

Elderbridge Agency on Aging PSA #1

Area Plan on Aging SFY 2016 – 2017



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Executive Summary

Elderbridge Agency on Aging (Elderbridge) was established in 1974 in response to passage of the Older Americans Act (OAA) to provide aging services. Elderbridge is the largest aging organization geographically in the state of Iowa. We serve a 29-county region in North Central, Northwest, and Central Iowa. Elderbridge operates from its administrative office in Mason City, and from satellite offices in Fort Dodge, Spencer and Carroll. Elderbridge is governed by a 12-member Board of Directors. The Board exercises authority and oversight responsibility for Elderbridge. Input is also provided by an Advisory Council. The Council has one representative from each county. In 2014, Elderbridge, became an Aging and Disability Resource Center (ADRC), providing information and referral services for adults with disabilities.

Elderbridge will concentrate on focused areas of: Lifelong Links, Transportation, Caregiver: Family and Grandparent-Older Relative, Food Security Project, and the Elder Abuse Prevention and Awareness Program in FY 2016-2017 to meet our goals.

Lifelong Links strategies include; strengthening our capacity to serve as a single point of entry. Ensuring team members complete aging and disability core courses to become certified aging and disability specialists. We will develop networks with key partner organizations to support independent living and promote the “no wrong door approach” philosophy.

Elderbridge will continue with our current transportation strategies and also provide a staff member to each of the four regional partners to help address transportation gaps affecting seniors. A regional partner is currently completing a transportation study. Elderbridge will provide a representative to meet and review results and offer suggestions.

Caregiver: Family and Grandparent-Older Relative strategies include; publishing articles in our agency newsletter on specific caregiver concerns. We will also provide presentations for caregiver groups focused on topics relevant to caregivers. Elderbridge will provide caregiver training (Access Assistance, Information Services, etc.) for all of our Information, Resource, and Assistance Specialists. Some Assisted Living facilities are offering respite services. Elderbridge will investigate these respite services and funding mechanism to get this information to our caregivers.

Food Security strategies we will continue to focus on are increasing the number of serving days at our meal sites if fewer than 3 days per week. When funds are available we will also expand the meal voucher program, and purchase and distribute shelf-stable winter emergency meal boxes to home-delivered participants.

Elder Abuse Prevention and Awareness strategies include continuing to develop networks and reciprocal relationships with community providers. Develop our Elder Rights staff through specialized training. Promote prevention and awareness through print material and media marketing efforts.

Over the last forty years Elderbridge has experienced multiple opportunities, and challenges. We are transitioning towards a variety of new strategies to diversify our funding, including developing a fundraising plan to sustain and grow our programs. Elderbridge managers also strive to create an optimal work environment maximizing staff effectiveness, and are creating evaluation tools to ensure that we are delivering quality programs. We remain committed to our mission of empowering older Iowans to live with dignity, well-being and independence.

Section 1: 2016-2017 Goals and Strategies

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

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

***Focus Area:** LifeLong Links*

Strategy: Expansion Activities

Strategies our agency plans to pursue to address the needs of the expanded LifeLong Links are the following:

1. Require all LifeLong Links Team members to complete the Boston University's Center for Aging and Disability Education and Research (CADER) core courses.
2. Require all new LifeLong Links Team members to become "Alliance of Information & Referral Systems Aging Specialist" (CIRS-A) certified.
3. Arrange for and provide disability training to LifeLong Links staff.
4. Meet twice a year with MHDS Regional staff to cross-train for making referrals and understanding available resources.
5. Meet with the LifeLong Links Advisory Council quarterly.
6. Continue to involve MHDS Regional staff members on the LifeLong Links Advisory Council.
7. Develop formal agreements with partner organizations to ensure access to all LifeLong Links pillar services.
8. Reach out to County Veterans Affairs offices to share information about available resources and to develop procedures for referrals.
9. Arrange for and provide training to LifeLong Links staff on veterans programs and resources.
10. Develop networks with partner organizations to address the objectives of the core pillars of independent living.
11. Update the existing marketing plan and continue to implement all marketing and outreach activities as outlined in the approved plan in order to expand the client base served to adults between 18 and 64 with disabilities, veterans and their families and caregivers.
12. Participate with the Iowa Department of Aging (IDA) in further development and implementation of the Standard Operating Procedures.
13. Strengthen our capacity to serve as a single point of entry or no wrong door system to access services and assistance in the community.
14. Participate in state and the Iowa Association of Area Agencies on Aging (i4a) sponsored LifeLong Links training and networking meetings to enhance relationships and ensure consistency and uniformity.

Individuals to Be Served

The table below lists the number of individuals served in SFY2015 to date from all funding sources and estimated number to be served in SFY 2016 (7/1/2015 – 6/30/2016).

Table 1: LifeLong Links Consumers Served

Category	SFY 2015 2/18/2015	SFY 2016
Total Number of LifeLong Links IR&A consumers	682	1450
IR&A Consumers Served Aged 60+	532	1200
IR&A Consumers who are Caregivers	279	550
IR&A Consumers Between 18 and 60 with a Disability	25	35
Total Number of LifeLong Links Options Counseling Consumers	51	125
Options Counseling Consumers Aged 60+	48	90
Options Counseling Consumers who are Caregivers	12	25
Options Counseling Consumers Between 18 & 60 with a Disability	3	10

Source: IDA Form 3A-1, FY15 Area Plan Update, SART, Enhanced Services Program (ESP), and Annual Report. Date Generated/Reviewed: 2/18/2015

Innovative Funding

Elderbridge is exploring projects that would expand program income through a fee for service model. One project we’re focusing on is developing a fee for service home safety program. The program is geared towards older lowans who either live at home or care for younger children. The program consists of staff completing a home assessment, making recommendations, and developing an action plan with the older lowan. The assessment requires that staff observe all areas of the home (All rooms and all living areas) for potential safety risks. This includes health and fire safety hazards. The garage and areas outside the home are also assessed to determine any danger areas. Once the assessment is complete with recommendations made to lower and/or eliminate risks, the staff will work with the older lowan on developing an action plan. The action plan emphasizes setting and prioritizing goals to address any safety concerns. The program supports older lowans remaining safe and independent in their home. Elderbridge will collaborate with the Iowa Department of Aging to “refine and implement a fee for service scale.”

Partnerships

Joint activities with current key partners planned in SFY2016 are:

1. Negotiate, finalize, and sign formal referral agreements with Community Mental Health Centers and Mental Health Service Providers who share our same planning and service territory.
2. Continue to develop formal agreements with Public Health Agencies to help identify and reach individuals with disabilities, families, and caregivers who are in need of information and access to long term care supports.
3. Develop a formal agreement with the Veterans Administration for Options Counseling and transitional support.

4. Negotiate, finalize, and sign Memorandum of Understanding (MOU) with Social Security Administration for referrals and education.
5. Negotiate, finalize, and sign (MOU) with Department of Homeland Security for disaster preparation and long-term recovery.
6. Negotiate, finalize, and sign (MOU) with Iowa Program on Assistive Technology for training individuals with disabilities on preparation for and response during disasters.
7. Develop formal referral procedures with all partner organizations.
8. Schedule regular cross-training with formal partners.

Projected Expenditures

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

Table 2: LifeLong Links Funding Sources

Funding Source	FY2015	FY2016
Federal	282,200	254,966
State	98,132	175,004
Local	52,977	207,550
In-Kind	0	0
Total	433,309	637,520

Source: LifeLong Links Original Budget.

Date Generated/Reviewed: 7/23/2014 and 2/18/2015.

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

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

Focus Area 1: Transportation

Transportation Needs

The three most frequently identified transportation challenges faced by Iowans aged 60+ in our service area are the following:

1. Limited Transportation
2. Funding
3. Medicaid Reimbursement Process

Strategies to Address Transportation Needs

Our current strategies include; providing funding for transportation partners, providing a staff member to serve on a regional committee, and assisting older Iowans with the Medicaid reimbursement process.

Elderbridge awards grant contracts with four regional transit authority partners and four non-profit agency partners. These are: Buena Vista County Public Health and Home Care, City of Sibley, MIDAS Council of Governments, North Iowa Council of Governments, Northwest Iowa RSVP Volunteer Program, Palo Alto County Homecare Services, Region XII Council of Governments, and Regional Transit Authority – RIDES.

The regional partners provide busing services and the smaller partners have staff or volunteers who transport older Iowans in the volunteer's vehicle. Our regional partners offer fixed routes at scheduled times. One of our regional partners: North Iowa Area Council of Governments (NIACOG) offers county to county services once per day through demand response or dial a ride requests. They also provide evening and weekend service in one county only. Our smaller partners provide transportation on demand during regular business hours. Services are generally available from 8:00 am to 5:00 pm Monday through Friday. Evening or weekend transportation services are not generally available with the exception of the one partner identified.

NIACOG offers a vanpool program. This is designed for a group of folks generally seven or more to commute to a mutual or specific destination. The vanpool has a designated driver and an alternate driver. The group shares costs and operating expenses. They meet at a designated location for pick up and drop off. The only vanpool in our service area takes employees to and from a work site.

Many of our partners offer door to door service or curb to curb service, however, with our regional partners drivers are not allowed to go into a home or help lift a person into a wheel chair or on to a ramp due to liability concerns. If a driver sees someone having trouble on a snowy sidewalk they are to call dispatch and ask permission to assist. The drivers do assist the rider when boarding the bus and each bus has a lift.

Elderbridge has a staff member who serves on one of our regional partner's advisory groups. The group's main focus is on identifying transportation needs and generating solutions to meet those needs. They meet on a monthly basis.

Family and friends who provided transportation for older lowans have requested assistance with the Medicaid reimbursement process. Options Counselors have helped with the process as it is cumbersome and time consuming.

Strategies Elderbridge plans to implement in FY 2016 -2017 include the following:

- Elderbridge will continue with our current strategies. We will also provide a staff member to each of the four regions in our service area to help address transportation gaps related to older lowans.
- One of our regional partners is currently conducting a transportation study. Elderbridge will have a representative meet with this partner to review the results when completed. We will then provide input on addressing the transportation needs of older lowans.
- All of our Options Counselors will be trained in the Iowa Department of Human Services TMS (The organization that handles mileage reimbursement for Iowa Medicaid) process. In turn, those Options Counselors will better be able to assist caregivers and friends with navigating through the reimbursement system.

Funding and available resources including lack of staff and volunteers willing to provide transportation were cited as the most frequent barriers. This prevents our contracted partners from addressing transportation challenges. Feedback from our partners and our staff indicate several other issues:

One regional partner reported that In October 2014 the Saints Shuttle Bus that provided transportation to both younger and older lowans to the University of Iowa Hospital and Clinics in Iowa City was suspended. This was due to the ending of the Iowa Department of Transportation grant that expired at the end of September as well as the ending of the Iowa Care Program earlier in the year. Further, the partner stated that ridership had dwindled off to the point that it was no longer feasible to operate.

Anecdotal evidence that barriers are common were reported by partners to include; Lack of transportation options were reported in Lyon County with only one community having public transportation available and with limited hours. In O'Brien County, only one community

has a bus that runs weekdays but there is no public transportation in three other towns. In Osceola County, one town has a bus that runs weekdays but in four other cities there is no public transportation. In Sioux County, one city has a bus that runs weekdays but in four other communities there is no public transportation. Other partners said they have a small public transportation system with a limited schedule and it is relatively expensive to use for people on a fixed income.

There are some private citizens and organizations in various communities that have helped with occasional transportation but this option has not proved reliable. Difficulty finding transportation for non-medical needs such as errands and shopping is a challenge. Homemakers sometimes are willing to run errands, but homemaker programs are described as dwindling. Older lowans with no family or friends are home bound if they cannot drive themselves when public transportation is not available.

One of our partners solely uses volunteers and those volunteers use their own vehicles. If a person is wheelchair bound and is unable to transfer from their chair to a car, than transportation is a problem. Volunteers do not have wheelchair accessible vehicles. Volunteers do not get paid for wear and tear on their vehicles or waiting around during appointments. Many volunteer drivers are over 55 and do not like to drive in the evenings or on weekends. Volunteers were also identified as being mostly seasonal when they are available.

One partner said that when staff time is utilized, there is no way to tell how long an appointment will last. Staff have to be available to return the client to their home. This could result in waiting after hours and creates staffing and financial issues. Another partner said that they try and accommodate special requests for after hour service but there is not enough demand to keep a driver on duty. Another partner told us what can be especially difficult is that some of our small towns don't have a grocery store. If the client can't drive to the closest town with a grocery store, or does not have someone to do this for them, this can be a serious problem. One partner said they know of an older lowan who we'll call Dave, who uses a motorized scooter to get lunch at the bar. There is no shopping in town. There is no family to help and if it was not for the homemaker Dave would not be able to get groceries.

None of our partners have a ride share program other than the vanpool described.

We hear many stories regarding the Medicaid reimbursement process for medical travel. A partner expressed that if an older lowan was on Medicaid and could not drive due to medical issues and owned a vehicle they could not use a Medicaid transportation bus. Owning the vehicle is against Medicaid rules. One older lowan woman who we'll call Harriett needed to go to Iowa City for medical appointments. Harriett could not drive but had a neighbor with limited income volunteer to take her. Harriett contacted an Options Counselor to request assistance with mileage reimbursement. After the Options Counselor reviewed the process they met with Harriett and her neighbor. First the neighbor had to complete an application to become a transportation provider. This consisted of making a copy of their auto insurance and driver's license. This was sent to TMS (The organization that handles reimbursement for Iowa

Medicaid) for approval. The next step was that Harriet had to contact TMS at least 3 days in advance of any trip or appointment to get approval for the travel. If Harriet was going to travel out of the county. A county request form was required to be completed and approved by TMS. On the day of the appointment Harriet's neighbor drove her to see the doctor in Iowa City. Harriet invited her neighbor in to her doctor appointment to give the physician paperwork from TMS. TMS requires physician verification that Harriet was at her scheduled appointment. One regional transit authority will provide Medicaid transportation in one large city only. Leaving the rural areas without transportation outside of TMS. TMS only provides transportation to medical appointments, not for grocery shopping or other necessary errands. TMS is only for Medicaid subscribers, which leaves other low income individuals with few or no options.

Other common barriers expressed by older lowans were that they had to cancel needed appointments because of frustration with public transportation. They were tired of waiting to be pick-up or dropped off.

The most frequent complaint that Elderbridge staff hears from our partners is that there is no evening or weekend transportation. For example, there is no way for many rural Iowa seniors who rely on our partners for transportation to shop for groceries, see a doctor unless they call an ambulance, or run an errand at those times.

Our regional partners do not have assisted transportation services. There is no escort or person available to travel on a bus with an older senior who may have physical or cognitive impairments. Assisted transportation is limited to partners that have staff or volunteers that use their own vehicles. However, due to limited funds, staff are not able to stay with the individual during appointments and appointment trips are limited. Some volunteers do provide rides to medical appointments both locally and out of town and also provide transportation for other necessary needs such as picking up prescriptions.

Transportation services are fragmented and are inconsistent across our service area. What further complicates transportation matters is the general view of many seniors using public transportation. Many seniors struggle with requesting help from others especially non-family. A host of beliefs and feelings associated with moving from being independent to depending on others. This may result in feelings of shame, embarrassment, and them wanting to avoid being a burden to others. Even though there are transportation barriers, all of our transportation partners express appreciation and gratitude for the grant funds they receive from Elderbridge. They report that it helps many lowans in their areas.

Individuals to be Served

The table below lists the number of individuals served in SFY2015 to date from all funding sources and estimated number to be served in SFY 2016 (7/1/2015 – 6/30/2016).

Table 3: Transportation Consumers

Category	SFY2014	SFY 2015 As of: 2/5/2015	SFY 2016
Number of Transportation Units (one-way trips) Provided	68,253	12,222	38,953
Estimated Number of Transportation Consumers Served	5,763	5,973	5761

Source: IAPRS Client/Service Units Report FY14. IAPRS Client/Service Units Report FY15. Form 3A-1. Date Generated/Reviewed: 2/5/2015.

Projected Expenditures

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

Table 4: Transportation Funding Sources

Funding Source	FY2015	FY2016
Federal	17,840	36,000
State	142,712	133,336
Local	5,000	30,577
In-Kind		15,832
Total	165,552	215,745

Source: FY15 Area Plan Budget Report, FY16 Area Plan Budget Report. Date Generated/Reviewed: 2/5/2015.

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

Caregiver Needs

The three most frequently identified challenges faced by caregivers in our service area include:

1. Daily Care Stress
2. Respite Funding and Availability
3. Financial concerns

Strategies to Address Caregiver Needs

Strategies we currently have in place to address challenges include:

1. Four Family Caregiver Specialists who are all certified through the Alliance of Information and Referral Systems "Aging Specialist" (CIRS-A).
2. Our Specialists are also Options Counselors, and have attended Options Counseling Boot Camp, and Mediation training.
3. Each of the Specialists are registered with the Iowa for Aging Online Training Program for professional development through a partnership between "The Center for Aging and Disability Education and Research," (CADER) and the "Iowa Association of Area Agencies on Aging." The goal is to "enhance knowledge and expand skill set."

4. Our Specialists are part of the Aging and Disability Resource Center (ADRC) and Life Long Links Team. They are trained to provide Access Assistance, Counseling-specifically for emotional support. They provide Self-Directed Care, Information, and Supplemental Services such as providing information on assisted technologies, incontinence supplies, or home modification for example for caregivers, family, grandparents, and older relatives in their home communities.
5. Other services that the Family Caregiver Specialist may provide include; options counseling, caregiving education, respite options, and assistance to help alleviate financial concerns that caregivers may have.

Our Specialists are members of the Aging Services Coalition of North Iowa. The Coalition’s mission is to share information and foster collaboration among organizations that provide services to older adults. This informative and educational coalition has thirty partners who represent their respective agencies. The Specialists are actively involved in planning, donation solicitation, and implementing the annual Senior Fest, two annual caregiving conferences, one in Mason City and the other in Ft. Dodge and planning and implementation of two annual SALT (seniors and Law Enforcement Together) forums. Most recently the Specialists have been working with the Coalition to develop a Speakers Bureau. Topics range from caregiver support, safety in the home, preventive healthcare, and more. These will be presented to caregivers, services clubs, partner organizations, and communities.

There are eight organizations that provide respite care for older Iowans in our service area and two of these are Adult Day Health Centers. Elderbridge provides some funding to help supplement the operation of this service. Most offer a sliding fee for those caregivers who are unable to pay for respite. One of the organization is the Salvation Army Adult Day Health Center located in Mason City. The center serves nine counties in our service area and is designed for adults who are unable to stay at home alone safely. The center provides healthy nutrition, and socialization through meaningful activities for older Iowans. They would not be able to operate this program without the financial support from Elderbridge, United Way, long term care insurance, and various other funding. The center supports families by giving caregivers a break from the daily stressors of caring for a loved one.

Elderbridge in Mason City has sponsored a caregiver support group in the North Iowa area for many years by paying for printing costs and materials used in a booklet for caregiver group members.

North Iowa Mercy Medical Center offers support groups focused on specific medical conditions such as diabetes, autism, cancer, etc. Hospice of North Iowa offers a variety of support groups for families grieving the loss of a loved one. There are scattered Alzheimer’s, and Caregiver Support Groups offered in different communities in our service area.

Strategies we plan to implement in FY2016 – 2017 to address issues are; to continue with current strategies and we will implement the following:

- Publish articles in the Elderbridge newsletter focused on caregiver concerns.
- Provide presentations for caregiver groups focused on specific topics that are of interest to caregivers.
- Provide caregiver training (Access Assistance, Information Services, and Self-Directed Care, etc.) for all Information, Resource, and Assistance Specialists.
- We were recently made aware in the Mason City area that some of the Assisted Living facilities are now offering respite services. We will visit with these facilities and others in our service area to confirm that they offer respite, the cost of the service, and what type of funding they receive.
- Nursing homes will accept older lowans for respite care who are on the Waiver, or Medicaid. They also take private pay. We will contact nursing home administrators to see if there are any other options available for older lowans who are not on the Waiver or Medicaid if an older lowan is unable to afford respite services.

Barriers that prevent Elderbridge from addressing needs can be complex and outside the scope of what the agency provides. For example Elderbridge provides staff to assist with planning and implementation of two caregiver conferences annually as well as the SALT forums. This last year the conference in Ft. Dodge was cancelled due to lack of registrants interested in attending.

Other barriers involve personal choices made by caregivers or the older lowan. Choices may include a caregiver quitting a high paying job in order to care for a loved one, which could result in financial problems for the caregiver. Other financial concerns expressed by caregivers include the amount of pay the caregiver receives as well as the number of hours approved monthly by Medicaid. For instance, if a son or daughter wanted to care for their mother, they could apply to become a Consumer Directed Attendant Care (CDAC) provider. Medicaid must approve their application, which includes multiple background checks. Medicaid has to authorize anything over 40 hours of care that the elderly individual needs monthly. The top rate of pay per hour is \$14.16; this rate is also negotiable between the senior and the caregiver, depending on the type of service rendered (personal cares verses housekeeping). The senior; however, must keep in mind that Medicaid has a monetary cap on monthly waiver services. If the senior's services exceed the monthly cap, then other services need to be decreased in order to accommodate the service of greatest need. An exception to policy (ETP) can be applied for if the decrease in any waiver service would put the senior at risk of harm in their home or community. The requests are submitted directly to Medicaid and a decision is made in approximately 4-6 weeks.

Some caregivers balance between work, taking care of their own family, and meeting the needs of aging parents. Caregivers like everyone else have their own problems which could interfere with their ability to provide appropriate caretaking. They may be exhausted and overwhelmed and may feel isolated at times and feel guilty requesting help. Caregivers may experience grief over the loss of a once energetic or enthusiastic parent who has dementia or a physical

impairment. Some caregivers are reluctant to accept help or relinquish responsibilities. They may fear that the senior in their care will not be helped the way they think they should be. Other barriers we encounter are older lowans with mental health issues such as depression, dementia, or another disorder. They may have false beliefs about accepting services, have poor communication and boundaries, and refuse to accept services from anyone except the caretaker.

Some caregivers express lack of services available in rural communities. Adult day care facilities are rare and there is a lack of in-home respite providers willing to provide services in the home. Some of these problems are tied to funding and an increase in paperwork required by Medicaid. While respite providers point out that respite is not being used to the extent it could be, they indicate that this goes back to personal choices made by seniors and their caregivers.

Individuals to be Served

The table below lists the number of individuals served in SFY2015 to date from all funding sources and estimated number to be served in SFY 2016 (7/1/2015 – 6/30/2016).

Table 5: Caregiver Consumers

Category	SFY 2015 As of: 2/18/2015	SFY 2016
Total Number of Caregiver Consumers Served	321	1100

Source: IAPRS Client/Service Units Report FY15. Date Generated/Reviewed: 2/18/2015.

Additional Services

Of the 321 caregiver consumers receiving a registered service 94% received one service and 6% received two or more.

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

Category	SFY 2015 As of: 3/03/2015	SFY 2016
Percent of caregivers served receiving more than one AAA service	6%	25%

Source: SFY15 “Multiple Services Data,” provided by IDA for time period: 7/1/2014-12/31/2014. Date Generated/Reviewed: 3/03/2015.

Projected Expenditures

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

Table 7: Caregiver Funding Sources

Funding Source	FY2015	FY2016
Federal	250,274	236,989
State	49,679	9,916
Local	3,873	68,525
In-Kind	61,962	11,791
Total	365,788	327,221

Source: FY15 Area Plan Budget Report, and FY16 Area Plan Budget Report. Date Generated/Reviewed: 2/18/2015.

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

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

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

Nutrition Needs

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

The greatest barriers older lowans in our service area have in participating in the nutrition programs are:

- Our region is very rural and the greatest barriers to participation in the nutrition program is local access to the meal site, and the transportation to get there. If a potential participant does not live in a town with a meal site, there is little likelihood of them driving to a town with one especially in winter months.
- Another barrier is the number of days that a meal site offers food. There are several sites in the northwest region of the Elderbridge service area that serve meals fewer than 3 days per week. Those sites offering fewer than 3 days per week are not having a substantial impact on improving their diners' nutritional status. More funds are needed in order to increase the number of serving days.

SFY2015 Strategies

Innovative strategies our agency is exploring and implementing to address food insecurity among older lowans is:

Using funding from the Food Insecurity Appropriation, allows Elderbridge the ability to develop a voucher system modeled loosely after the Senior Farmers Market Program. A set number of meal vouchers are issued to qualifying low income older adults. The vouchers are redeemable at designated partner entities such as Hy-Vee Deli for a nutritious evening or weekend meal patterned after the "My Plate," guidelines. The program will help increase older adults' choices and access to nutrition especially at a time when meal sites are showing decreased participation. This will help reduce food insecurity barriers.

Elderbridge nutrition staff are currently visiting all towns with meal sites serving less than three days per week. Staff members are conducting a survey with participants and community members at these sites. Questions will focus on if there is an interest to increase in the number of days per week that a site offers meals. By gathering input we hope to increase access to nutritional programs and positively impact the participants' nutritional status. One goal of our

program is to help older lowans either maintain or improve their health through eating nutritious food. Participant's status is evaluated annually with a series of questions related to their dietary habits.

SFY2016 Strategies

In FY2016 and 2017 Elderbridge is committed and will continue to focus on increasing the number of serving days at meal sites serving fewer than three days per week. These locations are predominately in small rural communities with limited choices for meals. Increasing the number of serving days per week will increase access and the overall number of meals served. We also plan on having a suggestion or comment box available to solicit regular input from participants.

If funding is available, Elderbridge will try to expand the meal voucher program with local contract partners. The voucher program is specifically targeted at low income individuals and provides an additional opportunity to access nutritious food other than those offered by the meal sites.

As funding is available, Elderbridge will purchase and distribute shelf-stable, winter emergency meal boxes to home-delivered participants in the fall season. Home delivered clients have few, if any choices to obtain a meal when "Meals on Wheels," is not operating due to bad weather. Older lowans are most at risk for institutional placement without proper nutrition.

Elderbridge will continue to work with other dietitians and the menu committee to increase the palatability of recipes, menus, and presentation of food. Some potential diners do not participate in meal sites because they do not find the menus appealing.

Elderbridge will also continue to actively visit with participants and community members to assess further barriers and explore other innovative opportunities to meet our nutritional goals.

Elderbridge understands that a shift in generational views is taking place. Many baby boomers do not identify themselves as "elderly, or a "senior citizen." They do not identify with the "golden years," of slowing down. Boomers are much more active, living longer, and enjoy learning opportunities. Many are working beyond the expected retirement years, have busy schedules, and are taking care of aging parents. They have different expectations and needs than previous generations. Many want more food choice options such as café style; eating a sandwich, a yogurt or a cup of soup. To increase meal site participation and to engage the baby boomers Elderbridge will continue to explore innovative strategies and implement those that work when funding is available.

Elderbridge was recently made aware of an assisted living agency located in Mason City that began home delivered meals in February 2015. The meals are delivered Monday-Friday and evenings for the cost of \$7.46 per meal. We plan to visit with this agency to see if they take the Elderly Waiver for meals.

Individuals to be Served

The table below lists the number of individuals served in SFY2015 to date from all funding sources and estimated number to be served in SFY 2016 (7/1/2015 – 6/30/2016).

Table 8: Meal Program Consumers

Category	SFY 2015 As of: 1/30/15	SFY 2016
Total Number of Meal Program Consumers Served	8747	10,700

Source: IAPRS Client/Service Units Report FY15.

Date Generated/Reviewed: 1/30/2015

Additional Services

Meal program consumers most frequently receive Nutrition Education services. Each meal site provides an educational presentation hosted by the site manager 1x per month. Topics include; adopting a healthy lifestyle, making informed food choices, exercise, and trying healthy recipes. Elderbridge has also partnered with the Iowa Department of Public Health who are providing the “Fresh Conversations,” program as a pilot project at selected meal sites. The program has trained facilitators who present a 30 minute nutritional education topic monthly with handout materials for consumers.

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

Category	SFY 2015 As of: 3/04/2015	SFY 2016
Percent of meal program consumers served receiving additional AAA services	92%	92%

Source: IAPRS Client/Service Units Report FY15.

Date Generated/Reviewed: 3/04/2015

Projected Expenditures

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

Table 10: Meal Programs Funding Sources

Funding Source	FY2015	FY2016
Federal	1,815,402	1,640,893
State	605,841	600,146
Local	1,439,852	1,191,022
In-Kind	270,000	5,000
Total	4,131,095	3,437,061

Source: FY15 Area Plan Budget Report, and FY16 Budget Reporting. Date

Generated/Reviewed: 2/13/2015.

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

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

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

Prevention and Awareness Needs

The three most frequently identified abuse categories addressed by the agency's Elder Rights specialist is:

1. Self- Denial of Critical Care (Self-Neglect)
2. Financial Exploitation
3. Denial of Critical Care (Caretaker-Neglect)

Strategies to Address Needs

In July 2013 Elderbridge launched an Elder Rights Program as a strategy to combat elder abuse. The program serves any individual 60 years of age or older when there are concerns that basic needs are not being met and/or there is risk of abuse. All services provided are voluntary and the individual may refuse to participate in services at any time. The individual cannot reside in a nursing home or assisted living. Elderbridge's Elder Rights program emphasizes empowerment. Every adult has the inherent right to live in a safe environment with freedom to make their own decisions without fear of abuse or reprisal.

The program was modeled after the Elder Abuse Initiative (EAI) demonstration project. This project ran for 10 years providing interventions to vulnerable elders and gathering data to support future programs. The project ended in June 2011 when funding ran out. Original partners of the project included; the Iowa Department on Aging (IDA), the Iowa Department of Human Services (DHS), area law enforcement agencies, county attorneys, medical providers, community service providers, and other community collaborators.

Elderbridge has been moving towards expanding the program since July 2013. Funding, however has been an on-going challenge. Elderbridge was awarded grant funding in August 2014 through the IDA, and entered into a contract to provide Elder Rights Services.

Elderbridge has four Elder Rights Specialists that are located in each of our offices that cover a 29 county area. The Mason City Elder Rights Specialist was hired in October 2013 and subsequently Elder Rights Specialists were hired in Fort Dodge, Spencer, and Carroll.

The role of the Elder Rights Specialist is to advocate, partner, network, and coordinate with older Iowans, family, friends and community providers to work in the best interest of the individual. All service provided are voluntary. The individual may refuse to participate in services at any time. The individual cannot reside in a nursing home or an assisted living facility.

The Specialist receives two types of referrals. One type is an in-depth consultation, which involves problem solving and options counseling. The other type of referral may lead to a home visit, an assessment, an intervention plan, coordination of services, and follow-up.

When a call or a referral has been received a Specialist assesses the situation, risks, and needs. If it is determined to meet risk criteria and/or further evaluation is needed, the Specialist will schedule an appointment with the older lowan identified. If there is a suspicion of dependent adult abuse, the Department of Human Services is contacted. Law enforcement is contacted immediately if there is imminent risk. During the interview or assessment process the Elder Rights Specialist asks the elder adult specific questions and gathers information designed to evaluate the level of risk. Questions about activities of daily living, health literacy, finances, capacity, caretaker distress, and mood are assessed. An elder adult is discharged when the risk of harm has been terminated, lowered, or services are no longer needed.

Referrals are received from DHS, law enforcement, family, neighbors, and the general public. Many of our referrals are also received internally through case managers, information and assistance and options counselors, as well as other service providers working with an elderly adult and their family.

Most recent, Elderbridge created a new position in the Elder Rights Program. A Team Lead/ Grant Writer position. In the Team Lead role responsibilities include; developing an elder rights orientation and training program. The position also provides consultation, and support for other Specialists. In the Grant Writer role activities include; grant writing and management, evaluation planning, fundraising, and developing a plan for sustainability.

Elder Rights Program Goals:

- Terminate, minimize, or reduce potential abuse through intervention strategies.
- The older lowan will live in a safe environment without fear of abuse or reprisal.
- The older lowan will obtain adequate family and/or formal or informal supports.
- The older lowan will obtain any necessary medical or mental health care.
- The older lowan will decrease feelings of isolation, loneliness, depressive symptoms, & increase satisfaction with life.

Communication is one key to successful programs. The Elder Rights Specialists regularly attend in-house meetings with co-workers to support and serve as a resource, especially on difficult cases. The Specialists network and collaborate with multiple community providers and the public at different levels. For example, a Specialist may work with an elder adult and several family members, in addition to formal providers such as physicians, DHS, Law Enforcement, Legal Aid, etc.

The Specialists also provide public awareness presentations and training for community providers when requested. They are involved with and participate in meetings that foster and

support networking relationships. These include the Aging Coalition, SALT (seniors and Law Enforcement), interagency quarterly meetings, and Caretaker Conferences.

Elder Rights Specialists are also Senior Medicare/Medicaid Patrol Coordinators. In this role they inform citizens on how to protect their personal information, detect potential errors, and recognize scams. They help elders prevent healthcare fraud and abuse through individual counseling and/or group presentations. They plan and coordinate local World Elder Abuse Day, participate in Senior Fairs, Events and EXPOS by handing out information on the agency, Elder Abuse, and Senior Medicare/Medicaid Patrol etc. Elderbridge writes and publishes a monthly newsletter called "Renaissance." This is distributed to more than 3,700 seniors in our service area and includes a monthly article on Elder Abuse prevention.

Community partners have expressed true appreciation for the impact of the Elder Rights Program on their communities' ability to respond to high risk consumers and prevent abuse. Further, the positive community feedback we have received has not only prevented abuse but has produced a higher level of community awareness of other programs and supports that Elderbridge provides.

Strategies Elderbridge will implement in FY2016-2017 will be to continue the following:

1. Our new Specialists will continue to develop networks and reciprocal relationships with community providers and co-workers to serve the best interest of the elderly. It is our goal to develop networks with the Mental Health and Disability Service (MHDS) regions, banks, and credit unions, and other service providers.
2. Elderbridge will continue to develop our Elder Rights staff. This means regular and specialized training, providing support, and case consultation. We believe quality training prepares staff to do their jobs professionally and effectively. Our Specialists are part of the ADRC and Life Long Links Team. Two of our Specialists are certified "Alliance of Information & Referral Systems Aging Specialist" (CIRS-A) we hope to have the other two trained in the next 6 months. Two of our Specialists are also trained in Mediation. We plan to have the new Specialists also trained as Mediators when training becomes available. Our goal is to have all of the Specialists become certified mediators and will be reviewing this process with the IDA and the Iowa Association of Mediators.
3. Our Specialists will continue to participate in IDA elder abuse trainings and conferences.
4. Our Specialists are registered with the Iowa for Aging Online Training Program for professional development through a partnership between The Center for Aging and Disability Education and Research (CADER) and the Iowa Association of Area Agencies on Aging. The goal is to "enhance knowledge and expand skill set."

5. Lastly, we will design an informative brochure and other print, media materials about the Elder Rights program that can be given out at fairs, presentations, events, promoting prevention and awareness efforts.

Barriers that prevent Elderbridge from addressing issues include:

1. Continuing valuable programs by keeping quality people for competitive pay in all of our programs including Elder Rights. This is an on-going challenge.
2. Many other challenges are directly related to elder adults and barriers we have encountered. These obstacles include; hoarding and unsafe housing, county and city responsibilities and lack of resources. The older lowan may be lonely or isolate. Any contact with family or friends even those who exploit or abuse them may meet a companionship need. The senior may refuse to press charges. Guardianship or conservatorship, and power of attorney issues when an elder has no friends or family to advocate on their behalf are becoming more common. We anticipate that with the reestablishment of the Office of Substitute Decision Maker that some of these issues will be addressed.
3. IDA recently updated the Elder Abuse Prevention and Awareness Program Manual. With this update; policies and procedures were rewritten to reflect best practices. One challenge for Elder Rights Specialists is to continue to gather relevant information to appropriately assess the elder adult, while reducing document duplication, and meeting reporting requirements.

Individuals to be Served

The table below lists the number of individuals served in SFY2015 to date and an estimated number to be served in SFY 2016 (7/1/2015 – 6/30/2016).

Table 11: Elder Abuse Prevention and Awareness Consumers

Category	SFY 2015 As of: 2/20/15	SFY 2016
Total Number of EAPA Active Consumers Served	21	50

Source: Elder Abuse Prevention & Awareness Program Monthly Report and Elder Rights Program Work Plan. Date Generated/Reviewed: 2/20/15.

Additional Services

Options Counseling Services is the most frequent used additional service used by Elder Rights consumers. This service may include; completing an Elderly Waiver application so that the older lowan may be assigned a case manager. Further, the Specialist may provide other Options Counseling such as helping to complete a legal aid application, a rental assistance form, contacting a transportation provider, or a local meal site and making a referral for home delivered meals. The Specialist may also request Material Aid to purchase a cane, or a lifeline for an older senior at risk of falling. These are all examples of Options Counseling Services. This service fills a critical gap needed to protect and safeguard the elderly.

Table 12: Percentage of EAPA consumers receiving additional AAA services

Category	SFY 2015 As of: 2/20/2015	SFY 2016
Percent of EAPA consumers receiving additional AAA services	75%	100%

Source: IDA Form 3A-1, FY15 Area Plan Update, Elder Abuse Prevention & Awareness Program Monthly Report. Date Generated/Reviewed: 2/20/15.

Projected Expenditures

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

Table 13: EAPA Funding Sources

Funding Source	FY2015	FY2016
Federal		
State	87,500	87,500
Local	4,000	
In-Kind		
Total	91,500	87,500

Source: FY15 Area Plan Update, FY15 Budget, FY16 Budget, and Iowa Financial Reporting System (IAFRS). John K. & Luise V. Hanson Foundation (Grant). Date Generated/Reviewed: 2/20/2015. **Note:** EAPA did not have discrete taxonomies in FY2015.

Section 2: Service Planning and Evaluation

FY 2016 Projected Older Americans Act Consumers and Service Units

Form 3A-1		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
01A: Administration							
Green highlight indicates mandatory service							
1: Personal Care	General Aging	6319	207	120	3	1	102
2: Homemaker	General Aging	9941	368	152	2	1	206
3: Chore	General Aging	5573	472	206	6	5	296
4: Home Delivered Meals	General Aging	222825	2546	1433	7	1	243
5: Adult Daycare	General Aging						
6: Case Management	General Aging	4878	1075	575	15	15	950
7: Congregate Meals	General Aging	325575	8154	4892	19	2	815
8: Nutrition Counseling	General Aging	15	15	8	0	0	1
9: Assisted Transportation	General Aging						
10: Transportation	General Aging	38953	5761	2880	1	1	1440
11: Legal Assistance	General Aging	581	373	373	1	1	350
12: Nutrition Education	General Aging	31090	5350	3100	9	1	535
13: Information & Assistance	General Aging	1200	1200	1050	5	2	450
14: Outreach	General Aging	125	125	100	2	1	65
B02: Health Promotion and Disease Prevention	General Aging	873	536	182	3	2	95
B03: Respite	General Aging						
B05: Mental Health Outreach	General Aging	425	126	126	0	0	2
B06: Medication Management	General Aging						
B07: Evidence Based Health Activities	General Aging	120	120	67	2	0	8
C05: Legal Education	General Aging						
CO7: EAPAP Consultation	General Aging	550	50	40	1	1	25
CO8: EAPAP Assessment & Intervention	General Aging	1750	50	40	1	1	25
CO9: EAPAP Training & Education	General Aging	45	5000	4000	5	2	2000
C10: Self-Directed Care	General Aging						
C11: Money Management	General Aging						
D01: Training & Education	General Aging	5120	5120	4500	4	1	1280
D02: Recreation Activities	General Aging						
D03: Reassurance/Visiting	General Aging	1776	600	600	2	2	600
E01: Counseling	General Aging						
E02: Placement Services	General Aging						
E05: Options Counseling	General Aging	250	125	118	2	1	75
F02: Material Aid	General Aging	90	90	80	2	1	75
CG1: CG Access Assistance	Caregiver	550	550	350	1	1	130
CG2: Self Directed Care	Caregiver						
CG3: CG Counseling	Caregiver	75	75	70	1	1	45
CG4: CG Information Services	Caregiver	8	450	400	2	1	100
CG5: CG Respite	Caregiver	9183	55	32	1	1	20
CG6: CG Supplemental Services	Caregiver						
CG7: CG Home Delivered Meals	Caregiver						
CG8: CG Options Counseling	Caregiver	100	50	40	1	1	35
CO1: GO Accesss Assistance	Caregiver						
CO2: GO Self-Directed Care	Caregiver						
CO3: CO Counseling	Caregiver						
CO4: GO Information Services	Caregiver						
GO5: GO Respite	Caregiver						
GO6: GO Supplemental Services	Caregiver						
GO7: GO Home Delivered Meals	Caregiver						
GO8: GO Options Counseling	Caregiver						

Service Activity and Data Collection Performance

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

Results: Service Data for FY2014 and FY2015 YTD

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

Mandatory Service	data category	SFY 2014 Projected	SFY 2014 Actual	2014 % Difference	SFY 2015 Projected	SFY 2015 Actual (YTD Q1)	2015 % Difference
Case Management	Consumers	1,050	1,000	95%	1,050	701	67%
	Units	5,250	4,548	87%	4,122	1,213	29%
Congregate Meals	Consumers	2,608	8,720	334%	6,762	4,438	66%
	Units	382,351	333,516	87%	387,661	83,561	22%
Health Promotion	Consumers	500	535	107%	500	213	43%
	Units	500	915	183%	500	125	25%
Home Delivered Meals	Consumers	1,239	2,504	202%	2,430	1,458	60%
	Units	241,041	227,549	94%	237,599	55,213	23%
Information & Assistance	Consumers	1,800	4,553	253%	1,800	760	42%
	Units	2,700	4,562	169%	2,700	1,007	37%
Legal Assistance	Consumers	315	375	119%	500	156	31%
	Units	400	625	156%	600	156	26%
Nutrition Counseling	Consumers	35	0	0%	10	0	0%
	Units	70	0	0%	10	0	0%
Nutrition Education	Consumers	2,709	4,879	180%	3,215	3,531	110%
	Units	2,709	10,281	380%	25,800	8,294	32%
Options Counseling	Consumers				282	29	10%
	Units				565	37	7%

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

Results: Consumer Data Collection

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

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

Congregate Meal Consumers	SFY2014	SFY2015 YTD
# Consumers	8,720	4,438
# Forms Completed	6,214	4,203
% of Consumers Registered	71%	95%

Discussion: Service Projections and Data Collection

One primary issue Elderbridge encounters in forecasting service projections and collecting data is having too many databases. For example, the agency uses the Iowa Individualized Services Information System (ISIS), the Enhanced Services Program (ESP), Seamless, the Iowa Program Reporting System (IAPRS), the Iowa Financial Reporting System (IAFRS), the Iowa Medicaid Portal Application for Incident Reporting, SART, and others. What further complicates the issue is that the databases don't talk with each other and there are problems collecting accurate information. This causes multiple staff to enter the same data in multiple locations. Often the data is duplicated, the task is tedious, time consuming, fragmented, and costly to the organization in terms of manpower.

Another issue, is having dedicated "staff or tools to help with projections," and forecasting before we know who is available or is selected through the application process to provide a service to Older Iowans.

Actions taken to address these issues are that the agency is working with the Iowa Department of Aging to explore a more user friendly system for tracking consumers.

One approach our agency is taking in evaluating data for planning and program evaluation is requesting feedback from both Home and Community Based Service (HCBS) providers and consumers of service. As part of our ongoing commitment to quality improvement Elderbridge is asking for service providers to complete a survey. That survey can be accessed on-line on survey monkey or be completed and mailed back. The survey is taken annually with questions focusing on both positives and problems. In addition, Elderbridge staff provide annual on-site visits to HCBS providers. Elderbridge Case Management also sends consumers a satisfaction survey to be completed annually. The survey is confidential and includes a self-addressed stamped return envelope. Questions center around quality of service, consumer choices of services, and if the consumer would be able to remain independent without case management services.

Volunteers and staff at meal sites are working together to get more complete information from customers completing intake forms. We also request feedback through our newsletter on content, readability and solicit topics from its 3,700 readers.

Section 3: Intent / Assurances

Verification of Intent

Authorized Signatures

Compliance with Assurances and General Provisions

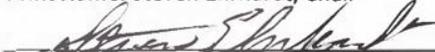
Verification of Intent

Elderbridge Agency on Aging (AAA) accepts full authority and responsibility to develop and administer the SFY 2016-SFY 2017 Area Plan on Aging in accordance with all requirements of the Older Americans Act as amended 2006, state laws, rules, and procedures. By accepting this authority and responsibility, the area agency agrees to develop and administer the Area Plan for a comprehensive and coordinated system of service and to serve as the advocate and focal point for all Iowans 60+ years of age in the area agency's planning and service area.

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

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

Print Name: Steven Ehrhardt, Chair

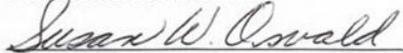
 4-14-15

Signature, Chair - Governing Body

Date Signed

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

Print Name: Susan Oswald

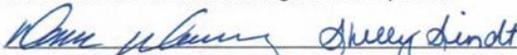
 4-20-2015

Signature, Chair – Advisory Council

Date Signed

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

Print Name: Donell Doering and Shelly Sindt

 4-16-15

Signature, Interim Executive Directors

Date Signed

Authorized Signatures

Name of Area Agency on Aging: Elderbridge Agency on Aging
 Street Address: 22 N. Georgia, Suite 216
 City, State, Zip Code: Mason City, IA 50401

Type of Agency: PSA 1
 Date of Area Agency on Aging Designation: October 1, 1981

Authorized Signatures for Funding Applications and Contracts

Print Name: Donell Doering and Shelly Sindt

 _____ 4-16-15
 Signature of Interim Executive Directors Date Signed

Print Name: Steven Ehrhardt

 _____ 4-14-15
 Signature of Chair, Governing Body Date Signed

Authorized Signatures for Fiscal Reports

Print Name: Donell Doering and Shelly Sindt

 _____ 4-16-15
 Signature of Interim Executive Directors Date Signed

Print Name: Steven Ehrhardt

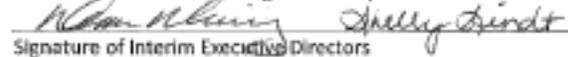
 _____ 4-14-15
 Signature of Chair, Governing Body Date Signed

Print Name: Sherri Boedeker

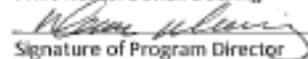
 _____ 4/23/15
 Signature of Fiscal Director Date Signed

Authorized Signatures for Program Reports

Print Name: Donell Doering and Shelly Sindt

 _____ 4-16-15
 Signature of Interim Executive Directors Date Signed

Print Name: Donell Doering

 _____ 4/16/15
 Signature of Program Director Date Signed

Compliance with Assurances and General Provisions

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

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

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

Further Assurance is given that:

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

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

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

Print Name: Steven Ehrhardt

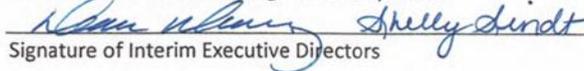


Signature of Chair, Governing Body

4-14-15

Date Signed

Print Name: Donell Doering and Shelly Sindt



Signature of Interim Executive Directors

4-16-15

Date Signed

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

Sec. 306, AREA PLANS

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

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

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

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

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

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

Section 4: Stakeholder / Public Input

Governing Body

Advisory Council

LLL Advisory Council

Public Hearing Documentation

Governing Body

Governing Body for Elderbridge Agency on Aging.

Chair

Name: Steven Ehrhardt
 Address: 205 3rd Street
 City & Zip Code: Dakota City, 50529
 County: Humboldt
 Phone: 515-573-6852
 E-mail: Steve.ehrhardt@friendshipavenue.org
 Term Expires: 2017

Vice-Chair

Name: Paula Harms
 Address: 707 5th Avenue NE
 City & Zip Code: Belmond, 50421
 County: Wright
 Phone: 641-444-3915
 E-mail: pharms@abcmcorp.com
 Term Expires: 2016

Secretary/Secretary Treasurer

Name: Jan Sowers
 Address: 2107 90th Avenue
 City & Zip Code: Algona, 50511
 County: Kossuth
 Phone: 515-295-3987
 E-mail: janetsowers@awcmail.com
 Term Expires: 2016

Treasurer (if separate officer)

Name: Mary Jeann Batham
 Address: 360 W 12th Street
 City & Zip Code: Garner, 50438
 County: Hancock
 Phone: 641-923-2240
 E-mail: mjbatham@yahoo.com
 Term Expires: 2016

Other Members

Name: Roy Schoon
 Address: 609 S. Cayuga Street
 City & Zip Code: Pomeroy, 50575
 County: Calhoun
 Phone: 712-468-2631
 E-mail: 1954usnavyuss37@gmail.com
 Term Expires: 2017

Name: Gary Schriver
 Address: 106 S. Indiana
 City & Zip Code: Mason City, 50401
 County: Cerro Gordo
 Phone: 641-424-1705
 E-mail: gmemschriver@gmail.com
 Term Expires: 2017

Name: Jim Burns
 Address: 18296 220th Street
 City & Zip Code: Carroll, 51401
 County: Carroll
 Phone: 712-830-1884
 E-mail: jbvb@gliddenwildblue.com
 Term Expires: 2015

Name: Michael Otto
 Address: 225 S. Harker Street
 City & Zip Code: Paullina
 County: O'Brien
 Phone: 712-949-3786
 E-mail: otto@tcaexpress.net
 Term Expires: 2016

Name: Mabel Mantel
 Address: Box 293
 City & Zip Code: Orange City, 51401-1130
 County: Sioux
 Phone: 712-737-4567
 E-mail: jmmantel@hotmail.com
 Term Expires: 2016

Name: Margie Brones
 Address: 1108 S. Mill Street
 City & Zip Code: Lake Mills, 50450
 County: Winnebago
 Phone: 641-592-7022
 E-mail: None
 Term Expires: 2017

Name: Chris White
Address: PO Box 127
City & Zip Code: Peterson, IA 51047
County: O'Brien
Phone: 712-446-3857
E-mail: admin@pocahontasmanor.com
Term Expires: 2016

Name: Wilma Straus, Liaison to Advisory
Council
Address: 404 Highway 71
City & Zip Code: Early, 50535
County: Sac
E-mail: None
Term Expires: 2017

Advisory Council

Older Americans Act Section 306(a)(6)(D). Each area agency on aging shall establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

Older Americans Act Code of Regulations, Subpart C, Sec. 1321.57(b) Composition of Council.

The council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the area agency in developing community-based systems of services. The advisory council shall be made up of:

1. More than 50 percent older persons, including minority individuals who are participants or who are eligible to participate in programs under this part;
2. Representatives of older persons;
3. Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
4. Representatives of supportive services provider organizations;
5. Persons with leadership experience in the private and voluntary sectors;
6. Local elected officials; and
7. The general public.

If the agency's Advisory Council does not currently meet all 7 composition criteria listed above, provide the following information:

- 1) Composition criteria yet to be satisfied by the Council (# 1, 2, 3, 4, 5, 6, 7)

All composition criteria has been satisfied by the Council.

Advisory Council for Elderbridge Agency on Aging

Chair

Name: Susan Osvald
 Address: 1851 280th Street
 City & Zip Code: Exira, 50076
 County: Audubon
 Phone: 712-549-2237
 E-mail: pjsmdd@met.net
 Term Expires: 2015

Vice Chair

Name: Steven Fitzgerald
 Address: 1851 280th Street
 City & Zip Code: Exira, 50076
 County: Crawford
 Phone: 712-263-2928
 E-mail: gitzandpents&juno.com
 Term Expires: 2016

Secretary/Secretary Treasurer

Name: Susan Johnson
 Address: PO Box 675
 City & Zip Code: Okoboji. 51355
 County: Dickinson
 Phone: 712-759-1068
 E-mail: jrjscj@hotmail.com
 Term Expires: 2015

Treasurer

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

Other Members:

Name: Jennifer Kesler
 Address: 703 N. 5th Street
 City & Zip Code: Guthrie Center
 County: Guthrie
 Phone: 641-332-3812
 E-mail: jenniferk@gcho.org
 Term Expires: 2017

Name: Doug Doolittle
 Address: 1619 Locust, Apt. 104
 City & Zip Code: Webster City, 50595-2697
 County: Hamilton
 Phone: 515-832-6202
 E-mail: dougdd@q.com
 Term Expires: 2015

Name: Kelly Schultz
 Address: PO Box 318
 City & Zip Code: Estherville, 51334
 County: Emmet
 Phone: 712-229-6064
 Email: dks@ncn.net
 Term Expires: 2017

Name: Tracy Gotto
 Address: 1206 W 4th Street
 City & Zip Code: Storm Lake, 50588
 County: Buena Vista
 Phone: 712-213-5933
 E-mail: tgotto@mrcsi.org
 Term Expires: 2017

Name: Marlene Welander
 Address: PO Box 37
 City & Zip Code: Pomeroy, 50575
 County: Calhoun
 Phone: 515-450-4030
 E-mail: isell4u2014@yahoo.com
 Term Expires: 2015

Name: Marlene Gray
 Address: 318 2nd Ave. SW
 City & Zip Code: Britt, 59423
 County: Hancock
 Phone: 641-843-3680
 Term Expires: 2016

Name: Joene Bohlmann
 Address: 805 Iowa Drive
 City & Zip Code: Manning, 51455
 County: Carroll
 Phone: 712-790-9143
 E-mail: None
 Term Expires: 2017

Name: Cheryl Erb
 Address: 701 2nd Avenue
 City & Zip Code: Charles City, 50616
 County: Floyd
 Phone: 641-228-6956
 E-mail: cjahnel.1974@gmail.com
 Term Expires: 2017

Name: Janeice Geitzenauer
 Address: 306 2nd Ave. North
 City & Zip Code: Dakota City, 50529
 County: Humboldt
 Phone: 515-332-3769
 E-mail: geitz@q.com
 Term Expires: 2016

Name: Amanda Ragan
 Address: 361 S. Pennsylvania, 1D
 City & Zip Code: Mason City, 50401
 County: Cerro Gordo
 Phone: 641-380-0080
 E-mail: meals@netconx.net
 Term Expires: 2016

Name: Tracy Quinones
 Address: 791 120th Street
 City & Zip Code: Hampton, 50441
 County: Franklin
 Phone: 641-430-8473
 E-mail: tquinones@abcmcorp.com
 Expires: 2015

Name: Paul Haverly
 Address: 514 E. South Avenue
 City & Zip Code: Algona, 50511-3531
 County: Kossuth
 Phone: 515-295-3656
 E-mail: hanver@netamumail.com
 Term Expires: 2017

Name: Judith Bevers
 Address: 410 Chicago Ave
 City & Zip Code: Gillett Grove, 51341
 County: Clay
 Phone: 712-835-2656
 E-mail: None
 Term Expires: 2016

Name: Wilbert Knobloch
 Address: 104 Clinton, Box 88
 City & Zip Code: Lester, 51242
 County: Lyon
 Phone: 712-478-4464
 E-mail: ritaknob@alliancecom.net
 Term Expires: 2015

Name: Joan Tiffany
 Address: 605 15th St. South
 City & Zip Code: Grand Junction, 50107
 County: Greene
 Phone: 515-738-2176
 E-mail: jtiffany@iowatelecom.net
 Term Expires: 2015

Name: Lori Hayungs
 Address: 400 Central Ave. NW, Ste. 700
 City & Zip Code: Orange City, 51041
 County: Sioux
 Phone: 712-395-0153
 E-mail: lhayungs@iastate.edu
 Term Expires: 2016

Name: Diane Sarich, Liaison to Board
 Address: 5968 380th Street
 City and Zip Code: Primghar, 51245
 County O'Brien
 Phone: 563-920-9644
 E-Mail: dsarich@scchealth.com
 Term Expires: 2015

Name: Carol Barber
 Address: 2306 N. 22nd Street
 City and Zip Code: Fort Dodge, 50501
 County: Webster
 Phone: 515-573-5797
 E-Mail: cbarb@frontiernet.net
 Term Expires: 2017

Name: Larry Pedley
Address: 338 9th Street
City & Zip Code: Sibley, 51249
County: Osceola
Phone: 605-321-4259
E-Mail: C44dash8@yahoo.com
Term Expires: 2016

Name: Maureen Sandberg
Address: Counthouse, PO Box 403
City & Zip Code: Emmetsburg, 50536
County: Palo Alto
Phone: 712-852-2832
E-mail: msandberg@co.palo-alto.ia.us
Term Expires: 2017

Name: Clint Fogde
Address: 101 NE 5th Street, Apt. 101
City & Zip Code: Pocahontas, 50574
County: Pocahontas
Phone: 712-335-4626
E-mail: managerph@arlingtonplaceretirement.com
Term Expires: 2017

Name: Patricia Rubendall
Address: 501 Morningside Drive
City & Zip Code: Sac City, 50583
County: Sac
Phone: 712-661-9269
E-mail: prubendall@frontier.com
Term Expires: 2016

Name: Becky Solomonson
Address: 45840 150th Avenue
City & Zip Code: Scarville, 50473
County: Winnebago
Phone: 641-568-3553
E-mail: solyfam@gmail.com
Term Expires: 2015

Name: Nancy Franck
Address: 1101 Central Avenue
City & Zip Code: Northwood, 50459
County: Worth
Phone: 641-324-0517
E-mail: nancy.franck@northwoodlrh.org
Term Expires: 2017

Name: Cindy Sampson
Address: 320 N. Water Street, PO Box 358
City & Zip Code: Goldfield, 50542
County: Wright
Phone: 515-825-3533
E-mail: dsampson@goldfieldaccess.net
Term Expires: 2016

LifeLong Links Advisory Council

Elderbridge Agency on Aging

Chair

Name: Russell Wood
Address: Franklin Co Community Services, 123, 1st
Ave, SW PO Box 58
City & Zip Code: Hampton 50441
County: Franklin
Phone: 641-456-2128
E-mail: rwood@co.franklin.ia.us
Term Expires: 1/2016

Vice-Chair

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

Secretary/Secretary Treasurer

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

Treasurer (if separate officer)

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

Other Members

Name: Kim Wilson
Address: Northwest Iowa Care Connections, 215
West 4th, Suite 6
City & Zip Code: Spencer, 51301
County: Clay
Phone: 712-262-9438
E-mail: kwilson@co.clay.ia.us
Term Expires: 1/2016

Name: Denise Hiscocks
Address: Hancock County Health Systems,
532 1st Street NW
City & Zip Code: Britt 50423
County: Hancock
Phone: 641-923-3676
E-mail: hiscockd@mercyhealth.com
Term Expires: 1/2016

Name: Erin Barkema
Address: Region 2 Community Health
City & Zip Code:
County:
Phone: 515-829-0515
E-mail: Erin.Barkema@idph.iowa.gov
Term Expires: 1/2016

Name: Gary Schriver
Address: 106 S. Indiana
City & Zip Code: Mason City, 50401
County: Cerro Gordo
Phone: 641-424-1705
E-mail: gmemschriver@gmail.com
Term Expires: 1/2016

Name: Rita Storm
Address: 529 8th Ave W
City & Zip Code: Spencer, 51301
County: Clay
Phone: 712-260-1394
E-mail:
Term Expires: 1/2016

Name: Cathy Kirschbaum
Address: 1805 2nd Ave E.
City & Zip Code: Spencer, 51301
County: Clay
Phone: 712-260-6166
E-mail:
Term Expires: 1/2016

Name: Tammie McCready
Address: 22 N. Georgia, Suite 216
City & Zip Code: Mason City, 50401
County: Cerro Gordo
Phone: 641-512-0914
E-mail: tmccready@elderbridge.org
Term Expires: 1/2016

Name: Kari Prescott
Address: Webster Co Health Dept, 330 1st Ave
N, Suite L2
City & Zip Code: Fort Dodge, 50501
County: Webster
Phone: 515-574-3833
E-mail: kprescott@webstercountyia.org
Term Expires: 1/2016

Name: Kim Scorza
Address: Seasons Center, 201 East 11th Street
City & Zip Code: Spencer 51301
County: Clay
Phone: 1-800-242-5101
E-mail: kscorza@seasonscenter.org
Term Expires: 1/2016

Name: Bob Lincoln
Address: County Social Services, 1407
Independence
City & Zip Code: Waterloo 50703
County: Black Hawk
Phone: 641-330-0455
E-mail: blincoln@countysocialservices.org
Term Expires: 1/2016

Name: Dawn Mentzer
Address: Rolling Hills Community Services,
605 Cayuga
City & Zip Code: Storm Lake 50588
County: Buena Vista
Phone: 712-749-2556
E-mail: dmentzer@cbvcountyiowa.com
Term Expires: 1/2016

Name: Andy Eastwood
Address: WellSource, 235 S Eisenhower Ave
City & Zip Code: Mason City 50401
County: Cerro Gordo
Phone: 641-424-2075 x235
E-mail: eastwood@wellsourcehealth.org
Term Expires: 1/2016

Name: Cliff Hagman
Address: United Way of North Central Iowa,
2911 4th St. SE
City & Zip Code: Mason City 50401
County: Cerro Gordo
Phone: 641-423-1774
E-mail: nisagelink@gmail.com
Term Expires: 1/2016

Public Hearing Documentation

Donell Doering, Interim Co-Exec. Director
Shelly Sindt, Interim Co-Exec. Director



Steve Ehrhardt, Board President

Elderbridge Agency on Aging
22 North Georgia, Suite 216
Mason City, Iowa 50401
641-424-0678

February 23, 2015

For Immediate Release

Elderbridge Agency on Aging will hold a public hearing to obtain comments and input from citizens in regard to the waiver to provide options counseling as a direct service, review "Priority Services" (Access, In-Home and Legal) and to review the Elderbridge Area Plan for State Fiscal Year 2016-2017.

The hearing is scheduled to take place at 1:00 p.m. on April 1, 2015 at the Fort Dodge office of Elderbridge Agency on Aging located at 308 Central Avenue, Fort Dodge, Iowa.

Any Iowa resident in the 29 counties in the Elderbridge service area is encouraged to take part. Those counties are Cerro Gordo, Floyd, Mitchell, Worth, Winnebago, Hancock, Franklin, Wright, Kossuth, Humboldt, Webster, Hamilton, Greene, Guthrie, Emmet, Palo Alto, Pocahontas, Calhoun, Dickinson, Clay, Buena Vista, Sac, Carroll, Audubon, Crawford, Osceola, O'Brien, Lyon and Sioux.

For more information or to obtain a copy of the 2016-2017 Elderbridge Area plan please call Doug Merbach at 641-424-0678 extension 7079 or e-mail dmerbach@elderbridge.org

The hearing may also be accessed toll-free via telephone by calling prior to the hearing at 1-800-243-0678. Request to talk to Jennifer for instructions.

www.elderbridge.org

22 N. Georgia, Ste. 216
Mason City, IA 50401
Phone: (641) 424-0678

308 Central Ave.
Fort Dodge, IA 50501
Phone: (515) 955-5244

601 N. West Street
Carroll, IA 51401
Phone: (712) 792-3512

714 10th Ave. East
Spencer, IA 51301
Phone: (712) 262-1775

April 1, 2015, Public Hearing
SF 2016-2017 Area Plan
Outlets and Dates

Laurens Sun-March 4, 2015
Buena Vista Journal-March 4, 2015
Pocahontas Democrat-March 4, 2015
Osceola County Daily News-February 26, 2015
Sioux County Daily News-February 26, 2015
KIWA Radio, Sheldon, Iowa-February 26, 2015
Britt News Tribune-March 4, 2015
Mitchell County Press-March 4, 2015
Mason City Globe Gazette-February 27, 2015
Spencer Daily Reporter-February 28, 2015
Fort Dodge Messenger-February 27, 2015
Carroll Daily Times, Herald-March 2, 2015
Denison Bulletin Review-February 27, 2015
Algona Upper Des Moines-March 2, 2015



PUBLIC HEARING

Elderbridge Agency on Aging SFY 2016-2017 Area Plan

Elderbridge Agency on Aging

308 Central Avenue, Fort Dodge, IA

Or by toll-free phone at:

1-800-243-0678

Wednesday, April 1, 2015

1:00 p.m.

AGENDA

- 1:00 pm Call to Order**
 - Roll Call**
 - Introduction**

- 1:05 pm FY 2016-2017 Area Plan Presentation**
- 1:15 pm Request to provide Options Counseling as a direct resource**
- 1:20 pm Discussion of Priority Services (Access, In-Home and Legal)**
- 1:30 pm Adjournment**

ELDERBRIDGE AGENCY ON AGING
SFY 2016-2017 PUBLIC HEARING SIGN-IN SHEET

Date of Hearing: April 1, 2015
Location of Hearing: Elderbridge Agency on Aging
308 Central Avenue, Fort Dodge, Iowa

NAME	ORGANIZATION	COUNTY	E-MAIL ADDRESS	
1	<i>Yammiie McReady</i>	<i>Elderbridge</i>	<i>Central Iowa</i>	<i>ymcready@elderbridge.org</i>
2				
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Public Hearing Summary, April 1, 2015

A public hearing was held on Wednesday April 1, 2015 at the Elderbridge Agency on Aging Fort Dodge office at 308 Central Avenue, Fort Dodge, Iowa.

The hearing was scheduled to review the SFY 2016-2017 Area Plan and to discuss providing Options Counseling as a direct resource and Priority Services.

The Board of Directors for Elderbridge and the Elderbridge Advisory Council members were advised and notified of the hearing date and content of the Area Plan.

Numerous newspapers and radio stations in the 29 county Elderbridge service area were notified of the date of the public hearing.

Legal notice ads were placed in 13 area newspapers and on the Elderbridge website.

Elderbridge locations in Mason City, Fort Dodge, Spencer and Carroll posted the public notice in high traffic areas at their offices.

The public had access to use our toll free phone number and website to make comments and ask questions. There were no questions or comments by the public.

Mick Tagesen, Executive Director



Steve Ehrhardt, Board President

Elderbridge Agency on Aging
22 North Georgia, Suite 216
Mason City, Iowa 50401
641-424-0678

January 27, 2015

For Immediate Release

Elderbridge Agency on Aging will hold a public hearing to obtain comments and input from citizens in regard to the Elderbridge Agency Plan for State Fiscal Year 2016-2017.

The hearing is scheduled to take place at 1:00 p.m. on March 4, 2015 at the Fort Dodge office of Elderbridge Agency on Aging located at 308 Central Avenue, Fort Dodge, Iowa.

Any Iowa resident in the 29 counties in the Elderbridge service area is encouraged to take part. Those counties are Cerro Gordo, Floyd, Mitchell, Worth, Winnebago, Hancock, Franklin, Wright, Kossuth, Humboldt, Webster, Hamilton, Greene, Guthrie, Emmet, Palo Alto, Pocahontas, Calhoun, Dickinson, Clay, Buena Vista, Sac, Carroll, Audubon, Crawford, Osceola, O'Brien, Lyon and Sioux.

For more information or to obtain a copy of the 2016-2017 Elderbridge Area plan please call Doug Merbach at 641-424-067 extension 7079 or e-mail dmerbach@elderbridge.org

www.elderbridge.org

22 N. Georgia, Ste. 216
Mason City, IA 50401
Phone: (641) 424-0678

308 Central Ave.
Fort Dodge, IA 50501
Phone: (515) 955-5244

601 N. West Street
Carroll, IA 51401
Phone: (712) 792-3512

714 10th Ave. East
Spencer, IA 51301
Phone: (712) 262-1775

March 4th 2015, Public Hearing
SF 2016-2017 Area Plan
Outlets and Dates

Laurens Sun 2-4-15
Buena Vista Journal 2-4-15
Pocahontas Democrat 2-4-15
Osceola Co./Sioux Co. Daily News 1-30-15
(this also included web site ads and radio ads)
Algona 2-5-15
Britt News Tribune 2-4-15
Mitchell County Press Citizen 2-4-15
Spencer Daily Reporter 2-4-15, 2-5-15, 2-6-15
Fort Dodge Messenger 2-3-15, 2-4-15, 2-5-15
Carroll Daily Times Herald 1-30-15, 2-2-15, 2-3-15
Denison Bulletin Review 2-3-15
Mason City Globe Gazette 2-3-15, 2-4-15, 2-4-15



PUBLIC HEARING

Elderbridge Agency on Aging SFY 2016-2017 Area Plan

Elderbridge Agency on Aging

308 Central Avenue, Fort Dodge, IA

Or by toll-free phone at:

1-800-243-0678

Wednesday, March 4, 2015

1:00 p.m.

AGENDA

1:00 pm Call to Order

Roll Call

Introduction

1:05 pm FY 2016-2017 Area Plan Presentation

1:15 pm Request to provide Options Counseling as a direct resource

1:20 pm Discussion of Priority Services (Access, In-Home and Legal)

1:30 pm Adjournment

**ELDERBRIDGE AGENCY ON AGING
SFY 2016-2017 PUBLIC HEARING SIGN-IN SHEET**

**Date of Hearing: March 4, 2015
Location of Hearing: Elderbridge Agency on Aging
308 Central Avenue, Fort Dodge, Iowa**

	NAME	ORGANIZATION	COUNTY	E-MAIL ADDRESS
1	Doug Merbach	Elderbridge	Cerro Gordo	dmerbach@elderbridge.org
2	Dorell Doering	"	"	didoering@elderbridge.org
3	Janice Albrecht	"	Cerro Gordo	janicealbrecht@elderbridge.org
4				
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Public Hearing Summary, March 4, 2015

A public hearing was held on Wednesday March 4, 2015 at the Elderbridge Agency on Aging Fort Dodge office at 308 Central Avenue, Fort Dodge, Iowa.

The hearing was scheduled to review the SFY 2016-2017 Area Plan and to discuss providing Options Counseling as a direct resource and Priority Services.

The Board of Directors for Elderbridge and the Elderbridge Advisory Council members were advised and notified of the hearing date and content of the Area Plan.

Numerous newspapers and radio stations in the 29 county Elderbridge service area were notified of the date of the public hearing.

Legal notice ads were placed in 13 area newspapers and on the Elderbridge website.

Elderbridge locations in Mason City, Fort Dodge, Spencer and Carroll posted the public notice in high traffic areas at their offices.

The public had access to use our toll free phone number and website to make comments and ask questions. There were no questions or comments by the public.

Section 5: Area Profile - Staffing / Coverage

Table of Organization

Service Coverage by County

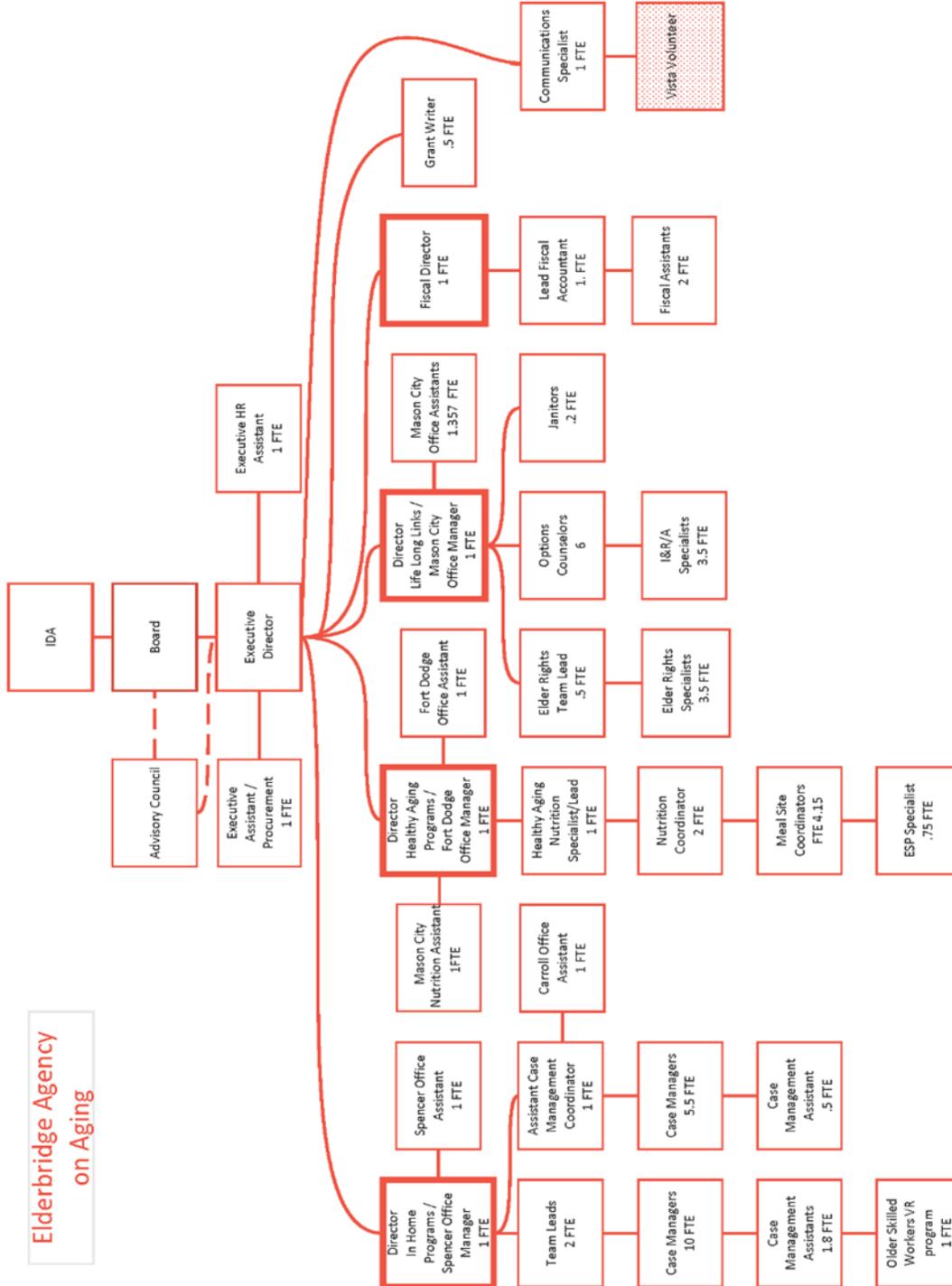
Nutrition Services and OAA Providers

Request for Direct Service Waiver

Service Planning and Data Reporting Performance Measures

Table of Organization

We are not anticipating any staffing issues in SFY 2016.



OAA Service Coverage by County

	Audubon	Buena Vista	Calhoun	Carroll	Cerro Gordo	Clay	Crawford	Dickerson	Emmet	Floyd	Franklin	Greene
Mandatory & Other Services												
Case Management	X	X	X	X	X	X	X	X	X	X	X	X
Congregate Meals	X	X	X	X	X	X	X	X	X	X	X	X
Health Promotion	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meals	X	X	X	X	X	X	X	X	X	X	X	X
Information & Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Other Service(s)												
Adult Day Care/Adult Day Health			X		X					X	X	
Evidence-Based Health Activities	X	X	X	X	X	X	X	X	X	X	X	X
Outreach	X	X	X	X	X	X	X	X	X	X	X	X
Transportation	X	X	X	X	X	X	X	X	X	X	X	X

Adult Day Care/Adult Day Health is under Respite Care in the Service Taxonomy.

This service unfortunately, is not offered in all of our counties due to lack of service providers.

	Guthrie	Hamilton	Hancock	Humboldt	Kossuth	Lyon	Mitchell	O'Brien	Osceola	Palo Alto	Pocahontas	Sac
Mandatory & Other Services												
Case Management	X	X	X	X	X	X	X	X	X	X	X	X
Congregate Meals	X	X	X	X	X	X	X	X	X	X	X	X
Health Promotion	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meals	X	X	X	X	X	X	X	X	X	X	X	X
Information & Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X
Other Service(s)												
Adult Day Care/Adult Day Health		X	X	X			X				X	
Evidence-Based Health Activities	X	X	X	X	X	X	X	X	X	X	X	X
Outreach	X	X	X	X	X	X	X	X	X	X	X	X
Transportation	X	X	X	X	X	X	X	X	X	X	X	X

	Sioux	Webster	Winnebago	Worth	Wright	[county]						
Mandatory & Other Services												
Case Management	X	X	X	X	X							
Congregate Meals	X	X	X	X	X							
Health Promotion	X	X	X	X	X							
Home Delivered Meals	X	X	X	X	X							
Information & Assistance	X	X	X	X	X							
Legal Assistance	X	X	X	X	X							
Nutrition Counseling	X	X	X	X	X							
Nutrition Education	X	X	X	X	X							
Options Counseling	X	X	X	X	X							
Other Service(s)												
Adult Day Care/Adult Day Health		X		X	X							
Evidence-Based Health Activities	X	X	X	X	X							
Outreach	X	X	X	X	X							
Transportation	X	X	X	X	X							

Nutrition Services and OAA Providers

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

Nutrition Services

Agency staff have reviewed the following Nutrition Services information entered into IAPRS and verify that the information is current as of 2/12/2015.

Nutrition Services information to be verified for accuracy includes:

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

Contracts with Service Providers of OAA Services

Agency staff have reviewed the Service Provider information entered into IAPRS and verify that the information is current as of 2/12/2015.

Nutrition Services and OAA Providers

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

Nutrition Services

Agency staff have reviewed the following Nutrition Services information entered into IAPRS and verify that the information is current as of 5/22/2015.

Nutrition Services information to be verified for accuracy includes:

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

Contracts with Service Providers of OAA Services

Agency staff have reviewed the Service Provider information entered into IAPRS and verify that the information is current as of 5/22/2015.

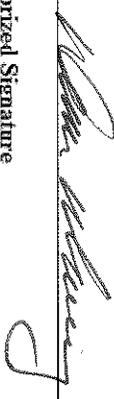
Budget Cover Sheet

Fiscal Year 2016, AAA-02, Reporting Period Budget, Report Version: 2

Elderbridge Area Agency on Aging
 22 North Georgia, Suite 216
 Mason City, IA 50401

	Prior Yr. Resources	Current Yr. Resources	Total Resources	Total Expenditure	Balance
Resources - IDEA					
100: AAA Admin	0	0	0	0	0
110: Elderly Services General	0	1,665,205	1,665,205	1,665,205	0
113: HCBS Client Needs	0	0	0	0	0
120: Case Management	0	0	0	0	0
125: Senior Living Program Base	0	0	0	0	0
126: Senior Living Pgm Supplemental	0	0	0	0	0
127: Senior Living Pgm Case Management	0	0	0	0	0
160: RSVP	0	0	0	0	0
170: Resident Advocate Coordinator	0	0	0	0	0
180: Title IIIB Supportive Services	0	561,314	561,314	561,314	0
190: Title III(C)(1) Congregate Meals	0	921,072	921,072	921,072	0
200: Title III(C)(2) HD Meals	0	466,413	466,413	466,413	0
215: Title IIIE Caregiver Support	0	270,672	270,672	270,672	0
216: Title IIIE Grandparent/Older Relative	0	0	0	0	0
220: Title IIID Preventive Health	0	59,069	59,069	59,069	0
221: Title IIID Preventive Health Med Mgmt	0	0	0	0	0
235: Title XIX Assessment	0	0	0	0	0
250: NSIP Cash Estimate	0	413,885	413,885	413,885	0
260: NSIP Commodities	0	0	0	0	0
IDEA Sub-Total	\$0.00	\$4,445,130.00	\$4,445,130.00	\$4,445,130.00	\$0.00
Resources - Non-IDEA					
280: Federal Non-IDA	0	29,760	29,760	29,760	0
290: State Non-IDA	0	45,000	45,000	45,000	0
300: Local Public Funds	0	302,706	302,706	302,706	0
310: Other Local Cash	0	30,655	30,655	30,655	0
311: Medical Assistance Waiver	0	0	0	0	0
315: Senior Living Pgm Fees	0	0	0	0	0
316: Senior Living Pgm Contributions	0	0	0	0	0
320: Non-Cash	0	118,480	118,480	118,480	0
330: Pgm Inc IIIB Supportive Svcs	0	21,669	21,669	21,669	0
340: Pgm Inc IIIC(1) Congregate Meals	0	700,000	700,000	700,000	0
350: Pgm Inc IIIC(2) HD Meals	0	490,400	490,400	490,400	0
363: Pgm Inc IIIE Caregiver Support	0	6,625	6,625	6,625	0
364: Pgm Inc IIIE Grandparent/Older Relative	0	0	0	0	0
365: Pgm Inc IIID Preventive Health	0	0	0	0	0
366: Pgm Inc IIID Preventive Health Med Mgmt	0	0	0	0	0
370: Program Income Other	0	72,623	72,623	72,623	0
123: Elder Abuse Prevention Awareness Pgm	0	87,500	87,500	87,500	0
Non-IDEA Sub-Total	\$0.00	\$1,817,918.00	\$1,817,918.00	\$1,817,918.00	\$0.00
TOTAL	\$0.00	\$6,263,048.00	\$6,263,048.00	\$6,263,048.00	\$0.00

Remarks: Copied From Fiscal Year: 2016 AAA: 2 Report Type: B Version: 1

Authorized Signature  S. Wells

Submitted By: Submitted:

Request for Direct Service Waiver

The service for which the Elderbridge Agency on Aging seeks a Direct Service Waiver for SFY 2016-2017 is: Options Counseling (For the general aging population and family caregiver/grandparent-older relative caregiver).

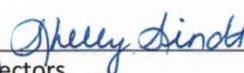
1. Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

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

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

Surveys conducted indicate that Options Counseling fills gaps by providing guidance to consumers so they can make "informed choices about long term supports." IDA requires that the Area Agencies on Aging, including Elderbridge provide Options Counseling as a direct service. Trained Options Counselors will be employed by the Agency.

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

  4-16-15
Signature of Interim Executive Directors Date

Elderbridge Agency on Aging - Area Plan Corrections / Responses

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

Strategy – Projections Questions

Goal 1 Focus Area: LifeLong Links

1. Please explain discrepancy in strategies to expand LifeLong Links activities and decrease in consumer and service unit projections as noted below.

Original:

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Information, Referral, and Assistance	2,700	1,800	1,200	1,200	-56%	-33%	\$241,164	\$252,947	5%
Access Assistance for Caregivers	675	450	550	550	-18%	22%	\$60,291	\$41,402	-88%
Options Counseling	565	282	250	125	-56%	-56%	\$50,467	\$241,745	380%
Options Counseling for Caregivers	1091	546	100	50	-91%	-91%	\$97,448	\$142,828	-90%

Elderbridge Revised:

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Information, Referral, and Assistance	2,700	1,800	3,121	2,792	16%	55%	\$241,164	\$367,230	52%
Access Assistance for Caregivers	675	450	1,599	1,386	137%	208%	\$60,291	\$188,145	212%
Options Counseling	565	282	250	125	-56%	-56%	\$50,467	\$88,248	75%
Options Counseling for	1091	546	100	50	-91%	-91%	\$97,448	\$35,299	-64%

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Caregivers									

Response: Projections have been revised to more accurately reflect Lifelong Links expansion activities. Because of better 2nd and 3rd quarter reporting, we were able to utilize more complete data to make revised projections that now show an increase in consumer, service unit projections, and expenditures for IR & A and Access Assistance. Options Counseling consumer and unit projections were reviewed and not changed. However, expenditures were reduced to more accurately reflect consumer and unit projections. For Options Counseling, please refer to Goal 1 chart.

Goal 2 Focus Area: Transportation

1. Agency is projecting a 30% increase in expenditures with a significant increase in consumers. Please explain how consumer projections will be met without an equally significant increase in expenditures.

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Transport.	31,000	2,100	38,953	5,761	36%	174%	\$165,552	\$215,745	30%

Response: There is an increase in consumers but there is no increase in units. Our costs are driven by units, not consumers.

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

1. Please explain discrepancy between the activities planned to address Caregiver barriers and needs and the decrease in consumer and service unit projections and expenditures as noted below.

2. Please provide information about Access Assistance activities intended to reach more individuals with a decreased budget.

3. The plan narrative indicates agency will provide self-directed care and supplemental services for caregivers; however no consumer, unit, or expenditure projections are reported in the form 3A-1 and area plan budget report. Please indicate whether the agency intends to offer these services.

Original:

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Access Assistance	675	450	550	550	-18%	22%	\$60,291	\$41,402	-33%
Options Counseling for Caregivers	1091	546	100	50	-91%	-90%	\$97,448	\$142,828	47%
Respite	4500	55	9183	55	104%	-	\$114,956	\$124,078	8%
Information Services	12	600	8	450	-33%	-24%	\$40,077	\$4,728	-88%

Elderbridge Revision:

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Access Assistance	675	450	1,599	1,386	137%	208%	\$60,291	\$188,145	212%
Options Counseling for Caregivers	1090	546	100	50	-91%	-91%	\$97,448	\$35,299	-64%
Respite	4500	55	6,524	36	45%	-35%	\$114,956	\$124,078	8%
Information Services	12	600	8	450	-33%	-25%	\$40,077	\$4,728	-88%

Response #1: Units, consumers, and expenditures have been revised to more accurately reflect the activities planned to address Caregiver barriers and needs. Please refer to Goal 2 Chart. Elderbridge management feels' that there is no longer a discrepancy between activities planned and service unit projections.

Response #2: We have increased the budget for Access Assistance to more accurately reflect the units projected.

Response #3: Elderbridge's management has discussed and reviewed Self-Directed Care and Supplemental Services for Caregivers. Elderbridge will not be providing these services and has revised narrative information in the Area Plan.

Goal 3 Focus Area: Nutrition and Food Security Project

1. Agency has projected reduced units and increased clients with less funding for Congregate Meal and Home Delivered Meal. Please explain how agency will meet increased client needs with reduced funding.

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Congregate Meal	387,661	6,762	325,575	8,154	-16%	21%	\$2,696,680	\$2,287,037	-15%
Home Delivered	237,599	2,430	222,825	2,546	-6%	5%	\$1,434,415	\$1,150,024	-20%

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Meal									
Nutrition Counseling	10	10	15	15	50%	50%	\$500	\$751	50%
Nutrition Education	25,800	3,215	31,090	5,350	21%	66%	\$9,000	\$5,700	-37%

Response: Costs are driven by the number of meals served, not the number of clients. Serving fewer meals costs less. We are projecting more clients, but overall, average number of meals per client is projected to be lower than projected for FY15.

Goal 4 Focus Area: Elder Abuse Prevention and Awareness

No issues identified for immediate response.

Form 3A-1 Corrections

Obsolete Services

The *SFY 2016 Area Agency on Aging Reporting Manual* was distributed to all Area Agencies on Aging on December 16, 2014. This reporting manual reflected changes to the service taxonomy. Your agency's Form 3A-1 included consumer and service unit projections for these services which are no longer in the service taxonomy:

- Mental Health Outreach
- Reassurance / Visiting

Unit Projections

Material Aid. The unit projections for Material Aid *may* not align with the unit measure. If your agency staff is likely to have more than one contact with a consumer during the provision of the material aid service, then unit projections should be greater than consumer projections. (Example: A consumer needs a ramp and agency staff have three separate conversations about the ramp. Count this as 1 consumer and 3 units of service.)

Outreach. The unit projections for Outreach *may* not align with the unit measure. If your agency staff is likely to have more than one contact with a consumer during the provision of the Outreach service, then unit projections should be greater than consumer projections.

Required Action:

1. Update your agency's Form 3A-1 by removing consumer and unit projections for these services: Mental Health Outreach.
2. Verify the Material Aid and Outreach unit measures. Revise as necessary.

Elderbridge has updated our agency's Form 3A-1 and we have removed Mental Health Outreach and Reassurance / Visiting.

Elderbridge has reviewed and verified both Material Aid and Outreach unit measures and we have made the necessary revisions.

Area Plan Budget Corrections

1. Agency's area plan budget report included expenditure projections for these services which are no longer in the service taxonomy:

- Mental Health Outreach
- Reassurance / Visiting

2. Agency exceeded the maximum amount of 123: Elder Abuse Prevention Awareness Pgm funding available for administration. Amount budgeted is \$7,000 and maximum amount available is \$6,563. Non-functionality of this specific validation in the IAFRS and the need to manually verify was communicated in 4/9/2015 email to financial managers.

Required Action:

AAA must resubmit area plan budget by:

- Removing expenditures from Mental Health Outreach and Reassurance / Visiting.
- Correcting the administration expenditure for Elder Abuse Prevention Awareness Program.

Elderbridge's Area Plan budget has been revised. It reflects the removal of both Mental Health Outreach and Reassurance/Visiting which were outdated service taxonomies.

We have removed expenditures from Mental Health Outreach and Reassurance Visiting. We moved both of these obsolete taxonomies to Outreach Services and Material Aid and will provide as a purchase of service.

Elderbridge received an email from Accountant Jeffery Batz on May 20, 2015 stating that "No action is needed regarding FY2016 budget EAPA administration expenditures."

Other Corrections

Authorized Signature Forms

Agency inserted a duplicate of the Verification of Intent signature form in the Authorized Signatures page.

Required Action:

Submit a completed Authorized Signatures page.

Elderbridge scanned and sent an electronic copy of the correct "Authorized Signatures," page on 5/19/2015 to Shan Sasser (IDA).

OAA Service Coverage by County

Agency note indicates that Adult Day Care is under Respite care in the taxonomy. This statement is not accurate. Respite is no longer in the taxonomy for general aging services. Respite is available as a Caregiver only. Note that Adult Day Care has a different service definition than Respite.

Required Action:

Please indicate agency has reviewed service definitions for Adult Day Care and Respite.

On 5/19/2015 Elderbridge's management team reviewed both the Adult Day Care and Respite Service definitions in the most recent taxonomy dated March 27, 2015.

Contract with Service Providers

Agency indicates staff have reviewed service provider information in IAPRS; however, no service providers are listed. (IDA staff have reviewed this issue with Elderbridge IAPRS contact.)

Required Action:

Please resubmit page 57 of submitted area plan with new verification date.

Please see page 57 attached with new verification date of 05/22/2015. The requested information has been entered into IAPRS.

Direct Service Waivers

Agency has indicated that a dietician on staff will provide nutrition counseling and nutrition education. Please provide direct service waivers for these services provided by Elderbridge staff.

Required Action:

Please provide direct service waiver for Nutrition Counseling and Nutrition Education.

Elderbridge's management has reviewed the Area Plan regarding Nutrition Counseling and Nutrition Education. It was the intent for our in-house dietitian to provide nutrition counseling and educational services. However, due to job responsibilities and not enough time to provide these direct services, we have continued to contract out these services. An area dietitian will continue to provide these services. At some point Elderbridge hopes to provide them directly. At which time we will request a public hearing and complete necessary direct service waivers.