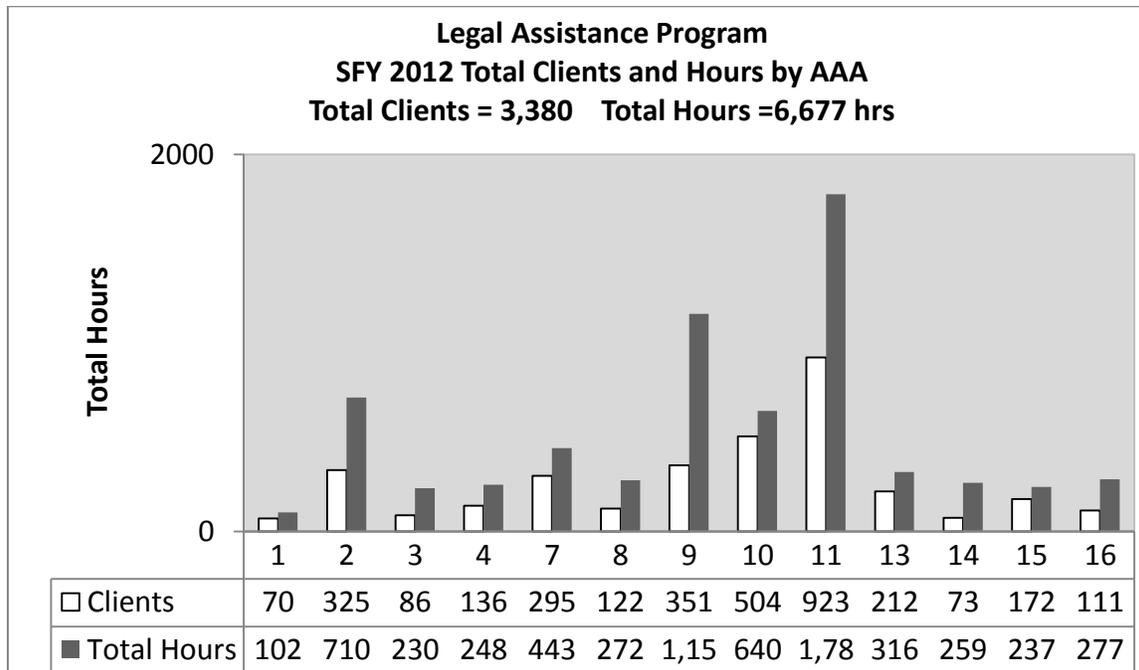
- A client received documents stating that his house was in foreclosure. The client and his wife had taken out a reverse mortgage for home improvements. The foreclosure petition stated that the client was in default for the payments on the note. The foreclosure was based on the lender's requirement of immediate payment in full of all outstanding principal and accrued interest if a borrower dies and the property is not the principal residence of at least one of the surviving homeowners. The notice of default was an error as the client and his wife were both alive and living in the home. With the assistance of the legal provider, the client was able to stop the foreclosure.
- A client contacted the legal provider after her landlord delayed the return of her \$200.00 security deposit. The client had been out of the apartment for two months and the landlord told her that her deposit was in the mail, and then in the office to be mailed and finally that he would get back to her. After the legal provider wrote a letter to the landlord advising him that he forfeited the right to keep any of the deposit after 30 days, the full \$200.00 was returned to the client.
- A disabled senior client had a judgment against her. There was an attempted garnishment of the client's bank account, which contained only Social Security retirement benefits, her only source of income. Although the bank did not turn over any of the exempt funds to the creditor, the bank charged the client a bank fee of \$100 for dealing with the attempted garnishment, in violation of federal law. The legal provider contacted the bank, and after considerable time and effort, the bank refunded the \$100 to the client.
- A disabled elderly client resides in a nursing home. The client's son was serving as attorney-in-fact under a durable power of attorney for health care decisions and also the trustee under the terms of a Miller Trust. The son was spending the client's money on himself and not paying the client's nursing home bills. The son's failure to appropriately handle the bank accounts led to the client's Medicaid being terminated. There was an unpaid nursing home bill of approximately \$42,000, and the client faced an involuntary discharge from the nursing home. The legal provider located the son and convinced him to resign as trustee. The attorney also assisted the client in terminating the power of attorney in favor of the son and in appointing a new attorney-in-fact. The legal provider then located someone to act as the new trustee, and

assisted the client in appointing that new trustee. This client was again eligible for Medicaid benefits for nursing home care, with no client participation payment, enabling him to gradually repay the back bill to the nursing home. This work resulted in a financial benefit to the client of over \$52,000.

- An elderly client contacted the legal provider for assistance in drafting a Miller Trust, enabling her to receive Medicaid payment for elderly waiver services. As a result, client was able to remain in her home rather than go to a nursing home.
- A senior was referred by the legal provider to a local private attorney volunteer who specializes in personal injury litigation. The client had sold his car to a friend, who did not perform the transfer of title. Since he was still the legal owner of the vehicle, the client was sued, along with the friend, after the friend caused a personal injury accident. Through the representation, the claim against the client was dismissed.
- An elderly client needed a Miller Trust in order to become eligible for elderly waiver services to allow her to remain in her home. Although her son had been providing services, he became ill and other providers were secured. This client was able to remain in her apartment. Another client was represented in a similar case and was able to remain in her own home and receive services valued at \$16,000 a year.
- A client contacted the legal provider after Medicare denied coverage for an ambulance ride. The client had a stroke with resulting continuous pain. Doctors at the University of Iowa pain clinic referred her to the University of Northwestern hospitals in Chicago to have a brain implant device. The device failed to alleviate the pain and later became infected, requiring its removal. After the device was removed another infection developed which physicians at the local hospital and the University of Iowa would not touch. The client had to be transported to Northwestern by ambulance. Medicare denied coverage on this ambulance ride. The legal provider successfully assisted the client in appealing to an Administrative Law Judge. Medicare paid the cost of the ambulance.

B. State Totals for the Legal Assistance Program

Figure 1: Clients and Hours by AAA

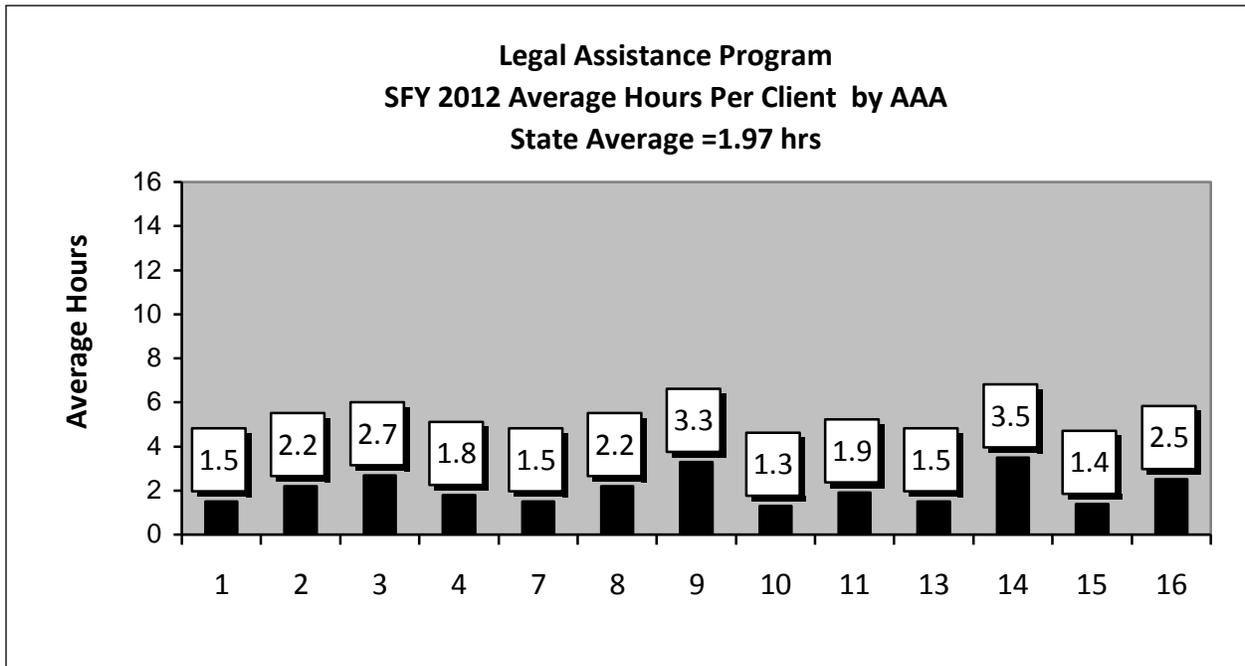


Key:

Area Agencies on Aging

1 Northland	10 Heritage
2 Elderbridge	11 Aging Resources of Central Iowa
3 Northwest Aging Association	13 Southwest 8 Senior Services
4 Siouxland	14 Area XIV
7 Hawkeye Valley	15 Seneca
8 Scenic Valley	16 Southeast Iowa
9 Generations	

Figure 2: Average Hours per Client by AAA

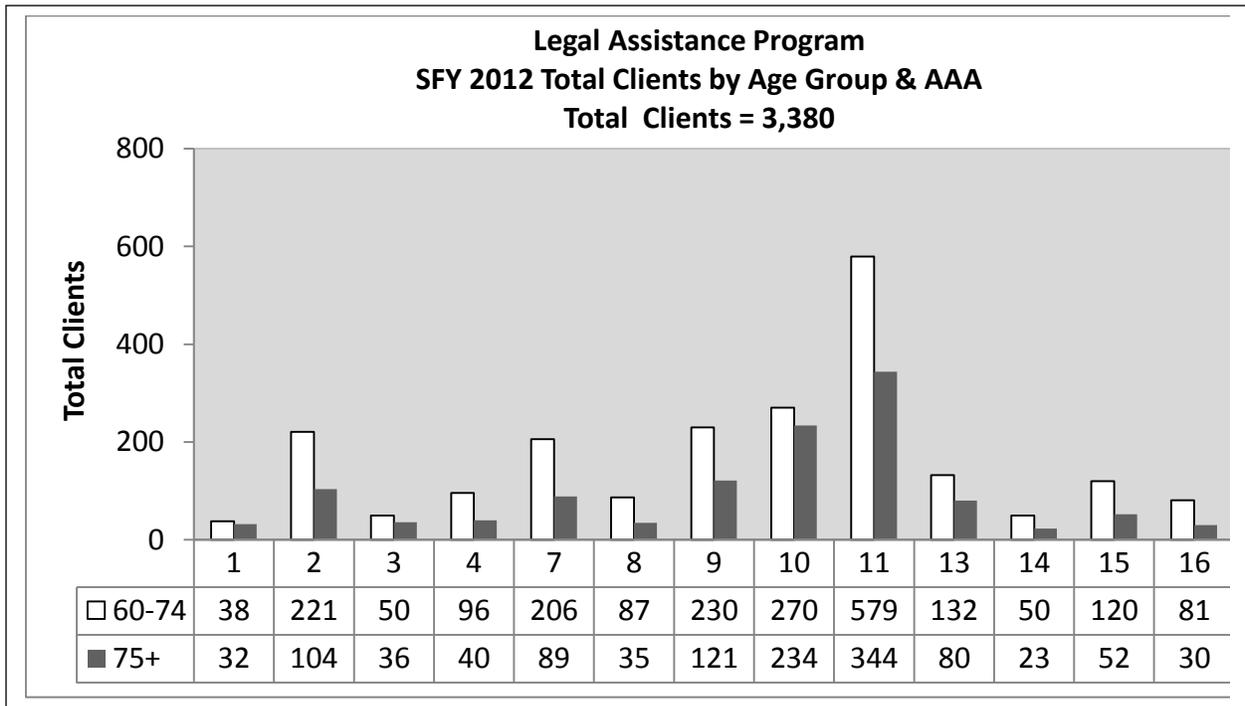


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Figure 3: Clients Served by Age Group and AAA



Note: 64% of Clients were in the 60-74 age group
36% of Clients were in the 75+ age group

Key:

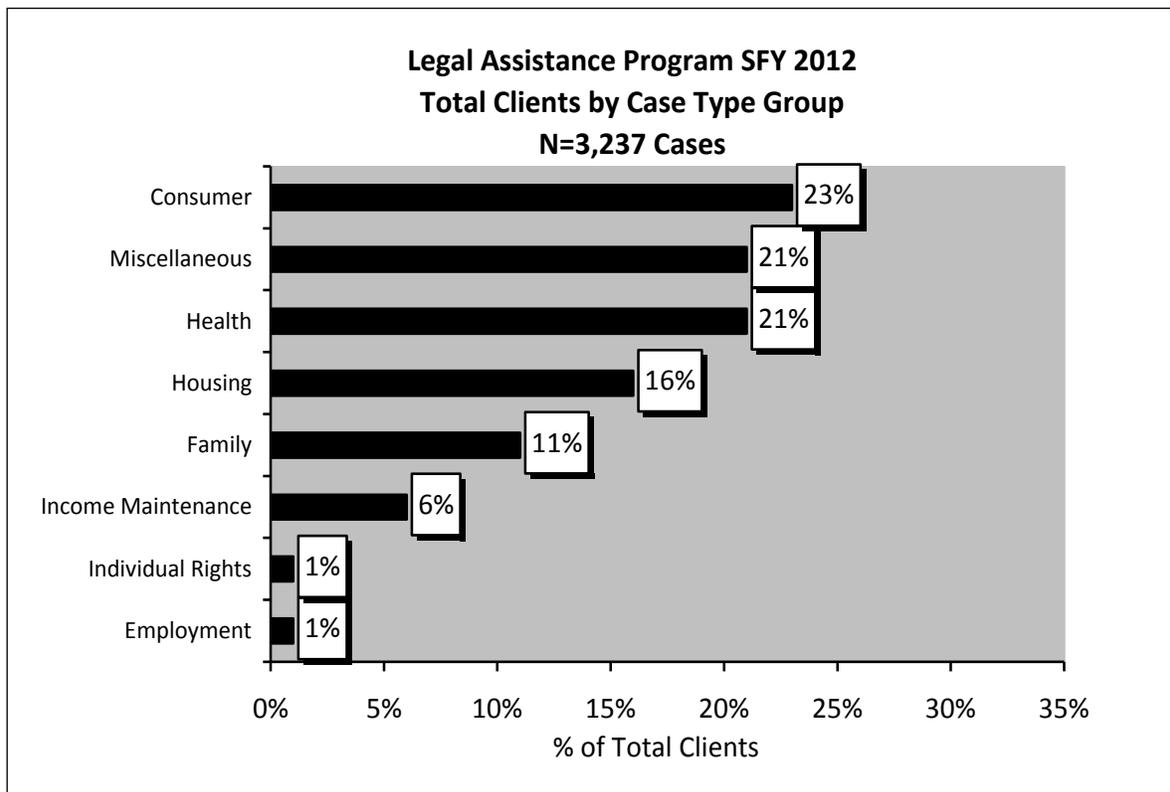
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**Figure 4: Individual Case Types by Number of Clients
and as a Percentage of the Total Clients**

Individual Case Types by Number of Clients and as a Percentage of the Total Clients					
N= 3,237 Cases					
Case Type	Total Clients	%	Case Type	Total Clients	%
Medicaid	612	19	Other (Family)	24	1
Collection	449	14	Taxes	22	1
Wills/Estates	307	9	Loans	21	1
Power of Attorney	300	9	Support	20	1
Landlord/tenant	222	7	Medicare	18	1
Guardianship	125	4	LTC Facilities	18	1
Bankruptcy	106	3	Other (Health)	16	0
Homeowners	99	3	Food Stamps	15	0
Foreclosure	91	3	License	14	0
Divorce	89	3	Other (Employment)	11	0
Abuse	81	3	Utilities	10	0
Rights	68	2	State & Local	9	0
Contracts	67	2	Mental Health	9	0
Other (Misc)	58	2	Unfair Sales	8	0
Other (Consumer)	44	1	Discrimination	8	0
SSI	40	1	Private Insurance	7	0
Social Security	34	1	Public Housing	6	0
Credit	34	1	Name Change	5	0
Other (Income)	32	1	Disability	4	0
Other (Rights)	28	1	Civil Rights	4	0
Veterans Benefits	26	1	Wage Claims	3	0
Other (Housing)	25	1	Predatory Lending	0	0
Visitation	24	1	Home Care	0	0
Unemployment	24	1	Indian/Tribal	0	0

Figure 5: Clients by Case Type Group



Key: The categories above include the following types of cases.

Consumer Finance

Bankruptcy/Debtor relief, Collection, Contracts, Credit access, Predatory lending, Loans/Installment purchases, Public utilities and Unfair sales practices

Miscellaneous

Indian/Tribal, Licenses, Wills/Estates, Power of Attorney

Health

Medicaid, Medicare, Home Care, Private Insurance and Long-Term Care Facilities,

Housing

Housing rights—evictions/rent disputes, Foreclosures, Home ownership, Landlord/Tenant, Public housing

Family

Grandparent custody/visitation, Divorce, Guardianship/Conservatorship, Name change, Elder abuse and Exploitation and Support

Income Maintenance

Social Security, Food stamps, SSI, State & Local income issues such as general relief, Unemployment, and Veterans benefits

Individual Rights

Immigration/Naturalization, Mental health, Physically disabled rights, Civil Rights, Long-term care resident's rights and Tenants rights

Employment

Discrimination, Taxes and Wage claims

Figure 6: Cases by Type and Level of Service

Case Group	Case Type	1	2	3	4	5	6	7	8	9	10	Total
Miscellaneous	Indian/Tribal											0
	License	12	2									14
	Other (Misc)	51	1	1							5	58
	POA	143	110							6	41	300
	Wills/estates	207	68							6	26	307
Miscellaneous Total		413	181	1	0	0	0	0	0	12	72	679
Consumer Finance	Bankruptcy	97		3				2		2	2	106
	Collection	347	65				1	5	3	28		449
	Contracts	60	4				1				2	67
	Credit	25	7							1	1	34
	Loans	17	3								1	21
	Other (Consumer)	36	1	3	1		1				2	44
	Pred. Lending											0
	Unfair sales	6	1								1	8
	Utilities	7	3									10
Consumer Finance Total		595	84	6	1	0	3	7	3	31	9	739
Health	Home Care											0
	LTC Facilities	15	1	1							1	18
	Medicaid	405	150				1		13	1	42	612
	Medicare	12	3						1		2	18
	Other (Health)	14	1								1	16
	Private Insurance	5	2									7
Health Total		451	157	1	0	0	1	0	14	1	46	671
Individual Rights	Civil Rights	4										4
	Disability	3	1									4
	Mental Health	7	1								1	9
	Other (Rights)	23	1								4	28
Individual Rights Total		37	3	0	0	0	0	0	0	0	5	45
Housing	Foreclosure	66	16	2						1	6	91
	Homeowners	86	7						1		5	99
	Landlord/ten	198	14				3	3			4	222
	Other (Housing)	22	1					1			1	25
	Public Housing	6										6
	Rights	53	8					1		4	2	68
Housing Total		431	46	2	0	0	3	5	1	5	18	511
Income Maintenance	Food stamps	9	1					1	3	1		15
	Other (Income)	27	3							2		32
	Social Security	23	5		2					2	2	34
	SSI	23	13	1						3		40
	State & Local	7	1								1	9
	Unemployment	18							5		1	24
	Veterans Benefits	21	4	1								26
Income Maintenance Total		128	27	2	2	0	0	1	8	8	4	180

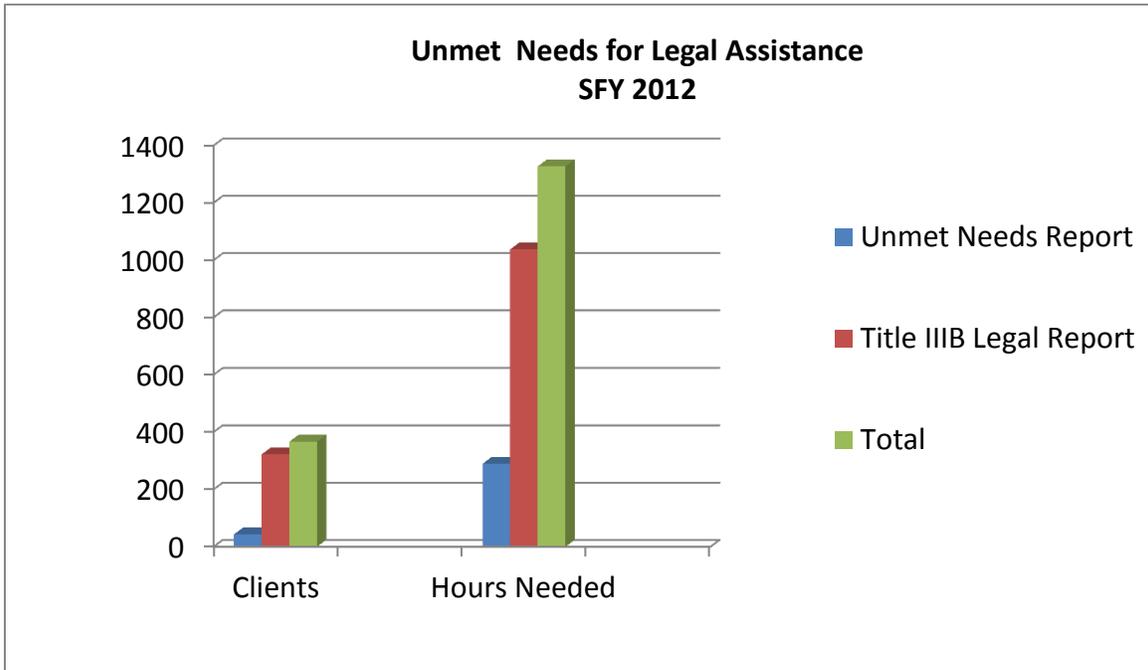
1	Counsel and Advice	3	Referred	5	Client Withdrew	7	Settled with Litigation	9	Court Decision
2	Brief Service	4	Insufficient Merit	6	Settled without Litigation	8	Administrative Decision	10	Other

Figure 6: Cases by Type and Level of Service

Family	Abuse	31	30	10						3	7	81
	Divorce	73	2	4						1	9	89
	Guardianship	63	29	7						4	22	125
	Name change	5										5
	Other (Family)	16	1	1			2			1	3	24
	Support	16	2							1	1	20
	Visitation	21	1								2	24
Family Total		225	65	22	0	0	2	0	0	10	44	368
Employment	Discrimination	7		1								8
	Other (Employment)	9									2	11
	Taxes	18	3								1	22
	Wage Claims		2								1	3
Employment Total		34	5	1	0	0	0	0	0	0	4	44
Grand Total		2314	568	35	3	0	9	13	26	67	202	3237

1	Counsel and Advice	3	Referred	5	Client Withdrew	7	Settled with Litigation	9	Court Decision
2	Brief Service	4	Insufficient Merit	6	Settled without Litigation	8	Administrative Decision	10	Other

Figure 7: Unmet Need for the Legal Assistance Program
Identified through the Unmet Needs Report and
the Title IIIB Legal Assistance Report



C. Area Agency on Aging Reports

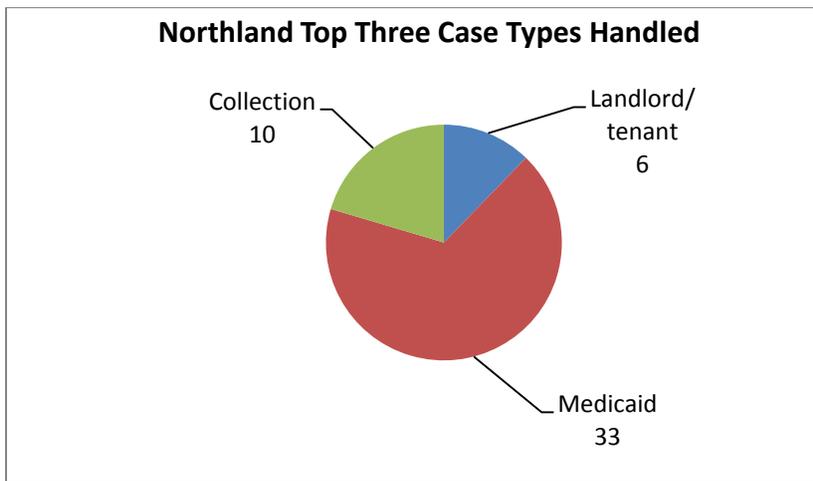
Totals by Area Agency on Aging
SFY 2012

One unit of service = 1 hour

I. Northland Agency on Aging

Units of Service 102

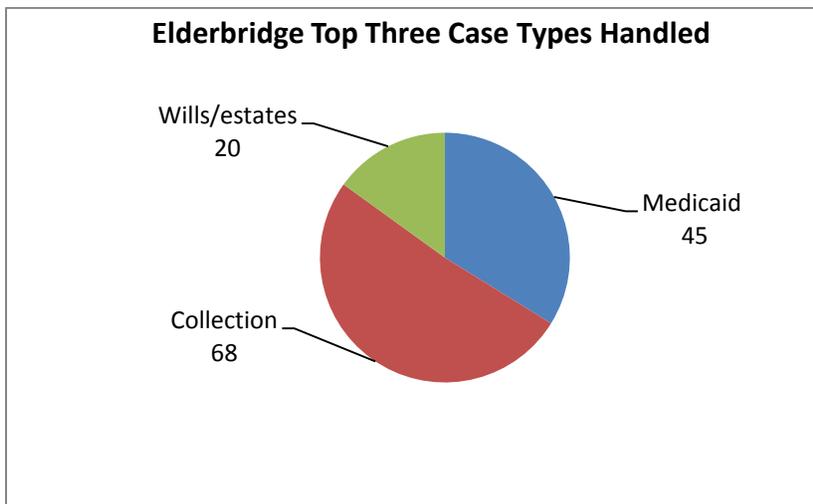
Unduplicated Clients Served 70



II. Elderbridge Agency on Aging

Units of Service 710

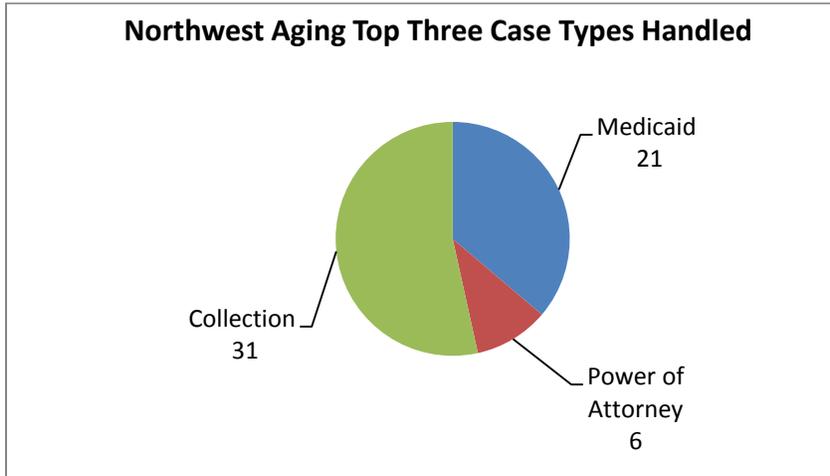
Unduplicated Clients Served 325



III. Northwest Aging Association

Units of Service 230

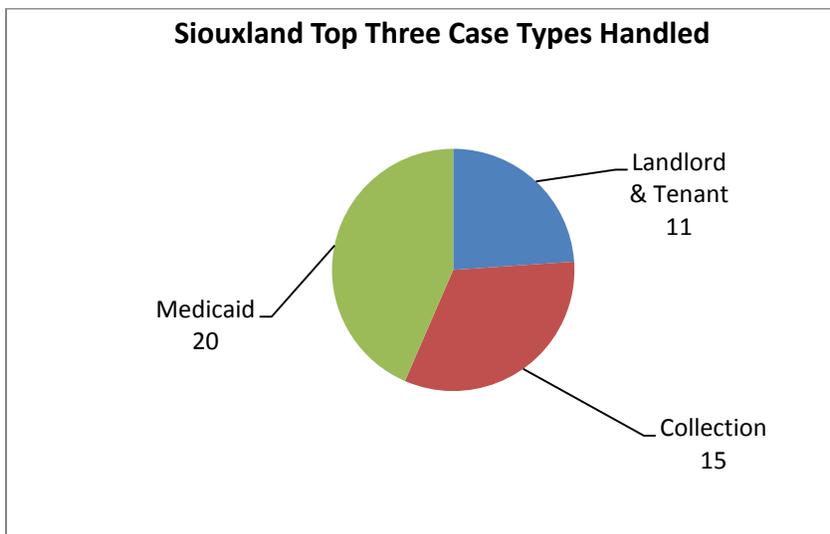
Unduplicated Clients Served 86



IV. Siouxland Aging Services, Inc.

Units of Service 248

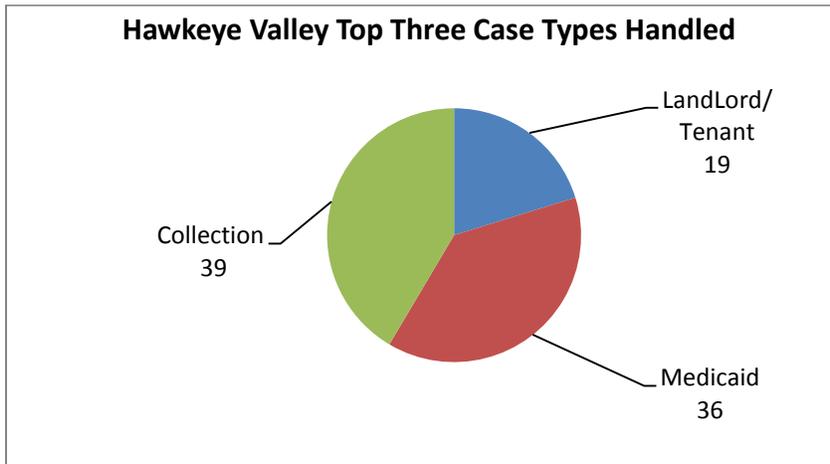
Unduplicated Clients Served 136



V. Hawkeye Valley Area Agency on Aging

Units of Service 443

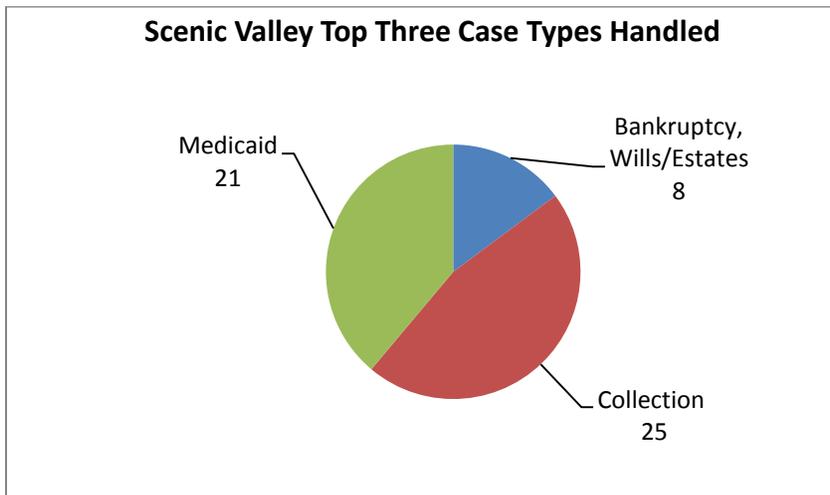
Unduplicated Clients Served 295



VI. Scenic Valley Area Agency on Aging

Units of Service 272

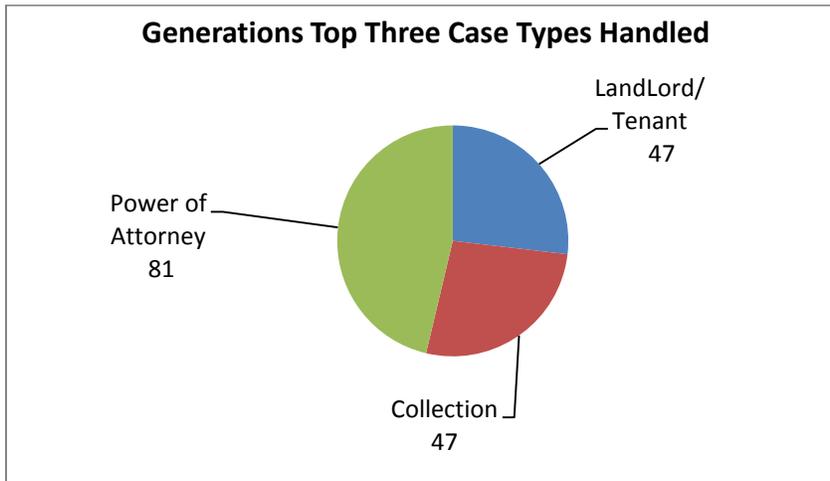
Unduplicated Clients Served 122



VII. Generations Area Agency on Aging

Units of Service 1,154

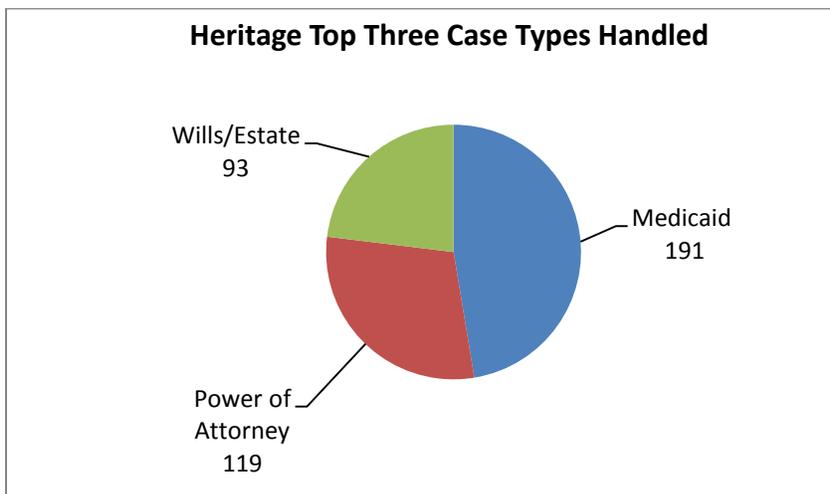
Unduplicated Clients Served 351



VIII. Heritage Area Agency on Aging

Units of Service 640

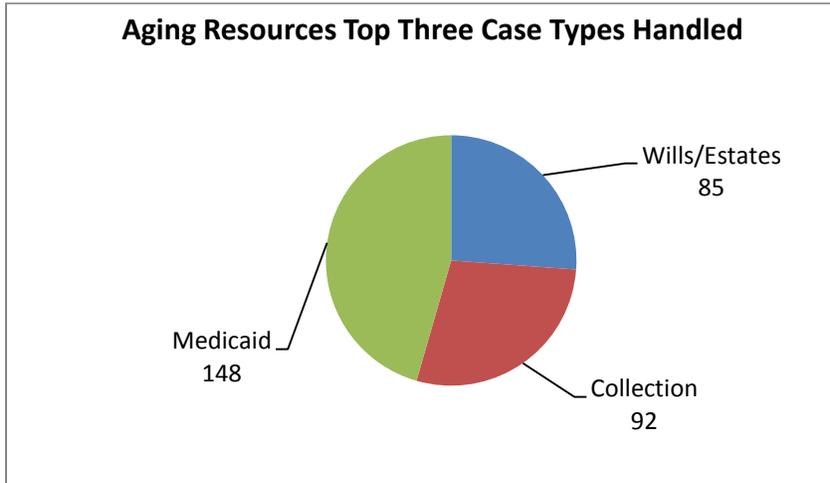
Unduplicated Clients Served 504



IX. Aging Resources of Central Iowa

Units of Service 1,789

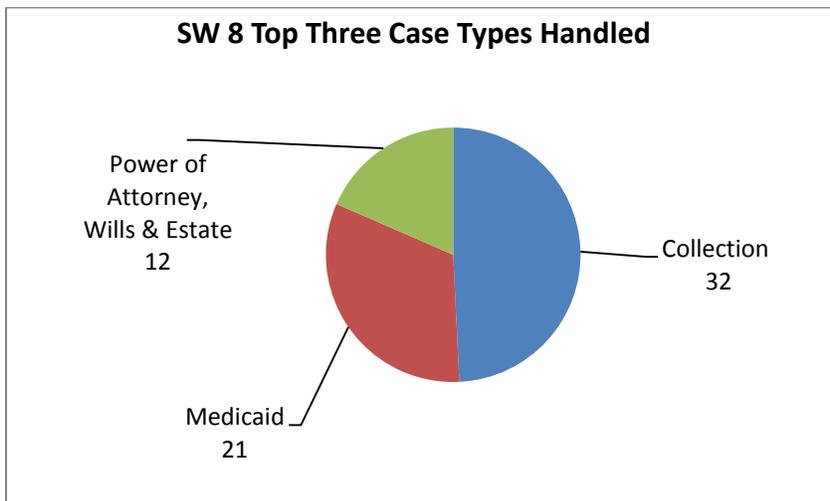
Unduplicated Clients Served 923



X. Southwest 8 Senior Services, Inc.

Units of Service 316

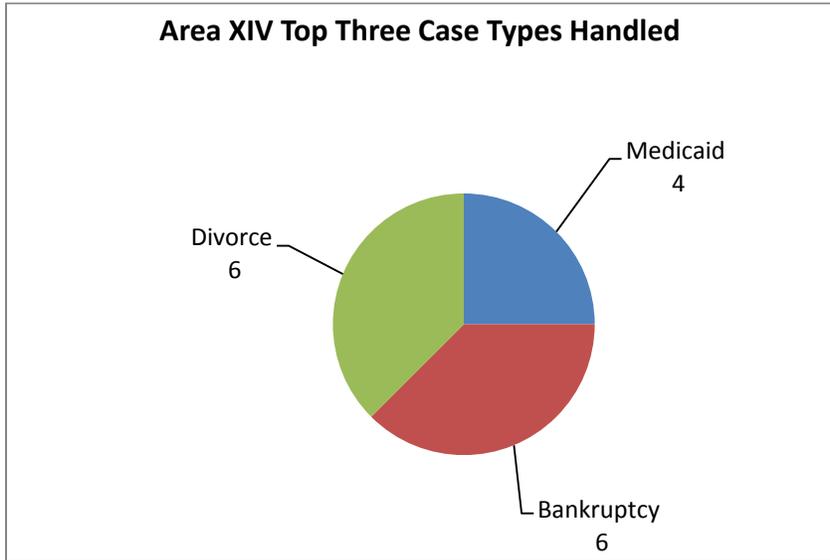
Unduplicated Clients Served 212



XI. Area XIV Agency on Aging

Units of Service 259

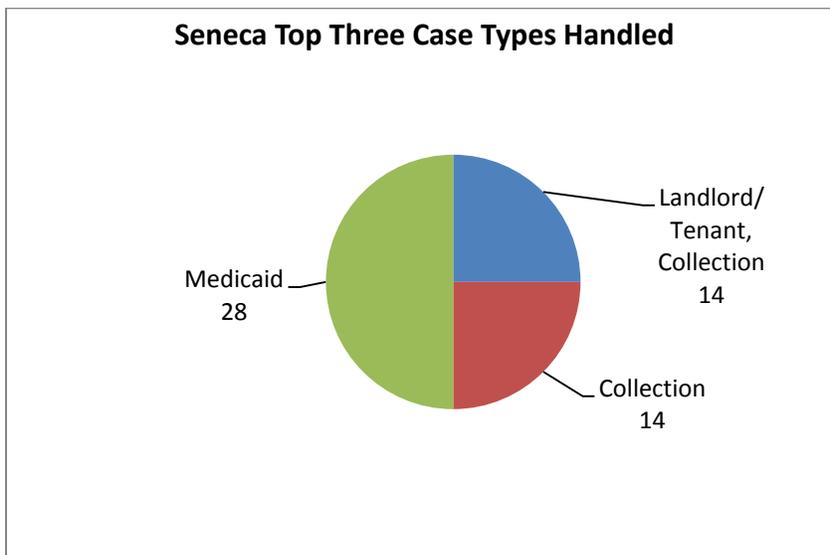
Unduplicated Clients Served 73



XII. Seneca Area Agency on Aging

Units of Service 237

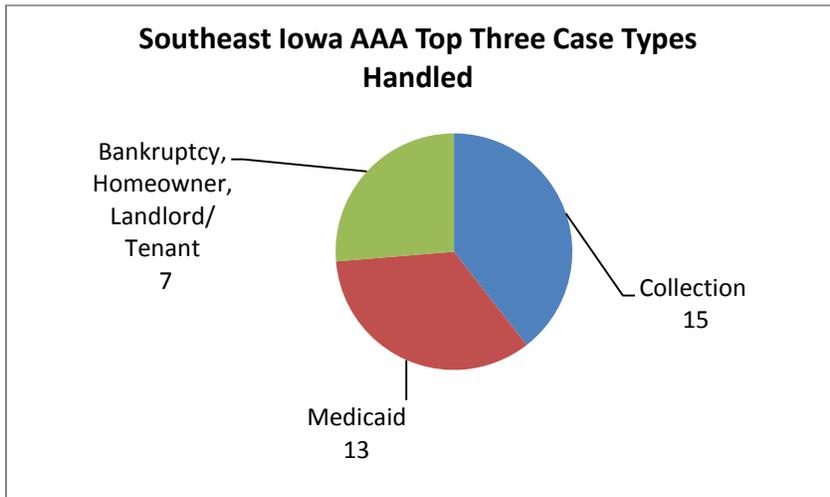
Unduplicated Clients Served 172



XIII. Southeast Iowa Area Agency on Aging, Inc.

Units of Service 277

Unduplicated Clients Served 111



Statewide Totals

Units of Service 6,677

Unduplicated Clients Served 3,380

D. Conclusion

The Title IIIB Legal Assistance Program provides a valuable service to older lowans in need of legal assistance and information. The program served 3,380 clients and provided 6,677 hours of service to persons 60 and older. Of the 3,380 clients served, 2,234 were in economic or social need, while 322 were minorities. Older lowans most generally seek assistance from the legal program for issues such as Medicaid eligibility and information, debt collection concerns, Bankruptcy, Contracts, Landlord/Tenant, Powers of Attorney (POA), Wills and Estate concerns. An additional 665 older lowans received information and assistance by attending community legal education forums presented by the Legal Assistance Program providers.

The statistics also show that even though 3,380 individuals were served, there were another 367 older lowans with unmet needs for legal assistance. These 367 individuals needed 1,328 hours of service. The need for this legal assistance could not be addressed by the legal providers and aging network due to inadequate funding availability.

The Iowa Legal Assistance Program provides an array of services to meet the legal needs of older lowans. The program:

- (1) Educates about the law and how it applies;
- (2) Helps prevent legal problems and provides appropriate referrals;
- (3) Provides information to allow individuals to self-advocate; and
- (4) Assists with direct legal representation, counsel and advice, when necessary.

Attachment H:
Iowa's Five-Year
ADRC Plan and Budget

Iowa Department on Aging

FY 2011-2015 Revenue and Expenditure Monthly Summary Report by Organization by Reporting Category by Rev-Exp by Class
October1, 2012

ORGN	DRGN_NMI	SORG	ACCT_NME	CLASS	CLASS_NME	FY2013 BUDGET	FY2014 BUDGET	FY2015 BUDGET
				201 Total	FEDERAL SUPPORT	-	-	-
				204 Total	INTRASTATE TRANSFER	-	-	-
				234 Total	TRANS IN OTHER AGCY	-	-	-
				Approp To	STATE APPROP	(118,986.00)	(118,986.00)	(118,986.00)
			REVENUE TOTAL			(118,986.00)	(118,986.00)	(118,986.00)
				101 Total	PERSONAL SERV	113,590.00	113,590.00	113,590.00
				202 Total	IN-STATE TRAVEL	920.00	920.00	920.00
				205 Total	OUT-OF-STATE TRAVEL	481.00	481.00	481.00
				301 Total	OFF SUPPLY	171.00	99.00	99.00
				308 Total	OTHER SUPPLY	-	-	-
				309 Total	PRINT & BINDING	-	-	-
				313 Total	POSTAGE	100.00	100.00	100.00
				401 Total	COMMUNICATION	176.00	176.00	176.00
				402 Total	RENTALS	-	-	-
				405 Total	PROFESSIONAL SERV	-	-	-
				406 Total	OUTSIDE SERV	150.00	150.00	150.00
				407 Total	INTRASTATE TRANSFER	-	-	-
				409 Total	OUTSIDE REPAIRS	-	-	-
				412 Total	AUDITOR REIMBURSE	-	-	-
				414 Total	REIMB OTHER AGENCY	917.00	917.00	917.00
				416 Total	ITS REIMBURSE	2,431.00	2,431.00	2,431.00
				433 Total	TRAN AUDITOR OF ST	-	-	-
				434 Total	TRAN OTH AGENCIES	-	72.00	72.00
				503 Total	EQUIP NON-INV	25.00	25.00	25.00
				510 Total	IT EQUIP & SOFTWARE	25.00	25.00	25.00
				602 Total	OTHER EXPENSES	-	-	-
			EXPENDITURE TOTAL			118,986.00	118,986.00	118,986.00
5197 Total			AGING/DISABILITY RES CTR TOTAL			-	-	-

Iowa's Aging and Disability Resource Centers (ADRC):
Statewide five-year implementation plan

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Implementation plan collaborators:

The following have reviewed this initial implementation plan and agree to continue providing review, collaboration, and input regarding its ongoing development:

Iowa Department on Aging:

Donna K. Harvey, Director



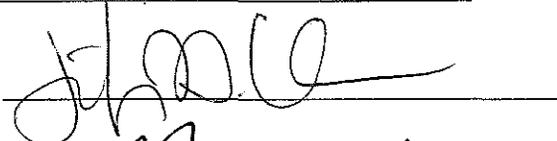
Iowa Dept. of Human Services:

Charles Palmer, Director



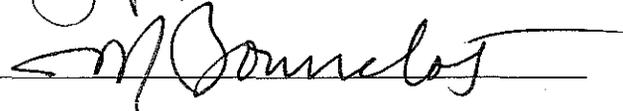
Iowa Medicaid Enterprise:

Jennifer Vermeer, Director



Governor's Office:

Michael Busselot, Policy Advisor



Implementation Plan Advisors:

The following agree to serve as advisors to the ongoing development of Iowa Department on Aging's 5-year ADRC statewide coverage plan. Advisors agree to:

- Meet regularly with IDA's ADRC team to review, to recommend revision to, and assist in publicizing the plan
- Assist in collaborative efforts that will develop fully functioning ADRCs statewide

Olmstead Task Force:

Jerry Mayes, Chair

 M., Ph.D.

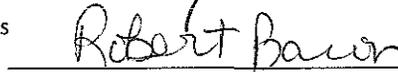
Iowa DD Council

Becky Harker, Executive Director



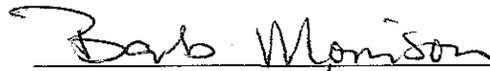
Iowa's University Center for Excellence on Disabilities

Robert Bacon, Director



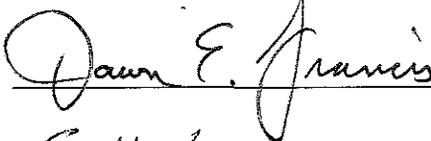
Iowa Area Agencies on Aging:

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Brain Injury Association:

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 via electronic permission
GSS 7/16/2011

Iowa's Aging and Disability Resource Centers (ADRC): Statewide five-year implementation plan

The U.S. Administration on Aging envisions having an ADRC in every community serving as highly visible and trusted places where all persons regardless of age, income and disability can find information on the full range of long-term support options and can access a "no wrong door" entry to public long-term support programs and benefits. Through this vision ADRC grant funds have been awarded to states since 2004. The Iowa Department on Aging was established through the Older Americans Act of 1965, 42 U.S.C. §30001 (2006). The Older Americans Act was created to promote the delivery of social services to the aging population. The Iowa Department on Aging is a branch of the State of Iowa's executive branch and is not combined with another executive branch of Iowa's government.

Background

The Iowa's Department on Aging has been awarded ADRC grant funds in three phases. Phase I of Administration on Aging (AoA) Title IV discretionary grant funding was from 2004-2008. During this initial phase of development LifeLong Links (www.lifelonglinks.org) was developed, and registered with the US Patent and Trademark Office, as an initial stage of creating a coordinated entry point for aging and disability information and referral resources. It was designed to assist consumers to engage earlier in their long term support service planning by providing information before services were needed. It also provided a new avenue to explore Home and Community Based Services options.

Phase II of Iowa Department on Aging (IDA) grant funding was from 2008-2009. During this phase Johnson County ADRC and Linn County ADRC was designed to develop ADRC core functions of: 1) planning and collaboration between long-term support service stakeholders; 2) develop a local ADRC advisory council; 3) develop outreach, education, and advocacy activities; 4) through information and assistance develop an eligibility screening process and refer consumers with complex/multiple needs to options counseling. The options counseling service was designed to assist consumers with their intermittent and short-term service and support needs by presenting information to assist consumers analyze their service support options. Additionally, Iowa Code 231.64 authorized the Iowa Department on Aging to administer the ADRC program in Iowa.

Phase III of AoA Title IV discretionary grant funding was awarded from 2009-2012 to continue the ADRC pilot project. The Heritage Agency on Aging was named a grant partner in 2009 to begin expansion of the ADRC pilot project into its seven-county service area. In 2010, Hawkeye Valley Area Agency on Aging was awarded its initial contract for expansion into its ten-county service area. The grant award runs from 2009-2012 with annual contracts awarded to the pilot sites.

In 2010, the Iowa's Department on Aging was also awarded an AoA Title IV discretionary "Options Counseling" grant that is focused on the expansion of options counseling services and the tools needed to provide this service within the ADRC. This award runs from 2010-2012.

During 2010, the ADRC project director, Mary Anderson, retired from her position, along with 20% of the IDA staff, through an early retirement plan in Iowa. In May, 2010, Director John McCalley resigned and in June, 2010, Director Ro Foege was appointed. Joe Sample was hired for the vacant ADRC project director position in November 2010. Also November 2010, Iowa's elections resulted in

changes in the state's leadership. Donna K. Harvey was appointed in January 2011, and confirmed April, 2011, as the director of the department. Iowa elected a new governor, the Honorable Terry Brandstad, and made changes to over thirty seats in the Iowa House and Senate. Since 2008, IDA and other executive branch departments have seen reductions in budgets that have created challenges for meeting federal match requirements as well as ensuring quality services are able to be provided to the public. Iowa's FY2012 currently stands at an additional 9% budget reduction of State general funds.

Services for persons with disabilities are provided through a 99-county system where local Central Points of Coordination (CPCs) manage the funds for services for local residents. Though a few of these CPCs are combined into broader areas, the system is still based on county-of-residence for the consumer. Pending legislation is considering changes to the mental health service delivery system, and eventually the entire disability services system, that is managed by the CPCs through competing House and Senate versions. The CPCs and disability-provider networks within the state will soon be experiencing significant systems change adding to the challenges of ADRC partnership.

Another key partner in the long-term development of the fully-functioning ADRC will be the Centers for Independent Living, whose service philosophy closely aligns with that of the ADRC. In Iowa, the current budget includes approximately \$40,000 in State appropriations for these programs which limits the capacity-building of this key partner. For a fully-functioning ADRC to be successful in the long-term, this key partner will need assistance in financial support to build capacity. Other network partners will also need support to build capacity and integration of both the aging and disability services partnerships.

Early in the 2011 legislative session, omnibus bill House File 45 ([HF45](#)) was passed that, in part, directed the reduction of the number of area agencies on aging in the state, the largest change to Iowa's aging network since the Older Americans Act established the aging network. House File 45 was signed into law March 7, 2011. The area agencies on aging are currently the pilot locations and key partners in the ADRC project in Iowa. Due to the uncertainty associated with the AAA redesign and potential changes to the mental health network this proposed plan is vulnerable to future requirements or restrictions guided by policy or processes unknown at this time.

Though these changes may impact the final implementation plan for the ADRCs, it is believed that there is tremendous opportunity to further develop partnerships and to expand ADRCs statewide through the re-imagining of the area agencies on aging and other pending changes likely to be experienced by its key partners. Additionally, IDA will utilize the [State of Iowa Profile Tool](#), developed by Thomson Reuters, to assist in guiding services for ADRC and systems change. An additional report from Thomson Reuters regarding systems change is expected June 30, 2011 which will provide additional guidance on systems change in Iowa that can better address the needs of Iowans.

Fully Functioning ADRCs

Aging and Disability Resource Centers in Iowa will accomplish its mission of ensuring that all persons, regardless of age, income, and disability, in every community in Iowa has access to information and consultation on the full range of long-term support options through "no wrong door" entry into public long-term support programs and benefits. This will be accomplished through the enhancement of the "virtual" access to information for anyone seeking long-term support options as well as through a combination of state and local level organizations operating in cooperative partnerships. Through the AAA mandated redesign, it will be required that ADRCs develop fully-integrated partnerships with the

disability provider network as well as the health networks. This will be defined through the Request for Proposal (RFP) process for AAA RFP applicants.

In order to be defined as a “fully functioning” ADRC, the core program pillars must meet the mission of the ADRC. The core program pillars are: 1) Information/Referral & Awareness (I/R&A); 2) Options Counseling and Assistance; 3) Streamlined Eligibility Determination for Public Programs; 4) Person-Centered Care Transition Support; 5) Consumer Populations, Partnerships and Stakeholder Involvement; 6) Quality Assurance and Continuous Improvement. Each of these pillar programs are described below. The descriptions will include a section “AAA Standard” as this will assist AAA RFP applicants to begin building capacity toward a fully functioning ADRC. It should be noted that not all ADRCs must be housed in AAAs and that other entities may become fully functioning ADRCs.

Information/Referral & Awareness:

Current Design

Consumers and providers in Iowa have access three primary web-based programs to obtain their information/referral & awareness supports. LifeLong Links (www.lifelonglinks.org) is a trademarked web-based service that links consumers and providers to these I/R&A supports: Iowa Family Caregiver (www.i4a.org) for aging related services; Iowa COMPASS (www.iowacompass.org) for disability related services; and Iowa 2-1-1 for health and human service supports. These I/R&A services can be linked through other websites as well. Each of the I/R&A sites are hosted by their own organizational entities.

Information/Referral & Awareness experts in Iowa are to be certified through the Alliance of Information and Referral Systems (AIRS) to develop clear and consistent professional standards that ensure quality of the I/R&A services.

Under Development

The current system has three separate, distinct databases that do not “communicate” with the other. Though each are similar in their navigation features and information provided, each requires its own information updates and there is no consistent, singular application approach for consumers to obtain all the information needed in one place. In essence the consumer may not obtain all necessary information and, therefore, enter a “wrong door” through this system.

Through Iowa’s Olmstead Plan it was determined that this fragmentation needed to be re-imagined in order to ensure “no wrong door” actually exists for consumers and providers. Unifying these systems will ensure that fragmentation does not occur. Initial discussions between these entities have started. Key aspects of change will include: development of a unified access application or profile of individuals attempting to obtain information from the three systems; the ability to aggregate all the information from the distinct systems into a singular report that is returned to the consumer/provider; and each entity responsible for keeping information in their own systems continuously up-to-date.

Barriers

It is believed that finding ways to integrate these various systems to ensure the aggregated information is as precise as possible to the needs of the consumer/provider will be an expensive proposition. Each entity has its own funding sources and staff that manage the entities' program.

Software used for the web-based services will need to meet AIRS taxonomy or methods developed to ensure that if multiple taxonomies exist, then there exists a method to navigate these different taxonomies fluidly.

Web-based services will need to be easily navigable by the general public as well. A tutorial system will likely need to be devised to assist the consumer navigating the system. The tutorial will also serve as a training mechanism for provider assisting others with the system. Additionally a public campaign to make lowans aware of the integrated system will need to be conducted.

Partners and General Timelines

Iowa Departments on Aging (IDA) and of Human Services (DHS) are engaged with each of the I/R&A service entities (Iowa Association for Area Agencies on Aging, University of Iowa's Center for Disabilities and Development, and United Way's 2-1-1). The Department of Human Services is charged with meeting this requirement of the Olmstead Plan while the Department on Aging is mandated to ensure a coordination system exists through Iowa Code. Additional key partners will be identified and asked to participate in this activity as the process develops.

Work groups will be assigned timelines established in the coming weeks. However, the Olmstead Plan calls for systems change during the course of the following eighteen months and workgroup timelines will likely align with this requirement.

AAA Standard

Area Agencies on Aging, as part of the modernization activities required under HF45, will ensure that it has an I/R&A program with I/R&A staff that are AIRS certified. The AAA will ensure that available resources at the local level are updated to the Iowa Family Caregiver website annually. The AAA must have disability network partnerships built into the operations/activities of the I/R&A services.

Options Counseling and Assistance:

Current Design

Iowa's AoA Title IV discretionary funding for Options Counseling grant from Administration on Aging that runs from September 2010 through September 2012 to develop Options Counseling standards and expand the Options Counseling service in Iowa.

Options Counseling is considered a central program for all ADRC activities. Options Counseling is a consumer-driven service that provides decision support to consumers with intermittent and short-term service and support needs, especially at key or critical decision-making points of their lives, and

provide education and outreach to help consumers understand their long-term support services options. It is available to any person over the age of eighteen

Each ADRC pilot site has at least one Options Counselor on staff that is either grant supported through IDA's grant with AoA or through other funding sources. The Options Counselor is currently designed to be the "bridge service" for consumers between I/R&A and Case Management services. An Options Counseling service is intended to provide consumers with further exploration of the service options for their service needs, including the cost associated with these services.

Additional Options Counseling services:

- Assisting with the applications for private and public supports for which consumers might be eligible
- Arranging/applying for case management services if consumer is eligible and would like case management services
- Assist in connecting consumers with services/providers that the consumer believes is the best choice for their needs
- Develop a plan for long-term support services should life-changing circumstances occur
- Follow-up with the consumer to determine if their plan was successfully completed and if the consumer needs any additional support services

Through the Options Counseling service consumers can expect to explore their options more thoroughly, make service plans beyond their most immediate needs, and make financial decisions that impact current and future service needs. The Options Counselor helps the consumer identify these options and empowers the consumer to determine her/his service interests. A written plan is created as reference for both the Options Counselor and the consumer. The Options Counselor can assist the consumer in completing applications, making contact with service providers, and other similar activities that the consumer has identified as needs.

The Options Counseling service has a "follow-up" component in order to re-review with the consumer progress made with her/his plan. This service is not considered case management. The plan can be used as part of a referral to case management services, if the consumer qualifies and would like the service. However, the follow up contact should be viewed more as an opportunity to re-engage the consumer in redesigning the consumer's plan if such need arises. Iowa is working to develop a "cost-sharing" concept where consumers who have the financial means will purchase the Options Counseling service. Likely a sliding-scale fee will need to be established. The quality and value of the service, as well as effective marketing efforts, will determine the success of Options Counseling services that are purchased by consumers.

During the current grant cycle, Options Counselors have not only worked with consumers and providers in their communities, but have branched out in a statewide effort to meet the needs of residence of nursing facilities interested in obtaining a less restrictive environment under the Minimum Data Set 3.0, Section Q.

Under Development

Iowa ADRC project personnel have been involved in the development of national Options Counseling standards. The pilot sites have been sharing concepts of effective practices and have

developed tools that could be implemented on a statewide basis. Attachment A of this plan is an example of a profile tool that can be created electronically for use within the larger I/R&A system to assist Options Counselors, as well as other providers, to develop an understanding of the consumer's needs. Similarly there are "rapid screen" concepts being considered and other standard tools that will support the activities of Options Counselors.

Each ADRC pilot has established partnerships within the community to offer Options Counseling services as part of the ADRC. Additionally advisory committees and sub-committees exist at each site to assist in the development of ADRC programs and Options Counseling services.

Options Counseling training concepts have not been fully developed. However, it is believed that a national training on national standards could be augmented with state/local training aspects to ensure Options Counselors are fully prepared for their work. Ongoing training through the collaboration with federal, state, and local entities will improve the professional quality of this service.

Options Counseling will be built into the reporting manual and as part of the state reporting plans.

Barriers

There is currently no national standard for Options Counseling. Such a standard will assist in defining the scope of work for an Options Counselor, the skills and education required of an Options Counselor, and, potentially, the units of services associated with an Options Counseling service.

Funding for Options Counseling services are currently supported through grant funds and other funding sources that might not provide for long-term sustainability. There is a need to develop an effective "cost-sharing" aspect to the Options Counseling service to assist with sustainability.

There exist blurred lines of responsibility between I/R&A, Options Counseling, and Case Management services. This has the potential to make for difficult transitions between these services.

Garnering ongoing support from Iowa's General Assembly has been challenged due to the time-limited funding nature of the ADRCs and, therefore, Options Counseling services. The reauthorization of the federal Older Americans Act that includes AoA and CMS's joint support for ADRC and Options Counseling activities will be necessary for sustainability and support at the state level.

Partners and General Timelines

There exist a number of different provider programs that offer similar/same services as Options Counselors. It will be necessary for partnerships between these organizations to occur for smooth transitions for consumers as well as cross-training opportunities.

AAA Standard

Area Agencies on Aging, as part of the modernization activities required under HF45, will ensure that it has an Options Counseling program. The program will, at minimum, have qualified professionals, as determined by national and state standards, providing Options Counseling services. Options Counseling services will have clear "hand-offs"/transitions for consumers between I/R&A and, if

appropriate, case management services. Options Counseling services will ensure that financial aspects of a consumer's decision is deeply explored so that the consumer does not unnecessarily spend-down resources and enter a restrictive environment that the consumer might not prefer. The plan developed with the consumer will provide the consumer with in-depth analysis of services options, costs, and how to obtain services chosen by the consumer. The Options Counselor may assist the consumer with the application process to chosen services. The Options Counselor will periodically follow-up with the consumer to determine if the current plan continues to serve the consumers needs or if an additional Options Counseling meeting should be held to create a new plan. Options Counseling services should contain a "cost-sharing" aspect to assist in sustainability of the program as well as creativity in providing the consumer the highest quality of service available.

The AAA must have disability network partnerships built into the operations/activities of the Options Counseling services.

Streamlined Eligibility Determination for Public Programs:

Current Design

ADRC staff provide information regarding public programs for which consumers may be eligible (I/R&A) and/or assist in evaluating and applying to the various programs and program waivers for which consumers might be eligible (Options Counselors). Options Counselors are to assist the consumer with determining whether such public programs are necessary as part of the consumer's plans or if such an option is financially necessary.

Under Development

ADRC staff are required to be well versed in public program eligibility requirements and application processes. There exist opportunities to expand the role of ADRCs and eligibility processes by providing eligibility screening, application, and processing services to Iowa Medicaid Enterprise (IME). This is at the conceptual and "macro" level of ADRC development and no further development has been explored at this time.

Barriers

Iowa experiences periodic waiting lists for some of its Medicaid waivers which delays eligible individuals from accessing services. There is no expedited application process for frail and elderly applicants which may result in faster "spend-down" of consumer's personal assets and expanded use of OAA Title IIIB funds that could be better allocated elsewhere. Application processing times have also recently created challenges for consumers though there are substantial efforts to improve both application processing time and waiting list challenges underway.

In Iowa, IDA and DHS are separate executive branches of government. These branches, along with IME, a division of DHS, share a strong, positive relationship and dedication to ensuring that lowans are able to obtain needed services with the least amount of difficulty as possible. Though these positive partnerships exist there is fragmentation on various aspects that, without deeper partnership and service integration, some barriers to streamlined eligibility screening may continue to exist.

Partners and Timelines

Iowa Medicaid Enterprise and DHS are key partners for IDA and the ADRCs. The DHS contracted with IDA's ADRCs to provide MDS 3.0 Section Q services on a statewide basis, which afforded the ADRCs and opportunity to test challenges associated with statewide ADRC coverage.

Once service areas and revised AAAs are established in 2012, discussions will occur in earnest to determine how ADRCs can better assist IME with eligibility determination. Current activities with the I/R&A development will assist in providing an infrastructure on which ADRCs can better serve IME.

AAA Standard

ADRCs will ensure that its staff receive training and can navigate the various eligibility applications and criteria of public programs for which consumers might be eligible. ADRCs will utilize the statewide I/R&A system to assist in this service line. The AAA must have disability network partnerships built into the operations/activities of the streamlined eligibility services.

Person-Centered Transition Support:

Current Design

ADRCs have Memorandums of Understanding (MOU) with numerous organizations in their service areas to assist in the care transitions processes for consumers. Agreements with nursing facilities, hospitals, home healthcare agencies, and other similar organizations provide opportunities to ensure transitions are consumer-driven/person-centered and within a plan for long-term support services for the consumer.

Through DHS's contract with IDA on the MDS 3.0 Section Q, Iowa's ADRCs and State Long-term Care Ombudsman's Office work collaboratively to ensure that Iowans residing in nursing facilities that desire a less-restrictive home environment are afforded an opportunity to transition. This specific person-centered transition project began in earnest December 2010.

Under Development

With the availability of federal funding to build care-transitions capacity, there is an opportunity to further develop the role of ADRCs and Options Counselors in ADRC service areas. As ADRCs broaden into statewide coverage, it will be critical that partnerships with organizational entities involved in care transitions are formalized and standard operating procedures are collaboratively developed for the mutual benefit of the consumer and the organizations serving the consumer.

The Veteran's Administration, CMS, and AoA have launched a partnership program called the Veteran's Directed-Home and Community Based Services (VD-HCBS). As its title implies, flexibility in funding will be provided to veterans to support efforts for veterans to remain in their homes or a least-restrictive environment with the use of HCBS funds. Iowa has two VA medical centers in Iowa through which the program would operate. The IDA plans to further the relationship with the VA and develop this program through the ADRCs in Iowa.

Barriers

Due to changes in both the aging network and the mental health network at a time when care transition funding is available it creates a serious obstacle to firming partnerships as well as application for funding since service areas and organizations within service areas are not yet established. Additionally, there are numerous activities with hospital organizations undertaking different approaches to the Affordable Care Act (ACA). In Iowa there are hospitals/hospital systems attempting to create Accountable Care Organizations, Medical Homes, and other partnership/care transitions approaches that leaves many questions as to how to finalize partnerships. In essence there is currently massive systems change occurring at a time when ADRCs could be key partners but Iowa does not have an established network of ADRCs to ensure its place in those models.

Iowa Department on Aging continues to seek specific VA leadership at Iowa's VA medical centers that will champion the efforts of developing the VD-HCBS.

Partners and General Timelines

ADRCs will need to partner with hospitals, nursing facilities, assisted-living and similar organizations, home health agencies, HCBS providers, public health entities, physician clinics/organizations, centers for independent living, and the expansive, well-developed disability provider organizations to ensure that care transitions services are utilized efficiently and consistently.

Iowa Department on Aging is developing partnerships with statewide organizations to help support system level activities to improve person-centered care transitions activities and to assist in developing the role of ADRCs in the care transitions model. These partnerships are at an early stage but over the next six months collaboration efforts will be strengthened.

AAA Standard

Area Agencies on Aging can begin or continue strengthening relationships with hospitals, nursing facilities, assisted-living and similar organizations, home health agencies, public health entities, physician clinic/organizations, centers for independent living, and disability provider organizations to ensure ADRCs have a key role in the local care transitions environment. The AAA must have disability network partnerships built into the operations/activities of the person-centered transitions services. The IDA expects the AAA to provide a lead role in person-centered transitions within the long-term support services system in their local areas.

Consumer Populations, Partnerships, and Stakeholder Involvement:

Current Design

Aging and Disability Resource Centers are currently located within two of Iowa's AAAs that covers 17/99 counties in the state. The historical mandate of the AAA has been to serve persons sixty and older. However ADRCs have required revision of this paradigm to include persons with disabilities over the age of eighteen. This has challenged the aging network to revise and reconsider its partnerships to ensure that it can address the needs of a broader population that accesses similar long-term support services in Iowa.

It has become clearer over the past several years that Iowa's long-term support system, despite some fragmentation, truly addresses the similar needs of persons who are aging as well as persons who have disabilities. Both "groups" access the same types of providers for their needs.

Each ADRC has an advisory committee that includes members of consumer population and organizational partners/stakeholders. ADRC staff serves on partner organization advisory boards and committees to ensure collaborative opportunities are not missed and that services are aligned and cooperative.

At the state level, the ADRC project director holds a membership seat on the Olmstead Planning Taskforce and the Iowa Developmental Disability Council. The project director is also active in *ad hoc* committees that are cross-departmental and broad in systems planning to ensure the ADRC is part of systems development. The Iowa ADRC advisory committee will reconvene to discuss its membership, the ongoing development of its five-year plan, and other ADRC activities.

Development

As the ADRCs develop statewide coverage, it is expected that advisory groups will have stakeholder representation from consumer populations as well as from organizational partners.

Barriers

De-fragmenting and integrating approaches to the long term support services system is a paradigm shift for both the aging and disability networks. Though consumers within these specific networks view their specific needs differently, they access same or similar services. The networks then need to create integration so that the similarities in needs are in focus versus the differences in lifespan. It is recognized that there needs to be continual engagement between all of the networks involved in this paradigm change to remove barriers and ensure ease-of-access to services for consumers, fully-informed options made available to consumers, and ensure that there is genuinely "no wrong door" to services, as is the mission of the ADRC.

Partners and Timelines

The volume of partners currently serving on advisory committees for ADRCs is broad through the ADRC service areas. Continued development of these advisory committees to ensure comprehensive representation is an ongoing process. Ongoing development of partnership and stakeholder representation will be necessary to ensure the relevance of the ADRC in its service area.

Through the RFP process of HF45, Iowa will have statewide ADRC coverage at the time of AAA awarded designations approximately July 2012. Fully-functioning ADRCs will be developed over the remainder of this five-year plan. ADRCs will have fully-integrated/operational partnerships with the disabilities provider-service network and health provider-service network in order to maintain its recognition as an ADRC in Iowa.

AAA Standard

During the development of the AAAs in Iowa, ADRC advisory groups and partnerships will consist of consumer populations and representation from provider or advocacy organizations/entities as stakeholders. The advisory committees will help the ADRC better understand and address the needs of the consumers in its service area and advocate for changes at the local and state level to better address the needs of consumers. The AAA must have disability network partnerships built into the operations/activities of the stakeholder activities.

Quality Assurance and Continuous Improvement:

Current Design

The IDA and local ADRCs hold monthly conference calls to address ADRC issues and share information on activities for best practice and outcomes. This time is also used to discuss larger systems aspects of ADRC activities. The ADRCs provide monthly program and data reports to IDA. I/R&A specialists are AIRS certified.

Consumer surveys are obtained to assist in determining outcomes and service quality.

Under Development

The further development of the I/R&A system integration is underway and will be a significantly positive impact to consumers and providers attempting to understand long-term support services options. It is anticipated that the I/R&A system will have a universal demographic application that will create a consumer profile so any I/R&A provider can have a rapid and transferrable core set of information to better assist the consumer.

The use of current data reporting tools will be explored as a way to provide data reports regarding ADRC activities. New software tools will need to find ways to interact with reporting tools. Developing/obtaining software that keeps the need for data that can be used in quality monitoring and continuous improvement projects will be necessary. Training will be required at many levels to ensure quality and continuous improvement: cross-departmental training, cross-service provider training, national and state standard training, certification training (if developed), eligibility screening and planning training, and other systems training that will assist the ADRC in providing effective and efficient services will be developed.

Surveys that provide feedback from consumers, professionals, and other stakeholders will be utilized in determining quality outputs.

Barriers

Time and financial resources are the current barriers to establishing final aspects of this pillar of the ADRC. The overhaul of the I/R&A system will provide significant opportunity to assist in quality assurance and continuous improvement but a rollout of this integrated version is believed to be at least

eighteen months away. It is uncertain how much such integration will cost in terms of money and time to implement. Nonetheless, basic data collection and ongoing monitoring will occur as it does now until final implementation can occur.

Currently there is not a national standard for Options Counseling that is “certified” to assist with quality assurance and continuous improvement of this service line.

Limitations on state funds have frustrated existing monitoring responsibilities for existing programs. Though the ADRCs provide data to assist in monitoring efforts it should be noted that there are limitations to fully monitoring ADRC activities without funding support.

The Iowa Department on Aging has recognized the need for a higher level of technical assistance and training for local ADRCs that have not yet been fully developed or are in need of expansion. Though limited funding will challenge the best technical assistance and training efforts, it will be a priority to ensure the ADRCs are able to perform their responsibilities as “fully functioning” ADRCs.

Partners and General Timelines

The I/R&A team will be essential in creating a system that allows for continual data collection for review over the course of the next eighteen months. Federal partners, such as AoA and CMS, will be essential in the development of this aspect as these partners will help guide information needed at the “macro” systems level.

Consumer feedback reports from ADRC follow up activities will be used necessary for continuous improvement along with the advisory committees.

AAA Standard

The AAAs will be trained on the key expectations of ADRC quality measures as well as ongoing improvement initiatives. The AAAs will fully participate in standard data reporting efforts and follow up activities. The AAAs will invest in software programs that ensure quality data and transferability of information can occur. The AAA must have disability network partnerships built into the operations/activities of the quality assurance and continuous improvement activities.

ADRC Statewide Coverage (5-year timeline)

Year 1 (June 2011-June 2012)

Core Pillar	Activity	Timeline	Narrative
I/R&A	Development and implementation of integrated I/R&A, web-based system	6/2011-12/2012	Ongoing meetings with Family Caregiver, Compass, and 2-1-1 stakeholders to develop an integrated system supported by Olmstead Plan and ADRC activity in Iowa Code.
Options Counseling	Develop MDS 3.0 Section Q standard operating procedure "manual"	7/2011	As part of IDA's contractual obligation to DHS a manual will be created specific to options counseling procedures for the MDS 3.0 Section Q process
	Develop options counseling evaluation plan	8/2011	As part of IDA's AoA options counseling grant, an evaluation plan will be developed for options counseling activities
	Implement national options counseling standards	10/2011	-Options Counseling practice standards will have been developed at the national level and these standards will become operational on this date -Completion of Options Counseling operations manual that includes national standards
	National workgroup participation	6/2011-6/2012	As part of IDA's AoA options counseling grant, IDA will participate in monthly/regular workgroup calls with national partner
Streamlined Eligibility Determination for Public Programs	Develop workgroup on activities that can streamline eligibility determination at ADRCs	10/2011-6/2012	IDA will partner a workgroup effort to partner with IME/DHS to develop strategic plan on methods for ADRCs to assist in streamlining eligibility determination processes
Person-Centered Transition Support	Develop MDS 3.0 Section Q standard operating procedure "manual"	7/2011 10/2011	As part of IDA's contractual obligation to DHS a manual will be created specific to options counseling procedures for the MDS 3.0 Section Q process -Add additional operating procedures based upon national standard

	Develop partnerships and projects focused on person-centered transitions support	6/2011-6/2012	<p>-IDA will continue to develop partnerships with such organizations as Iowa Healthcare Collaborative, Iowa Foundation for Medical Care, and other similar organizations focused on person-centered transitions activities</p> <p>-ADRCs will lead the development of partnerships within the long-term support services system to ensure local person-centered transition support is formally established</p> <p>-IDA will lead a capacity building effort to partner the Veteran's Administration's Veteran-Directed-HCBS program and ADRCs</p>
Consumer Populations, Partnerships, and Stakeholder Involvement	Hold statewide ADRC advisory committee meetings	Quarterly	IDA will establish quarterly meetings with the statewide ADRC advisory committee. This committee will need to be re-established during the 6/2011-12/2011 time period to ensure statewide representation by consumers, providers, and other stakeholders
	Participate in cross-systems committees	Regular	IDA will ensure continued representation on such committees as the Olmstead Planning Taskforce and Iowa DD Council. It will establish a presence on additional committees/taskforce that hold an interest in the needs of aging and disability networks
	Local ADRCs full integration of disability and health networks partners		

Year 2 (July 2012-June 2013)

Core Pillar	Activity	Timeline	Narrative
I/R&A	Development and implementation of integrated I/R&A, web-based system	6/2011-12/2012	<p>-Ongoing meetings with Family Caregiver, Compass, and 2-1-1 stakeholders to develop an integrated system supported by Olmstead Plan and ADRC activity in Iowa Code.</p> <p>-Development of an MOU that ensures each entity will maintain/update its assigned websites/software with most recent information on service providers and additional local resources.</p> <p>-Establish I/R&A stakeholder committee for continual review and update of system</p> <p>-Establish online tutorial for system use</p> <p>-Develop and implement publicity for system</p>
	Establish requirement that all I/R&A experts are AIRS certified	7/2012-12/2012	Could be established through MOUs between Family Caregiver, Compass, and 2-1-1 entities
	AAAs develop "rolling" call system for ADRCs	7/2012-6/2013	<p>-Through the AAA RFP process AAAs will be challenged with ensuring that they can develop a system for I/R&A to be available through the ADRC on an "around-the-clock" basis including holiday coverage. Such a system may be integrated with current systems or provide enhanced coverage to ensure access to I/R&A when consumers need it.</p> <p>-Standards will be established with the ADRCs to ensure "handoffs" are performed without burden to consumers and to appropriate aging, disability, and/or health and human service programs/providers.</p>
Options Counseling	National workgroup	6/2011-6/2012	As part of IDA's AoA options counseling grant, IDA will participate

	participation		in monthly/regular workgroup calls with national partner
	AoA options counseling grant support ends	9/2012	
	DHS MDS 3.0 Section Q contract ends	9/2012	
	Options Counseling training	Regular	Regularly scheduled trainings will be developed and delivered to Options Counselors to assist in maintaining certification (if it exists) and/or to ensure they are equipped with the latest state and federal information to perform their job duties efficiently and effectively
Streamlined Eligibility Determination for Public Programs	Streamlining eligibility determination at ADRCs workgroup	7/2012-6/2013	<p>-IDA/IME/DHS will establish protocol/standards that will provide ADRCs guidance on how to further assist IME/DHS on streamlined processes</p> <p>-IDA/IME/DHS will determine feasibility of ADRCs becoming further involved in the eligibility screening process</p> <p>-IDA/IME/DHS will evaluate feasibility of developing an expedited application process with the assistance of the ADRC</p> <p>-IDA/IME/DHS will analyze and, if possible, establish protocols that help Iowans prevent premature spend-down of personal resources and provide support for less expensive, person-directed options</p>
Person-Centered Transition Support	DHS MDS 3.0 Section Q contract ends	9/2012	
	Develop and enhance partnerships and projects focused on person-centered	6/2012-6/2013	<p>-IDA will continue to develop and enhance existing partnerships with organizations focused on person-centered transitions activities</p> <p>-ADRCs develop and enhance</p>

	transitions support		<p>partnerships within the long-term support services system to ensure local person-centered transition support is formally established</p> <p>-IDA/VA/ADRCs will continue to strengthen the VD-HCBS program</p>
Consumer Populations, Partnerships, and Stakeholder Involvement	Hold statewide ADRC advisory committee meetings	Quarterly	<p>IDA will establish quarterly meetings with the statewide ADRC advisory committee. This committee will need to be re-established during the 6/2011-12/2011 time period to ensure statewide representation by consumers, providers, and other stakeholders</p>
	Participate in cross-systems committees	Regular	<p>IDA will ensure continued representation on such committees as the Olmstead Planning Taskforce and Iowa DD Council. It will establish a presence on additional committees/taskforce that hold an interest in the needs of aging and disability networks</p>
	Local ADRCs full integration of disability and health networks partners	7/2012-12/2012	<p>-ADRCs will formalize their relationships with local disability and health network providers and stakeholders</p> <p>--Full integration means that the operations of an ADRC will not necessarily be exclusive to the AAA. Rather it is intended to ensure that partner organization(s) are also providing ADRC activities in cooperation with the AAA</p> <p>-ADRC advisory boards will include area consumers with disabilities (including mental health needs) and persons who are aging and have disabilities</p>

Year 3 (July 2013-June 2014)

Core Pillar	Activity	Timeline	Narrative
I/R&A	Stakeholder meetings	Quarterly	Stakeholder meetings should be held quarterly with Family Caregiver, Compass, 2-1-1, DHS (Olmstead) and IDA (ADRC) to continually review and update systems and publicity plans as needed
	I/R&A Training	Regular	Regularly scheduled trainings will be developed and delivered to I/R&A specialists to assist in maintaining certification and/or to ensure they are equipped with the latest state and federal information to perform their job duties efficiently and effectively.
Options Counseling	Options Counseling training	Regular	Regularly scheduled trainings will be developed and delivered to Options Counselors to assist in maintaining certification (if it exists) and/or to ensure they are equipped with the latest state and federal information to perform their job duties efficiently and effectively
Streamlined Eligibility Determination for Public Programs	Streamlining eligibility determination at ADRCs workgroup	7/2013-6/2014	<p>-IDA/IME/DHS will establish protocol/standards that will provide ADRCs guidance on how to further assist IME/DHS on streamlined processes</p> <p>-IDA/IME/DHS will determine feasibility of ADRCs becoming further involved in the eligibility screening process</p> <p>-IDA/IME/DHS will evaluate feasibility of developing an expedited application process with the assistance of the ADRC</p> <p>-IDA/IME/DHS will analyze and, if possible, establish protocols that help lowans prevent premature spend-down of personal resources and provide support for less expensive, person-directed options</p>
Person-Centered	Develop and	6/2013-6/2014	-IDA will continue to develop and

Transition Support	enhance partnerships and projects focused on person-centered transitions support		<p>enhance existing partnerships with organizations focused on person-centered transitions activities</p> <p>-ADRCs develop and enhance partnerships within the long-term support services system to ensure local person-centered transition support is formally established</p> <p>-IDA/VA/ADRCs will continue to strengthen the VD-HCBS program</p>
Consumer Populations, Partnerships, and Stakeholder involvement	Hold statewide ADRC advisory committee meetings	Quarterly	IDA will establish quarterly meetings with the statewide ADRC advisory committee. This committee will need to be re-established during the 6/2011-12/2011 time period to ensure statewide representation by consumers, providers, and other stakeholders
	Participate in cross-systems committees	Regular	IDA will ensure continued representation on such committees as the Olmstead Planning Taskforce and Iowa DD Council. It will establish a presence on additional committees/taskforce that hold an interest in the needs of aging and disability networks
	ADRC stakeholder meetings	Quarterly	ADRC advisory committees will meet to ensure that full integration activities and services are being provided efficiently and effectively

Year 4 (July 2014-July 2015)

Core Pillar	Activity	Timeline	Narrative
I/R&A	Stakeholder meetings	Quarterly	Stakeholder meetings should be held quarterly with Family Caregiver, Compass, 2-1-1, DHS (Olmstead) and IDA (ADRC) to continually review and update systems and publicity plans as needed
	I/R&A Training	Regular	Regularly scheduled trainings will be developed and delivered to I/R&A specialists to assist in maintaining certification and/or to ensure they

			are equipped with the latest state and federal information to perform their job duties efficiently and effectively.
Options Counseling	Options Counseling training	Regular	Regularly scheduled trainings will be developed and delivered to Options Counselors to assist in maintaining certification (if it exists) and/or to ensure they are equipped with the latest state and federal information to perform their job duties efficiently and effectively
Streamlined Eligibility Determination for Public Programs	Streamlining eligibility determination at ADRCs workgroup	7/2014-6/2015	-Evaluate progress and make systems modification on any established processes for streamline eligibility determination at the ADRCs
Person-Centered Transition Support	Develop and enhance partnerships and projects focused on person-centered transitions support	6/2014-6/2015	-IDA will continue to develop and enhance existing partnerships with organizations focused on person-centered transitions activities -ADRCs develop and enhance partnerships within the long-term support services system to ensure local person-centered transition support is formally established -IDA/VA/ADRCs will continue to strengthen the VD-HCBS program
Consumer Populations, Partnerships, and Stakeholder Involvement	Hold statewide ADRC advisory committee meetings	Quarterly	IDA will establish quarterly meetings with the statewide ADRC advisory committee. This committee will need to be re-established during the 6/2011-12/2011 time period to ensure statewide representation by consumers, providers, and other stakeholders
	Participate in cross-systems committees	Regular	IDA will ensure continued representation on such committees as the Olmstead Planning Taskforce and Iowa DD Council. It will establish a presence on additional committees/taskforce that hold an interest in the needs of aging and disability networks

	ADRC stakeholder meetings	Quarterly	ADRC advisory committees will meet to ensure that full integration activities and services are being provided efficiently and effectively
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Year 5 (July 2015-June 2016)

Core Pillar	Activity	Timeline	Narrative
I/R&A	Stakeholder meetings	Quarterly	Stakeholder meetings should be held quarterly with Family Caregiver, Compass, 2-1-1, DHS (Olmstead) and IDA (ADRC) to continually review and update systems as needed
	I/R&A Training	Regular	Regularly scheduled trainings will be developed and delivered to I/R&A specialists to assist in maintaining certification and/or to ensure they are equipped with the latest state and federal information to perform their job duties efficiently and effectively.
Options Counseling	Options Counseling training	Regular	Regularly scheduled trainings will be developed and delivered to Options Counselors to assist in maintaining certification (if it exists) and/or to ensure they are equipped with the latest state and federal information to perform their job duties efficiently and effectively
Streamlined Eligibility Determination for Public Programs	Streamlining eligibility determination at ADRCs workgroup	7/2015-6/2016	-Evaluate progress and make systems modification on any established processes for streamline eligibility determination at the ADRCs
Person-Centered Transition Support	Develop and enhance partnerships and projects focused on person-centered transitions support	6/2015-6/2016	-IDA will continue to develop and enhance existing partnerships with organizations focused on person-centered transitions activities -ADRCs develop and enhance partnerships within the long-term support services system to ensure local person-centered transition support is formally established -IDA/VA/ADRCs will continue to strengthen the VD-HCBS program

Consumer Populations, Partnerships, and Stakeholder Involvement	Hold statewide ADRC advisory committee meetings	Quarterly	IDA will establish quarterly meetings with the statewide ADRC advisory committee. This committee will need to be re-established during the 6/2011-12/2011 time period to ensure statewide representation by consumers, providers, and other stakeholders
	Participate in cross-systems committees	Regular	IDA will ensure continued representation on such committees as the Olmstead Planning Taskforce and Iowa DD Council. It will establish a presence on additional committees/taskforce that hold an interest in the needs of aging and disability networks
	ADRC stakeholder meetings	Quarterly	ADRC advisory committees will meet to ensure that full integration activities and services are being provided efficiently and effectively

Conclusion

The ADRC five-year plan to establish statewide coverage is significantly impacted by HF45 that redesigns the aging network and pending legislation that impacts the mental health and eventually all members of the disability network. The AAAs in Iowa will be re-imagined through an RFP process to comply with HF45. The updated AAA design will allow for ADRCs to be melded into each AAA in Iowa resulting in ADRC coverage statewide when AAAs are designated following the RFP analysis in July, 2012.

The five-year plan, then, focuses more on ensuring that ADRCs, which will have statewide coverage within the next thirteen months, will become fully functioning ADRCs within the five-year period. Because of strained budgets, pending legislation, and reshaping of partnerships, it must be stated that this plan is likely to require changes during the course of the next five years. These changes, however, create tremendous opportunities for enhanced partnerships that can find creative, paradigm-shifting changes that will improve Iowan's access to information and services that address their long-term support services needs.

The aging network in Iowa cannot do this alone. It will require extensive collaboration and integrated partnerships with the disability network as well as the health network. The depth at which these partnerships must exist cannot be overstated; the strength of these partnerships will partly determine the eventual success or failure of this standards-changing approach to service through the ADRC concept. The remainder of the success of this model program will be dependent on the level of funding support afforded it from both national and state policy-makers, the flexibility the ADRC has in being innovative with how to manage funding streams (including private pay approaches), and the continual support of maintaining an I/R&A system that can evolve with advancing technologies and the demands of consumers and providers.

Attachment A

ADRC Options Counselor Interview Tool

Date: _____ Time: _____ Phone _____ Face _____

Consumer: _____ Options Counselor: _____

Id# _____ DOB: _____

Date of contact: _____

Address: _____

County: _____ Phone# _____

Additional Contact: _____

Phone: _____ relationship: _____

Caller: _____ relationship: _____

Address: _____

_____ Caller phone : _____

Source of Call: _____

I & A Specialist: _____

Options Counselor: _____

Referral date: _____

Date of contact: _____

Service

A ___ D ___ In person ___ phone ___

Options Counseling _____

CONSUMER INFORMATION: Marital status: ___ married ___ widowed ___ single ___ significant other

Living Arrangement: ___ alone ___ w Spouse / SO ___ w Adult children / relative ___ assisted living ___ care facility

_____ own home ___ apartment ___ homeless ___ group home ___ other name: _____

Income: _____ Source: _____ Veteran: y n Spouse of Veteran: y n

Insurance: Private: ___ Medicare: ___ Medicaid ___ VA ___

Guardian ___ Conservator: ___ Power of Attorney: ___ Name / role: _____

Race: _____ Ethnicity: _____ Language: _____ Interpreter: y n

Does consumer know about the call: ___ yes ___ no

Release of Information from consumer: verbal: y n written: y n date: _____

PRESENTING CONCERN: _____

_____ add page if needed

Recognized Needs: _____

Services currently receiving: _____

Informal Supports: _____

Home Care / Home health
 Home modification
 Emergency response
 Legal Assistance
 COMPASS
 CIL

Respite Meals
 Transportation
 Caregiver I & A
 Medical provider
 Mental Health provider
 Assistive devices

CPC
 Public Health
 Police
 Shelter
 Food Bank

APPLICATION ASSISTANCE:

Waiver type: _____
 Part D Comparison
 LIS / MSP

Date filed: _____

Food Stamps
 Farmer's Market Coupons
 Title XIX

Disaster
 Rent Rebate

Follow-up date scheduled: _____

When: _____

Why: _____

Date: _____

Expectations met: ___ unmet: ___ Needs met: ___ unmet: ___

Barriers to address: _____

Follow-up: _____ Close: _____

Additional:

Attachment I:
Public Comment

Attachment H: Public Comments

The Department offered the public several methods for providing comments on the Iowa State Plan on Aging for FFY 2014 – 2015. The plan was posted on the Department’s web site and made available by request. Notice of its availability for comment appeared in the Department’s Aging Watch Newsletter and through the Department’s contacts distribution list. Interested persons had the opportunity to submit written comments via post mail or e-mail. A statewide teleconference call with a toll-free line was held for those who preferred that method.

The Department received no comments during the teleconference call. The Alzheimer’s Association, Greater Iowa Chapter provided the comments via e-mail. Those comments follow. Changes to strategies in Goals 1 and 2 were made in response.

**Comments on the
Iowa Department on Aging's State Plan for FY 14-15
submitted by
Alzheimer's Association, Greater Iowa Chapter
Carol Siple, Executive Director**

The Alzheimer's Association, Greater Iowa Chapter applauds the Iowa Department on Aging staff and Iowa Commission on Aging for its work to create a comprehensive plan to achieve the Department's goals and objectives in FY 14 and 15. The plan recognizes the needs of the aging population, the ever-changing dynamics of funding sources and the challenges of the recently redesigned aging network in Iowa.

I encourage the Iowa Department on Aging to incorporate information about Alzheimer's disease and related dementia in the report. My specific suggestions include:

Iowa's Aging Population

Comments: Discussion about the demographics of aging Iowans should include information on the prevalence, death rate and cost of Alzheimer's and related dementias. I recommend the following:

According to the *Alzheimer's Association 2013 Alzheimer's Disease Facts and Figures* report, over five million Americans are living with Alzheimer's disease, including an estimated 200,000 under the age of 65. Of Americans aged 65 and over, one in nine has Alzheimer's and one in three people aged 85 and older have the disease. Alzheimer's disease is not just memory loss – it kills. One in every three seniors dies with Alzheimer's or another dementia. Alzheimer's is the only cause of death among the top ten in America without a way to prevent it, cure it or slow the progression. The growing Alzheimer's crisis is helping to bankrupt America. Average per-person Medicare costs for those with Alzheimer's and other dementias are three times higher than for those without these conditions. Average per person cost for Medicaid spending for seniors with Alzheimer's is 19 times higher than for other seniors.

While state-specific information on Alzheimer's disease is limited, some facts are known. There are 69,000 Iowans with Alzheimer's and it is the fifth leading cause of death. Iowa has the third highest Alzheimer's death rate in the country due to its high percentage of people age 65 and older. Deaths from Alzheimer's in Iowa have increased 84% since 2000. Information from the 2011 Behavioral Risk Factor Surveillance System (BRFSS) in Iowa found that 9% of Iowans aged 60 and older report they are experiencing confusion or memory loss that it is happening more often or getting worse. Over 80% of them have not talked to a health care professional about memory loss and 35% live alone. BRFSS results show that among Iowans, worsening memory problems are more likely in men, those aged 85 and older, the disabled and veterans.

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

Comments: As the state expands its Aging and Disability Resource Centers (ADRCs), the Alzheimer's Association recommends that all resources are dementia capable. Dementia capable means that programs and services are tailored to the unique needs of people with Alzheimer's disease or other dementias, and their caregivers.

Characteristics of dementia capable programs include:

- Information and assistance services have a method to identify people with possible dementia. Individuals with possible dementia receive a recommendation for follow-up with a physician.

- Options counseling staff communicate effectively with persons with dementia and their family caregivers and know what services this population is likely to need.
- Eligibility criteria and resource allocation take into account the impact of dementia on the need for services.
- Publicly and privately financed services are capable of meeting the unique needs of persons with dementia and their caregivers.
- Self-directed services ensure that persons with dementia and their caregivers are supported in their decision-making and involve others who can represent the person's best interest when necessary.
- Workers who interact with persons with dementia and their caregivers have appropriate training in identifying a possible dementia in persons that they serve, the symptoms of Alzheimer's disease and other dementias, the likely illness trajectory, and services needed.

Goal 2: Enable 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

Comments: Independent organizations including the Alzheimer's Association provide a variety of face to face and web-based programs and services that are designed to enable lowans to remain in their home. Examples of these services include educational programs, support groups, safety services, care consultation, online discussion groups, information and referral and more. Online programs can be accessed 24/7 and technology allows the consumer have an interactive and customized experience that fits their unique needs and situation. Online programs and services remove the barrier of access to service for many lowans. Adult children who manage care for their aging parents are frequent internet users and utilize online resources as the first step in seeking information and support for aging parents. These resources should be linked to ADRC resource databases statewide to ensure uniform access to all lowans.

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

No comments.

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

Comments: lowans with Alzheimer's and related dementias are among the most vulnerable populations for elder abuse, neglect and exploitation. This audience should be a priority for state initiatives.

Attachment J:
Intrastate Funding Formula

**Iowa Department on Aging
Intrastate Funding Formula and Resource Allocation Plan
Revision Effective July 1, 2011**

Funding Formulas: Older Americans Act Allocations

Available Federal Older Americans Act Title III funds are allocated to the Department and passed on to Area Agencies on Aging on the basis of the number of persons 60 and older, number of 60+ minorities, and double-weighted for persons 60+ at or below the poverty level in each planning and service area.

State Aging Programs. Available resources from State Aging Programs are allocated to each Area Agency on Aging utilizing a formula that triple weights individuals (a) 75 years of age and older; (b) 60 and older who are members of a racial minority; (c) 60 years of age and older who reside in rural areas; (d) 60 years of age and older who have incomes at or below the official poverty guideline as defined each year by the federal Office of Management and Budget and adjusted by the Secretary of the U.S. Department of Health and Human Services; and (e) single weights individuals 60 years of age and older.

NSIP Allotments. Area Agencies on Aging will receive a portion of the NSIP allotment to the state based on the proportion that an area's eligible meals bear to the total of NSIP eligible meals for all area agencies.

Rural Cost. Iowa is a rural state and its rural status is addressed in Iowa's Intrastate funding formula. There are only 10 counties of Iowa's 99 that are considered to be a Statistical Metropolitan Area. State Aging Programs, established in July of 2011, addresses the needs of persons living in rural areas.

Tables

Table 1 Funding Allocation Formulas

Table 2 FY 2014 Title III Funding Allotments to Area Agencies on Aging

Table 3 FY 2014 AAA Federal Title III Funding Allotment Planning Projections

Table 4 FY 2014 AAA Nutrition Services Incentive Program Funding Allotment Planning Projections

Table 5 FY 2014 AAA State Appropriations Funding Allotment Planning Projections

Table 1. Funding Allocation Formulas			
Intrastate Funding Formula	Factor	Weight	
Title IIIB, C(1), C(2), and E	Persons aged 60 & older	1	
	Minority persons aged 60 & older	1	
	Persons aged 60 & older living at or below the poverty level of income	2	
	*Title III Admin incl. in Alloc. AAA Block [greater of \$24K/AAA or .25% of Total Title III Alloc./AAA]		
	AAA Block [greater of \$4K/County or .04% of Total Title III Alloc./County]		
Title IIID	Persons aged 60 & older living at or below the poverty level of income	1	
	Medically underserved persons aged 60 & older	1	
Nutrition Service Incentive Program	Factor	Weight	
NSIP	Meals Served	1	
State Aging Programs Funding Formula	Factor	Weight	
	Persons aged 60 & older	1	
	Rural persons aged 60 & older	3	
	Persons aged 60 & older living below the poverty level of income	3	
	Minority persons aged 60 & older	3	
	Persons aged 75 & older	3	

Table 2. FY 2014 Title III Funding Allotments to Area Agencies on Aging

	TITLE IIIB	TITLE IIIC-1	TITLE IIIC-2	TITLE IIID	TITLE IIIE	TOTAL ALL
Actual FFY 2013 Federal Allocation	\$ 4,235,607	\$ 5,081,501	\$ 2,114,386	\$ 218,916	\$ 1,614,605	\$ 13,265,015
State Administration (5.00% of Federal Allocation)	211,780	254,075	105,719	10,946	80,730	663,250
Ombudsman	107,209					107,209
Actual SFY 2014 AAA Plan Allotments to AAAs	\$ 3,916,618	\$ 4,827,426	\$ 2,008,667	\$ 207,970	\$ 1,533,875	\$ 12,494,556

Table 3. FY 2014 AAA Federal Title III Funding Allotment Planning Projections

	Administration Funding				
	Total	Title III	Title III	Title III	Title
	Admin	B	C(1)	C(2)	E
Elderbridge	\$ 275,937	\$ 87,962	\$ 108,417	\$ 45,110	\$ 34,448
Hawkeye Valley	230,324	73,422	90,494	37,653	28,755
Aging Resources	180,737	57,613	71,012	29,548	22,564
Heritage	134,351	42,827	52,788	21,964	16,772
Seneca	215,824	68,800	84,796	35,283	26,945
Southwest 8	212,283	67,671	83,406	34,704	26,502
Total Allocation	\$ 1,249,456	\$ 398,295	\$ 490,913	\$ 204,262	\$ 155,986

	Administration & Services Funding					
	Total	Title III	Title III	Title III	Title III	Title III
	Title III	B	C(1)	C(2)	D	E
		Supportive	Nutrition	Nutrition	Preventive	Caregiver/
		Services	Congregate	HD	Health	Grandparent
Elderbridge	\$ 2,276,560	\$ 706,732	\$ 871,081	\$ 362,451	\$ 59,517	\$ 276,779
Hawkeye Valley	2,390,469	750,312	924,798	384,803	36,709	293,847
Aging Resources	2,323,285	736,860	908,218	377,905	11,723	288,579
Heritage	1,472,052	465,418	573,652	238,692	12,018	182,272
Seneca	2,201,914	686,747	846,445	352,202	47,571	268,949
Southwest 8	1,830,276	570,549	703,232	292,614	40,432	223,449
Total Allocation	\$ 12,494,556	\$ 3,916,618	\$ 4,827,426	\$ 2,008,667	\$ 207,970	\$ 1,533,875

Table 4. FY 2014 AAA Federal Nutrition Svcs Incentive Pgm Funding Allotment Planning Projections

	FFY'12 Proportion	FFY'14		
		Total NSIP	FFY'14	
			Commodity	
		Election	Cash	
Elderbridge	22.0124%	\$ 444,237	\$ 0	\$ 444,237
Hawkeye Valley	16.1071%	325,061	0	325,061
Aging Resources	19.6364%	396,286	0	396,286
Heritage	15.8074%	319,013	0	319,013
Seneca	12.8031%	258,382	0	258,382
Southwest 8	13.6337%	275,145	0	275,145
Total Allocation	100.0000%	\$ 2,018,124	\$ 0	\$ 2,018,124

Table 5. FY 2014 AAA State Appropriations Funding Allotment Planning Projection

	Total State Aging Programs	Administration & Services Funding	
		Total Admin	Total Services
Elderbridge	\$ 1,550,517	\$ 116,287	\$ 1,434,230
Hawkeye Valley	1,510,314	113,273	1,397,041
Aging Resources	1,188,705	89,152	1,099,553
Heritage	826,923	62,019	764,904
Seneca	1,245,129	93,385	1,151,744
Southwest 8	1,139,565	85,464	1,054,101
Total Allocation	\$ 7,461,153	\$ 559,580	\$ 6,901,573