

Connections Area Agency on Aging PSA #6

Area Plan on Aging SFY 2016 – 2017



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Executive Summary

Connections Area Agency on Aging serves the western, southwestern, and south central portions of Iowa. The 20 counties in our service area form an “L” shape from northwest Iowa bordering with South Dakota and Nebraska to the southwest corner of Iowa and then easterly to just past I-35 in Clarke and Decatur counties. The 20 counties are as follows: Adair, Adams, Cass, Cherokee, Clarke, Decatur, Fremont, Harrison, Ida, Mills, Monona, Montgomery, Page, Plymouth, Pottawattamie, Ringgold, Shelby, Taylor, Union, and Woodbury. In the entire service area there are only two cities with large population bases and those are Council Bluffs in Pottawattamie County and Sioux City, located in Woodbury County. There are approximately 87,500 individuals in our service area who are age 60 and older, and of those nearly half, or 43,200 reside in rural communities, and this poses unique challenges for service delivery. By the year 2040, seventeen of the twenty counties will have population bases with at least 20% age 65 and older. As Connections was established in FY’2014, we are just completing our second year of bringing together three former area agencies on aging. We continue the process of learning about the different regions, the ways services were traditionally provided and we are striving to achieve consistency throughout the 20 counties. Through the efforts brought forth in the process for this area plan, we feel that we are moving to more closely align ourselves and with our peers across the state.

As we projected the four focus areas in the Goals and Strategies section, we leaned heavily on our Advisory Council, staff, and the public at large during the planning process. Feedback received helped formulate our plan. During the process, we found an overwhelming approval for the expansion of LifeLong Links (LLL). All of those who participated felt that this was a valuable resource for all Iowans, and many appreciated the ease of access this provided. That it was relatively unknown provides us with an opportunity to increase the awareness of LLL, and so it is reflected in our plan. Other focus areas include responding to a need for increased transportation, including access to congregate meal sites, and for providing more transportation for reasons other than medical or healthcare. Expansion of the Elder Abuse Prevention and Awareness Program was universally approved, primarily because virtually everyone who participated in the process knows someone or knows of someone who has been abused or a suspected victim of abuse. The process offered us new and innovative ways to support Caregivers, and we are eager to put those into development. We will address the Food Insecurity focus area by seeking more access to congregate meal sites, and by creating better menu options that will entice new participants.

Through our statewide collaboration we know that the time is right and the opportunity is present through LLL and through our goal of consistency to develop a fee-for-service business model. Connections is fully invested in this business development, and potential services that will be offered include: Options Counseling; Care Management/Coordination; Meals; Care Transition Service; Evidence-Based Programming; Information Services; and Provider Coordination. We are looking forward to accomplishing great things in FY’2016-2017.

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

- Elevate the public awareness and utilization of LifeLong Links through increased marketing, public education, paid advertising, and exhibition opportunities.
- Increase staff IQ about the disability resources and support in our service area by holding in-services and cross training with LLL disability providers and partners; by sending staff to disability-oriented trainings; and by adding additional consumers with disabilities to our LifeLong Links Advisory Council.
- Expand the LifeLong Links network by adding additional partners and increasing the number of agreements with agencies and entities with whom we have memorandums of understanding.

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 4/30/15	SFY 2016
Total Number of LifeLong Links IR&A consumers	1672	2230
IR&A Consumers Served Aged 60+	634	845
IR&A Consumers who are Caregivers	790	1053
IR&A Consumers Between 18 and 60 with a Disability	248	331
Total Number of LifeLong Links Options Counseling Consumers	325	649
Options Counseling Consumers Aged 60+	194	398
Options Counseling Consumers who are Caregivers	105	216
Options Counseling Consumers Between 18 & 60 with a Disability	26	35

ESP

Innovative Funding

We are looking at a variety of options for expanding our services in a fee-for-service model.

- We are looking at the potential to increase our frozen meal provision by marketing to private pay consumers. The Meals on Wheels association cites studies that indicate that access to

nutrition is one of the key reasons that seniors are able to remain independent. Since our food vendor has the capacity to produce customized frozen meals, this presents a great opportunity for us to enter the fee-for-service model.

- **Options Counseling:** Options Counseling offers an incredible opportunity for private fee-for-service for Connections. As the population in Iowa ages, especially in our service area where by year 2040 all but three of our 20 counties will have a population base of at least 20% over age 65, individuals need knowledgeable professionals to help navigate options for independence. The state has implemented supportive structure for this service including AIRS certification, the educational track through Boston University, and other meaningful standards that make this a valuable service for paying consumers.
- We've been involved in Care Transition service for over two years, and we are exploring opportunities to transition this to fee-for-service. We are currently in discussion with area hospitals, insurers and community groups.
- **Evidence based programming:** We currently offer Better Choices, Better Health; Matter of Balance; and Powerful Tools for Caregivers. We will work to offer programming like this to insurers and employers.
- **Caregiver Outreach/Support and Options Counseling:** Part of our strategic planning involves piloting a program with a major employer in our service area to develop some sort of benefit package for employees who might be of that "sandwich generation" – working full time and caring for an older loved one. Once we are able to develop best practices we can market and sell the program as we expand to other employers.

Partnerships

We currently are working with the Mental Health Regions, the Public Health agencies, and the Centers for Independent Living entities in our service area. These entities have a signed MOU with Connections and the plan is for these agencies to become local access points for LifeLong Links; and depending on cost involved, they may choose to house options counselors. We are also involved with a Healthcare provision coalition called Caring for Our Communities which was incepted to connect community members with healthcare resources of all types, including skilled nursing, physicians, mental health providers, community based resources and all other facets of supportive community services.

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	323,770	296,214
State	81,305	100,173
Local	0	33,513
In-Kind	19,400	19,400
Total	424,475	449,300

Connections FY'15 Revised Budget/Connections FY'16 Original Budget

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

1. Transportation is not affordable when an older rider has multiple stops
2. Transportation is not convenient for older riders
3. Access to available transportation is not consistent in all communities

Strategies to Address Transportation Needs

Currently, Connections AAA utilizes a combination of methods to provide transportation service throughout our 20 county service area. We work with three regional transit agencies, private taxis, special transit providers, public health entities, metropolitan bus services, and a volunteer organization based out of a critical access hospital. In FY'2015 we utilize a purchase of service system in our northern region that allows eligible riders weekly vouchers for transportation. We have contracts with two regional transit agencies, Southwest Iowa Transit and Southern Iowa Trolley to provide service in 11 counties. We also have contracts for assisted transportation in Mills County and for volunteer transportation in Cass County, both of which are not currently served by the contract with Southwest Iowa Transit.

Looking to FY'2016-17 we will employ the following strategies:

- Increase the amount of transportation that we currently provide to provide more consistent access throughout the service area.
- Develop a voucher system to provide increased transportation
- Increase transportation for non-medical rides
- Increase transportation to meal sites/senior centers

We have increased the amount of our contracted services for transportation and assisted transportation by nearly \$24,000. Our contract with Southwest Iowa Transit will expand to serve eight counties, up from four served in FY'2015. Our contract for assisted transportation in Mills County was increased to address the identified need of transportation for non-medical rides. In addition, in our northern region, we have found the voucher system to be an efficient and consistent way to deliver transportation. In our strategic planning process for the next two years we plan to develop a replicate system throughout our service area to provide better and consistent access for all older Iowans in our service area. We also will be addressing the provision of transportation to senior centers and meal sites, as this is most often identified as a reason for eligible older Iowans to not attend.

The biggest barrier to our success is change. A voucher system will be a culture change for the majority of the service area, and we want any change to positively impact our consumers. Another barrier is, of course, funding. Many of our contractors regularly request higher funding amounts than we can appropriate, and our challenge will be to provide consistent access to transportation with our current funding streams.

As mentioned above, we have increased our current Assisted Transportation contract for next year to include non-medical rides in one of our contracts. In our northern region, assisted transportation is factored in to the voucher system.

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 3/30/15	SFY 2016
Number of Transportation Units (one-way trips) Provided	35,654	21,918	50,460
Estimated Number of Transportation Consumers Served	885	754	1315

IAPRS

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	141,407	200,204
State	159,211	155,811
Local	108,138	109,762
In-Kind	10,000	10,000
Total	418,756	475,777

Connections FY'15 Revised Budget/Connections FY'16 Original Budget

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

Caregiver Needs

1. Affordable respite
2. Information and education for caregivers
3. Stress relief for caregivers

Strategies to Address Caregiver Needs

We currently have three different support groups for caregivers. We have certified Powerful Tools for Caregivers trainers on our staff and we utilize our contracts and the purchase of service program to provide services for caregivers that include respite, personal emergency

response systems and homemaker service. We provide meals to caregivers of our older consumers who receive Meals on Wheels.

Strategies for FY'2016-17

- We know that many caregivers also work full time so our plan is to develop a pilot program with a major employer in our service area to implement on-site resources and options counseling for the convenience of their employees who are caring for an older loved one as well as working. Once this is developed and best practices are established, we intend to expand and package the program for additional businesses.
- Because our support groups have been fairly stagnant, we will develop online trainings and links to resources for busy caregivers who have informed us that support groups are not convenient or the type of support that is meaningful. By doing this, we allow busy and stressed caregivers to access resources and support on their own terms when time allows them to do so.
- We are adding Caregiver Home-Delivered Meal provision to our list of services. We currently do provide meals to caregivers, but prior to FY'2016-17 these individuals were also eligible recipients as they were age 60 or older. Adding this service will allow us to expand the number of meals to caregivers who are not yet 60 years of age. This will address caregiver stress, so that instead of the burden of meal preparation, the caregiver and older loved one can simply enjoy eating a meal together.
- We will also continue to offer affordable respite opportunities for caregivers.
- We will assess our current support group structure to determine if changes need to be made, or if we need to create virtual support groups that are more convenient for caregivers.

Potential barriers to our success include identifying a business that is willing to partner with our agency. A key component to our success is in marketing ourselves as an asset to local businesses. Other challenges include identifying new and affordable respite providers. We also want to proceed delicately in the renovation of the support group structure as we do have a few caregivers who are accustomed to the current structure, and we want to maintain support for them and do not want them to fall through the cracks if we make sweeping changes.

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: 4/30/15	SFY 2016
Total Number of Caregiver Consumers Served	893	1,191

ESP

Additional Services

Meals, Emergency Alert Systems, Respite, Options Counseling

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

Category	SFY 2015 As of: 4/30/15	SFY 2016
Percent of caregivers served receiving more than one AAA service	146	199

ESP

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	153,102	136,689
State	33,755	10,562
Local	8,172	1,985
In-Kind	22,624	19,250
Total	217,653	168,486

Connections FY'15 Revised Budget/Connections FY'16 Original Budget

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

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

Focus Area: *Food Security Project*

Nutrition Needs

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

Barriers to Participation in Congregate or Home Delivered Meal Programming:

- Younger (age 60-70) eligible participants are not attracted to the idea of Senior Centers and meal programs of either congregate or home delivered unless there is a health concern present.
- Younger eligibles want a choice such as a food bar or lighter fare like soup and sandwiches, salads and desserts at the suggested contribution rate.
- Too many dietary restrictions. We are finding that most of our seniors do not want to be told what to eat at this point in their lives and they would prefer more of the comfort foods rather than foods that they are “supposed to eat” because of the nutritional value.
- Affordable access to transportation to attend the centers is another barrier to participation.

SFY2015 Strategies

- We were able to get frozen meals out to the most rural portions of our service area. We worked with senior center staff out in the communities to ensure that we were targeting the populations with the greatest need, and the fewest food access opportunities.
- Within our Care Transitions program, we provide a five pack of frozen meals to consumers who are transitioning from hospital or care facility to home. This allows for healing and regaining strength without worrying about how to obtain or prepare hot healthy meals. This also makes those consumers aware of Connections meal programs, and what is available to them either at a local congregate site where they can get needed socialization, or through home delivered service.

SFY2016 Strategies

- We are committed to ensuring that current frozen meal recipients will continue to receive them, and we will be expanding frozen meal service throughout our 20 county service area to reach those homebound individuals who reside in remote rural communities that have no access to congregate or homebound programs, and no other meal options available such as that of a grocery store or restaurant.
- We will develop a caretaker program so that caregivers of homebound seniors can dine together and avoid the added stress of meal preparation. Usually caregivers are exhausted, especially if they work outside the home in addition to their caregiving duties. This allows the caregiver to receive a meal to enjoy with their elderly loved one. This could allow a caregiver the ability to

come home for lunch and to check on their family member, and it could alleviate caregiver stress by not having to prepare meals.

- We will continue to provide frozen meals to clients transitioning from hospital to home.
- We will maintain close communication with our food vendor and dietitian to insure that we are creating menus that will increase participation in our congregate sites.
- We will be working with our regional transit agencies to develop a system that makes it affordable for seniors to obtain transportation to attend congregate meal sites.

As identified above, many eligible participants cite a lack of affordable or convenient transportation as a reason that they don't attend their local congregate senior center meal site. Working with the regional transit providers can help us overcome this barrier for participation. The other barrier that poses barriers to participation is menu development. We often hear from our senior center participants that they would like more choice in the menus. We are not attracting younger eligible participants who would prefer to grab a salad or soup and sandwich rather than a heavy full meal. Participants frequently request foods that they enjoy like pizza and spaghetti, which are difficult to offer with the current dietary restrictions. We will also be working with the food vendor to offer more evening meals or breakfast meals in conjunction with evidence based workshop scheduling in the hopes that the variety in the meals may attract more consumers.

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: 01/31/15	SFY 2016
Total Number of Meal Program Consumers Served	3,357	6,800

IAPRS

Additional Services

Transportation, Case Management, Emergency Alert Systems, Homemaker

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

Category	SFY 2015 As of: 01/31/15	SFY 2016
Percent of meal program consumers served receiving additional AAA services	68%	75%

IAPRS

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	792,727	1,198,941
State	973,238	580,981
Local	729,315	784,898
In-Kind	490,310	508,800
Total	2,985,590	3,073,620

Connections FY'15 Revised Budget/Connections FY'16 Original Budget

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

1. Self-Denial of Critical Care
2. Denial of Critical Care
3. Financial Exploitation

We are finding that most of the consumers that we work with through the Elder Abuse Prevention and Awareness Program have co-occurring abuses such as neglect and financial exploitation, or the individual may be self-neglecting due to being financially exploited.

Strategies to Address Needs

Currently at Connections AAA we have Elder Rights specialist's employed at each of our 3 offices. Our Consumer Protection Coordinator coordinates the Elder Abuse Prevention and Awareness program under the supervision of the Director of Consumer Services. The Elder Rights Specialists are part of our Life Long Links Programming, and function as Option Counselors with a Specialty in Elder Rights. EAPAP is new to our Sioux City and Creston Offices so we have begun introducing the program to existing Connections employees through lunch and learn sessions, and our At Risk Client Meetings that are held every other Friday as an opportunity for staff to discuss difficult clients with the team to come up with solutions to their situations.

In FY2016-2017 we will continue to work to be a resource to all of Connections AAA direct care staff. Our major objective is to locally increase public awareness of elder abuse issues. This objective will be met through the dissemination of press releases relating to Elder abuse to local papers in our service area, and by submitting monthly articles in our publication, "Better Living/Senior Courier". We will market the program along with Life Long Links in our service area and trainings or educational sessions will be held throughout the service area for consumers, providers and concerned citizens about Elder Abuse and Elder Abuse Prevention.

Secondly EAPAP staff will be a resource for all Connections AAA staff, physicians, law enforcement, county attorneys, DHS, financial institutions, mental health professionals and other community service providers. This will be achieved through staff trainings including Mandatory Reporters Training, and our agencies At Risk Client meetings, and through educating providers on the EAPAP program, elder abuse and elder abuse prevention.

Thirdly we will network and coordinate community resources to respond to the needs of the targeted population. This will be accomplished by local Elder Rights Specialists becoming involved in local networking groups, such as county wide interdisciplinary meetings. Elder Rights Specialists will attend legislative functions such as legislative breakfasts through the

legislative session. And finally by working with the EAPAP staff and Iowa Department on Aging staff to assure the maximum impact of our educational opportunities.

Finally we will respond to reported concerns of older Iowans who are at risk of or experience abuse neglect or exploitation. Connections AAA Elder rights specialist will track and document all activities for each consumer with the Life Long Links program regulations including client contact hours, categories of referrals, intervention approaches and status of client on caseload.

We have learned through our years of experience working with The Elder Abuse Initiative Program, that partnerships are essential to having a successful program. You need the right partners on your team to quickly remove a consumer from an abusive situation. At this time we are still developing these partnerships in the Sioux City and Creston area, and have found that we need partnerships with a wide variety of providers for the unique needs of consumers in abusive situation.

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: April 15, 2015	SFY 2016
Total Number of EAPA Active Consumers Served	97	200

(ESP)

Additional Services

Case Management, Meals, Emergency Alert Systems, Legal Assistance and Homemaker

Table 12: Percentage of EAPA consumers receiving additional AAA services

Category	SFY 2015 As of: April 15, 2015	SFY 2016
Percent of EAPA consumers receiving additional AAA services	100	100

(ESP)

Projected Expenditures

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

Table 13: EAPA Funding Sources

Funding Source	FY2015	FY2016
Federal	0	0
State	117,020	135,313
Local	0	0
In-Kind	0	8,000
Total	117,020	143,313

IAFRS Menu **Form 3A-1**
 Connections Area Agency on Aging FY 2016
 This report HAS been finalized Budget Report, Version 1

Form 3A-1

SERVICE		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty	SLP Low Income	SLP Moderate Income
01A: Administration	General Aging								
	Caregiver								
1: Personal Care	General Aging								
2: Homemaker	General Aging	7,990	425	301	8	5	60		
3: Chore	General Aging	2,635	79	57	4	3	52		
4: Home Delivered Meals	General Aging	125,382	1,374	1,019	37	37	761		
5: Adult Daycare	General Aging								
6: Case Management	General Aging	16,728	2,250	1,277	68	35	780		
7: Congregate Meals	General Aging	141,718	2,774	2,406	44	5	1,352		
8: Nutrition Counseling	General Aging	3	1	1			1		
9: Assisted Transportation	General Aging	497	53	36	1	1	32		
10: Transportation	General Aging	49,963	1,262	1,042	5	2	672		
11: Legal Assistance	General Aging	675	355	129	7	2	57		
12: Nutrition Education	General Aging	15,255	1,443	933	19	2	330		
13: Information & Assistance	General Aging	4,588	2,230	1,074	14	9	546		
14: Outreach	General Aging								
B02: Health Promotion & Disease Prevention	General Aging	10,135	1,768	1,102	2	2	297		
B03: Respite	General Aging								
B05: Mental Health Outreach	General Aging								
B07: Evidence Based Health Activities	General Aging	484	427	225	24	8	51		
C01: Advocacy	General Aging	1,250	724	347	190	9	221		
C05: Legal Education	General Aging								
C07: EAPAP Consultation	General Aging	134	66	13	1	1	9		
C08: EAPAP Assessment & Intervention	General Aging	558	134	26	2	1	19		
C09: EAPAP Training & Education	General Aging	26,050	26,050	7,815					
C10: Self-Directed Care	General Aging								
C11: Money Management	General Aging								
D01: Training & Education	General Aging	60,000	60,000	20,000	600	175	500		
D02: Recreation Activities	General Aging	67,409	49,510	45,749	50	50	12,646		
D03: Reassurance/Visiting	General Aging	1,683	106	77	2	1	43		
E01: Counseling	General Aging								
E02: Placement Services	General Aging								
E03: Assessment & Intervention	General Aging	1,673	767	151	10	5	107		
E05: Options Counseling	General Aging	1,299	433	207	3	2	106		
F02: Material Aide	General Aging	1,282	245	100	7	6	63		
F03: Public Information	General Aging								
F05: Volunteer Support	General Aging	45,095	3,745	3,295			1,873		
CG1: CG Access Assistance	Caregiver	1,131	1,053	507	6	4	257		
CG2: CG Self-Directed Care	Caregiver								
CG3: CG Counseling	Caregiver	75	10	8	1	1	5		
CG4: CG Information Services	Caregiver	60	12,000	6,200	200	80	325		
CG5: CG Respite	Caregiver	532	20	11	1	1	6		
CG6: CG Supplemental Services	Caregiver	413	67	41	4	4	29		
CG7: CG Home Delivered Meals	Caregiver	1,500	20	5	5	4	4		
CG8: CG Options Counseling	Caregiver	648	216	101	2	2	54		
GO1: GO Access Assistance	Caregiver								
GO2: GO Self-Directed Care	Caregiver								

G03: GO Counseling	Caregiver	10	5	1	1	1	2
G04: GO Information Services	Caregiver						
G05: GO Respite	Caregiver						
G06: GO Supplemental Services	Caregiver	5	5	3	1	1	2
G07: GO Home Delivered Meals	Caregiver						
G08: 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	1,725	1,414	82%	1,725	1,169	68%
	Units	12,823	12,781	100%	12,823	4,298	34%
Congregate Meals	Consumers	3,401	3,760	111%	3,401	2,238	66%
	Units	173,731	166,170	96%	173,731	38,924	22%
Health Promotion	Consumers	2,220	1,057	48%	2,220	491	22%
	Units	12,722	10,173	80%	12,722	2,626	21%
Home Delivered Meals	Consumers	1,531	1,507	98%	1,478	817	55%
	Units	139,700	138,094	99%	134,850	32,495	24%
Information & Assistance	Consumers	1,266	1,026	81%	1,437	1,254	87%
	Units	2,336	3,871	166%	2,651	1,254	47%
Legal Assistance	Consumers	387	454	117%	387	127	33%
	Units	735	730	99%	735	184	25%
Nutrition Counseling	Consumers	3	0	0%	3	0	0%
	Units	12	0	0%	12	0	0%
Nutrition Education	Consumers	3,961	1,703	43%	1,739	1,048	60%
	Units	3,961	13,292	336%	1,739	3,957	228%
Options Counseling	Consumers				1,880	196	10%
	Units				3,136	316	10%

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	3,760	2,238
# Forms Completed	3,517	2,238
% of Consumers Registered	94%	100%

Discussion: Service Projections and Data Collection

Our challenges in data collection and evaluation stem back to pre-merger days when everyone collected everything differently. Taxonomies were not consistent among the three merging agencies and it has taken quite some time to meld cultures, bring consistency to which services fall under which taxonomy, and determine who would be responsible for collecting data. We have definitely noted a heightened urgency to not only count activity, but to collect meaningful data that can better assist us in assessing impact.

To become better data collectors and miners, we've developed better tools for data collection. With the implementation of LifeLong Links and additional IR &A professionals, we've been diligent about the tracking of all of our calls, and we have learned how to use this captured data for planning, reporting, and identifying trends. We've participated in the Data Collection groups with both the Department on Aging and the Iowa Association of Area Agencies on Aging. Over the past two years, we've streamlined consistency among service taxonomies so that not only agency wide, but on a statewide basis we are identifying each activity as the same service. This has helped us understand what we are collecting and why we are collecting it. Data mining is very new to the staff of Connections, but we are seeing the need and value of meaningful data collection. This may create the need for a new position: agency data specialist. As funders, partners and stakeholders require more "results-driven" engagement, Connections must make the investment for sustainability.

As we've increased our efforts in data collection we have come to realize that data can and will be our friend. We've seen the value in demonstrating through data the *impact* that we can show, instead of just counting activities. In this regard, it's made us look at the data that we collect much differently. We base the entire collection process on the outcome that we are seeking to achieve, rather on the number. We are beginning to look at outcomes that we have

not looked at previously such as how our services reduce hospitalizations and readmissions; and how we *preserve* individuals' resources through our services.

Section 3: Intent / Assurances

Verification of Intent

Authorized Signatures

Compliance with Assurances and General Provisions

Verification of Intent

Connections 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: Gary Frederiksen

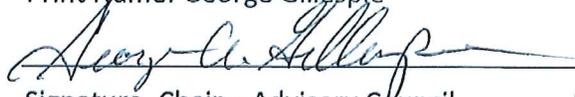
 4/30/15

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: George Gillespie

 4/30/15

Signature, Chair – Advisory Council

Date Signed

The CEO 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: Barbara Morrison

 4/30/15

Signature, CEO

Date Signed

Authorized Signatures

Name of Area Agency on Aging: Connections Area Agency on Aging
Street Address: 300 W. Broadway, Suite 240
City, State, Zip Code: Council Bluffs, IA 51503

Type of Agency: Non-profit
Date of Area Agency on Aging Designation: July 1, 2013

Authorized Signatures for Funding Applications and Contracts

Print Name: Barbara Morrison



Signature of Executive Director

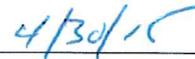


Date Signed

Print Name: Gary Frederiksen



Signature of Chair, Governing Body



Date Signed

Authorized Signatures for Fiscal Reports

Print Name: Barbara Morrison

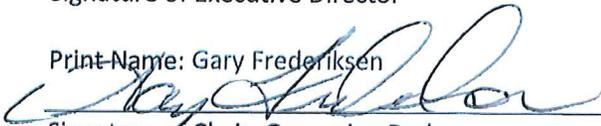


Signature of Executive Director

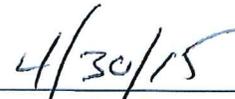


Date Signed

Print Name: Gary Frederiksen



Signature of Chair, Governing Body

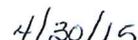


Date Signed

Print Name: Ann Wilson



Signature of Director of Finance



Date Signed

Authorized Signatures for Program Reports

Print Name: Barbara Morrison



Signature of Executive Director



Date Signed

Print Name: Kelly Butts



Signature of Associate 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: Gary Frederiksen



Signature of Chair, Governing Body

4/30/15

Date Signed

Print Name: Barbara Morrison



Signature of CEO

4/30/15

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 Connections Area Agency on Aging.

Chair

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Vice-Chair

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Secretary/Secretary Treasurer

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Treasurer (if separate officer)

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Other Members

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

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

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)

The Advisory Council membership fulfills all 7 criteria areas.

Advisory Council for Connections AAA.

Chair

Name: George Gillespie
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Secretary/Secretary Treasurer

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Other Members:

Vice-Chair

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Treasurer (if separate officer)

Name:
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LifeLong Links Advisory Council: Connections AAA

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Public Hearing Documentation

Please see Attachment 1 for a copy of the Legal Notice, a copy of the agenda, and a copy of the sign in sheets for attendance.

Connections Area Agency on Aging held three Public Hearing Sessions as indicated in Attachment 1 as part of our Area Plan process. What follows is a summary of all three with public input.

An overview of Connections was presented at each of the three hearings.

- Attendees heard first about Mandated Services and Federal Priority services with funding minimum percentages that Connections exceeds for Access Services, Legal Services and In-Home Services.
- There was no objection at any of the three sessions to the services that Connections is seeking a Direct Service waiver to provide: Congregate Meals, Home-delivered Meals, Evidence Based Programs, Nutrition Education, Health Promotion, Reassurance, Recreation, Options Counseling and Caregiver Options Counseling.
- There was no objection to Connections adding the service of Caregiver Home-delivered Meals
- There was no objection to Connections removing the service of Money Management
- There were no objection to Connections' Agency Focus Areas planning for FY'16-17

Public Comments in the Comments / Question section included the following:

- A provider employee is worried about people who don't qualify for Medicaid. What options are available to them regarding transportation or respite? Without AAA funding, these folks will not be able to maintain independence.
- A provider worries that with Managed Care coming to Iowa consumers are not going to get the care that they need.
- It was suggested that within our plan for Caregivers in our focus areas, Connections utilizes Facebook as a means of connecting caregivers with online resources.
- Perhaps we could add a chatroom for caregivers on our website. Somehow could we offer technical support for consumers who are not tech savvy.
- It was suggested that we seek funding from ConAgra for Food Insecurity if they have a grant we could access.
- There is concern about Senior Housing. Seniors living in their own homes cannot afford to keep them up; some are deteriorating, but if their home is paid off, it's hard to see them moving to an apartment where there is rent.
- Is there sufficient funding for home repairs? Concern is: As people age in place, so does their place.
- It was suggested that we partner with League of Human Dignity for barrier removal programs.
- It was suggested that Habitat for Humanity might be a good partner for repairing senior homes.
- Pay Day loans are a huge trend and threat to senior independence.
- Reminder that the USD Loan Program could be helpful for seniors needing repairs.
- Attendee was very happy to hear our plan to work with employers for family caregiver service.
- Attendee welcomes adding Caregiver Home-delivered meals.

- Attendee wants agency to assess current support group structure.
- Attendee would like to see the frozen meals be made available to more consumers.

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

With the expansion plans for LifeLong Links, and the infused marketing efforts, we are anticipating a need to add a minimum of three new Options Counselors, second Information, Referral and Assistance Specialist, and potentially another Family Caregiver Specialist. Another priority, if funding allows, would be to hire a data specialist.

For Org Chart, Please see Attachment 2

OAA Service Coverage by County

In all other counties besides Cherokee, Shelby and Woodbury, there are no providers for Adult Day Services. Connections does not list Outreach under our menu of services. Activities conducted are collected under the Training and Education and Caregiver Information taxonomies.

[Insert an X to indicate the service in offered in the county.]

Mandatory & Other Services	Ada ir	Ada ms	Cas s	Cherok ee	Clar k	Decat ur	Fremo nt	Harris on	Ida a	Mill s	Mono na	Montgom ery
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								
Evidence-Based Health Activities	X	X	X	X	X	X	X	X	X	X	X	X
Outreach												
Transportation	X	X	X	X	X	X	X	X	X	X	X	X

Mandatory & Other Services	Page	Plymouth	Pottawattamie	Ringgold	Shelby	Taylor	Union	Woodbury
Case Management	X	X	X	X	X	X	X	X
Congregate Meals	X	X	X	X	X	X	X	X
Health Promotion	X	X	X	X	X	X	X	X
Home Delivered Meals	X	X	X	X	X	X	X	X
Information & Assistance	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X
Options Counseling	X	X	X	X	X	X	X	X
Other Service(s)								
Adult Day Care/Adult Day Health					X			X
Evidence-Based Health Activities	X	X	X	X	X	X	X	X
Outreach								
Transportation	X	X	X	X	X	X	X	X

Nutrition Services and OAA Providers

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

Nutrition Services

Agency staff have reviewed the following Nutrition Services information entered into IAPRS and verify that the information is current as of 4/30/15.

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 4/30/15.

Request for Direct Service Waiver

The service for which the Connections AAA seeks a Direct Service Waiver for SFY 2016-2017 is: Congregate Meals.

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.

Connections is seeking a direct service waiver for provision of congregate meals because the eastern region of our service area operates kitchens and employs staff who prepare the meals on site. Our board of directors has voted to allow the eastern region to operate in this capacity however, the board did approve the solicitation of a bid from the current meal vendor of the two other regions to be delivered in January of FY'16. From a cost perspective, the differential is very slight - the cost per meal in our eastern region is \$7.83 vs \$7.65 from the catered regions.

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



Signature, Executive Director

5-1-15

Date

Request for Direct Service Waiver

The service for which the Connections AAA seeks a Direct Service Waiver for SFY 2016-2017 is: Home Delivered Meals.

3. 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).

- d. Provision of the service(s) by the area agency on aging is necessary to assure an adequate supply of such services;
 - e. Such service(s) are directly related to area agency on aging administrative functions; or
 - f. The service(s) can be provided more economically, and with comparable quality, by the area agency on aging.
4. 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.

Connections is seeking a direct service waiver for provision of home delivered meals because the eastern region of our service area operates kitchens and employs staff who prepare the meals on site. Our board of directors has voted to allow the eastern region to operate in this capacity, however, the board did approve the solicitation of a bid from the current meal vendor of the two other regions to be delivered in January of FY'16. There is less than a \$.20/per meal cost difference between the catered meals and those prepared by our kitchen centers.

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.

Barbara Morrison

Signature, Executive Director

5-1-15

Date

Request for Direct Service Waiver

The service for which the Connections AAA seeks a Direct Service Waiver for SFY 2016-2017 is: Nutrition Education.

5. 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).

- g. Provision of the service(s) by the area agency on aging is necessary to assure an adequate supply of such services;
 - h. Such service(s) are directly related to area agency on aging administrative functions; or
 - i. The service(s) can be provided more economically, and with comparable quality, by the area agency on aging.
6. 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.

While outside resources are utilized to gather appropriate nutrition education materials, center managers present the presentations 85% of the time at their center relying on outside presenters 15% of the time. To pay someone from the outside to present nutrition education twice a month at the centers would be very costly.

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.

Barbara Morrison

Signature, Executive Director

5-1-15

Date

Request for Direct Service Waiver

The service for which the Connections AAA seeks a Direct Service Waiver for SFY 2016-2017 is: Health Promotion.

7. 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).

- j. Provision of the service(s) by the area agency on aging is necessary to assure an adequate supply of such services;
 - k. Such service(s) are directly related to area agency on aging administrative functions; or
 - l. The service(s) can be provided more economically, and with comparable quality, by the area agency on aging.
8. 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.

Like nutrition education, Connections utilizes outside resources to gather appropriate preventive health materials and programs which are then administered by our senior center managers.

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.

Barbara Morrison

5-1-15

Signature, Executive Director

Date

Request for Direct Service Waiver

The service for which the Connections AAA seeks a Direct Service Waiver for SFY 2016-2017 is: Evidence-Based Health Activities.

9. 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).

- m. Provision of the service(s) by the area agency on aging is necessary to assure an adequate supply of such services;
- n. Such service(s) are directly related to area agency on aging administrative functions; or
- o. The service(s) can be provided more economically, and with comparable quality, by the area agency on aging.
10. 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.

We have found that it is much more cost-effective to utilize staff to conduct these evidence-based programs than to contract for them. We have in the past contracted for Powerful Tools for Caregivers and the cost to the agency five years ago was \$3000/session. Since that time we have made the investment to certify staff members in Powerful Tools, Matter of Balance and Better Choices/Better Health. This allows us both cost control and flexibility. We have also struggled with the alternative to contracted services which is finding a volunteer base which is willing to take on the responsibility of implementing the program.

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.

Barbara Morrison

Signature, Executive Director

5-1-15

Date

Request for Direct Service Waiver

The service for which the Connections AAA seeks a Direct Service Waiver for SFY 2016-2017 is: Recreation.

11. 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).

- p. Provision of the service(s) by the area agency on aging is necessary to assure an adequate supply of such services;
 - q. Such service(s) are directly related to area agency on aging administrative functions; or
 - r. The service(s) can be provided more economically, and with comparable quality, by the area agency on aging.
12. 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.

We provide recreation activities through our senior center programming. Examples of this are exercise classes, cards/games, craft groups and entertainment.

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.

Barbara Morrison

Signature, Executive Director

5-1-15

Date

Request for Direct Service Waiver

The service for which the Connections AAA seeks a Direct Service Waiver for SFY 2016-2017 is: Reassurance/Visiting.

13. 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).

- s. Provision of the service(s) by the area agency on aging is necessary to assure an adequate supply of such services;
 - t. Such service(s) are directly related to area agency on aging administrative functions; or
 - u. The service(s) can be provided more economically, and with comparable quality, by the area agency on aging.
14. 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.

This is a cost effective means of service provision, as it is conducted solely through the use of volunteers. Plans are underway to expand from 13 counties currently to all 20 within the next two years.

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.

Barbara Morrison
Signature, Executive Director

5-1-15
Date

Request for Direct Service Waiver

The service for which the Connections AAA seeks a Direct Service Waiver for SFY 2016-2017 is: Options Counseling.

15. 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).

- v. Provision of the service(s) by the area agency on aging is necessary to assure an adequate supply of such services;
 - w. Such service(s) are directly related to area agency on aging administrative functions; or
 - x. The service(s) can be provided more economically, and with comparable quality, by the area agency on aging.
16. 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.

As one of the coordinating centers of LifeLong Links, we are required to staff Options Counselors. Furthermore, as this is a newer service, our staff members are the only available Options Counselors who meet the criteria and standards of the state.

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.

Barbara Morrison
Signature, Executive Director

5-1-15
Date

PROOF OF PUBLICATION

02 04 15

STATE OF IOWA
POTTAWATTAMIE COUNTY

I, Amy McKay, on my oath do solemnly swear that I am the Controller of the COUNCIL BLUFFS DAILY NONPAREIL, a newspaper issued DAILY and printed in said county, COUNCIL BLUFFS, IOWA.

The attached notice was published in said newspaper for 1 consecutive time(s) as follows:

The first publication thereof began on the 1st day of February, 2015

Signed in my presence by the said Amy McKay and by her sworn to before me this 2nd day of February, A.D. 2015.

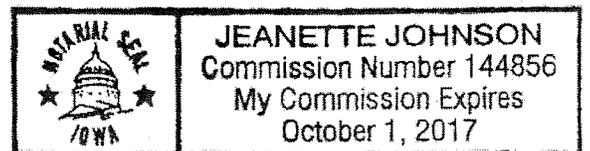


Amy McKay
Daily Nonpareil Controller

LEGAL NOTICE
Connections Area Agency on Aging will hold three public hearing events during the first week in March. The purpose of these hearings is to receive public input regarding the agency's area plan for the next two fiscal years. Topics include adding the service of Home Delivered meals for caregivers and discontinuing the service of Money Management. A full agenda can be found by visiting our website any time after 2/1/15: www.connectionsaaa.org. Dates, times and locations:
Mar 2, 2015, 10:30am: Morningside Library, 4005 Morningside Ave, Sioux City, IA 51106
Mar 2, 2015, 2:30pm: Red Cross Building, 705 N. 16th, Council Bluffs, IA 51501
Mar 3, 2015, 1:00pm: SWICC, Tech Center, Rm 103, 1501 W. Townline St, Creston, IA 50800
2015(2)1-1 Sunday



Jeannett Johnson
Notary Public



Filed this 2nd day of February, A.D. 2015.
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List of News Outlets in which Legal Notice was published to Announce Public Hearing

Adair County Free Press	Feb 1, 2015
Adams County Free Press	Feb 1, 2015
Atlantic News Telegraph	Feb 1, 2015
Bedford Times	Feb 1, 2015
Cherokee Times	Feb 1, 2015
Clarinda Herald	Feb 1, 2015
Creston News Advertiser	Feb 1, 2015
Daily Nonpareil	Feb 1, 2015
Glenwood Opinion Tribune	Feb 1, 2015
Harlan Tribune	Feb 1, 2015
Ida Grove Courier	Feb 1, 2015
LeMars Sentinel	Feb 1, 2015
Leon Journal-Reporter	Feb 1, 2015
Logan Journal Observer	Feb 1, 2015
Mount Ayr Observer	Feb 1, 2015
Onawa Sentinel	Feb 1, 2015
Osceola Sentinel-Tribune	Feb 1, 2015
Red Oak Express	Feb 1, 2015
Sidney Argus	Feb 1, 2015
Sioux City Journal	Feb 1, 2015

AGENDA

Connections Area Agency on Aging Public Hearing

Morningside Library
4005 Morningside Ave
Sioux City, IA 51106

Mar. 2nd, 2015
10:30am

Red Cross Building
Ave. G & N. 16th St
Council Bluffs, IA 51501

Mar. 2nd, 2015
2:30pm

SWICC
1501 W. Townline St
Rm 103, Tech Center
Creston, IA 50800
Mar. 3rd, 2015
1pm

- I. Overview of Connections Area Agency on Aging
- II. Service Provision
 - A. Mandated Services
 - B. Priority Services
 - C. Direct Service Waivers
 - D. Addition of Caregiver Home Delivered Meals
 - E. Removal of Money Management Service
- III. Agency Focus Areas
 - A. LifeLong Links Expansion
 - B. Independence through transportation and meeting caregiver needs
 - C. Food Security Initiative
 - D. Elder Abuse Prevention and Awareness
- IV. Questions / Comments

Board of Directors

CE O

Consumer Services Division
Director

Associate Director
Community Engagement

Healthy Living Division
Director

Fiscal
Director

Housing
Director

HR
Director

Case Management

Lead CM
CB/Creston

4 CM (C)
3 CM's (CB)

1 Admin
Assistant

Lead CM
CB

8 CM's

Lead CM
SC

5 CM's

Lead CM
SC

4 CM's

Transition
Coach (4)

Consumer Protection
Coordinator

Option Counselor/
with Elder Rights
Specialty (3)

Transition
Coach (3)

Admin
Assistant

LLL Project
Coordinator

I&A Intake
Specialist

Option Counselor/
Family Caregiver
Specialist (1)

Option Counselor
(PT)

Senior Corps
Program
Coordinator

RSVP & Volunteer
Coordinator

Community
Relations
Coordinator

Marketing
Assistant

Older Workers
Employment Specialist

Assistant
Director

Senior
Center
Managers

Kitchen
Aides

MOW's
Assistant

Healthy
Living
Assistant

Program
Coordinator

Senior
Center
Managers

Cooks

Kitchen
Aides

Warehouse

Frozen
Meal
Coord

Frozen
Meal
Drivers (2)

Senior
Center
Managers

Kitchen
Aides

Fiscal/
Branch
Manager (SC)

Accounting
Assistant

Admin
Assistant

Fiscal/
Branch
Manager (C)

Admin
Assistant

Service (PT)
Coordinator

Resident (PT)
Managers (3)

Admin (PT)
Assistant

Connections Area 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 discuss projected decrease in Options Counseling 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	2,651	1,437	4,588	2,230	-73%	-55%	\$135,156	\$83,827	-38%
Access Assistance for Caregivers	1,042	565	1,131	1,053	9%	86%	\$121,821	\$112,480	-8%
Options Counseling	3,136	1,880	1,299	433	-59%	-77%	\$67,822	\$129,663	91%
Options Counseling for Caregivers	936	564	648	216	-31%	-62%	\$38,142	\$23,328	-40%

Connections 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	2,651	1,437	4,588	2,230	73%	55%	\$135,156	\$83,827	-38%
Access Assistance	1,042	565	1,131	1,053	9%	86%	\$121,821	\$112,480	-8%

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
for Caregivers									
Options Counseling	3,136	1,880	1,389	463	-59%	-77%	\$67,822	\$129,663	91%
Options Counseling for Caregivers	936	564	768	256	-31%	-62%	\$38,142	\$23,328	-40%

Response:

As you will note by the highlighted numbers, we've taken a closer look at our projections and we've amended the options counseling projected units slightly. However, it is still a decrease for the following reasons:

- We have had to reevaluate what we were counting as an allowable Options Counseling unit.
- In FY'15, we were projecting that many of our Elder Abuse Prevention and Awareness activities would be catalogued as Options Counseling. We've since received clarification and direction for tracking those units and they are not Options Counseling.
- We had included in our projections for FY'15 the activities of one of our Options Counselors who is also a trained SHIIP counselor. We received direction and clarification that those activities were not allowed Options Counseling units.
- In short, we have become much better at data tracking, and in the course of the current fiscal year we've learned that many items we were counting as Options Counseling were being counted without a completed action plan.

Goal 2 Focus Area: Transportation

1. Agency highlights strategy to utilize transportation to encourage use of meal sites; however agency shows only increase of 7 assisted transportation consumers and a decrease (-9%) in consumers for transportation services. Please explain.

Service	Total Units FY15	Total Clients FY15	Total Units FY16	Total Clients FY16	% change Units	% change clients	FY15 – total expenditure	FY16 - total expenditure	% change total expenditure
Assisted	435	46	497	53	14%	15%	\$15,462	\$30,312	96%

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.									
Transport.	55,061	1,391	49,963	1,262	-9%	-9%	\$355,685	\$445,465	25%

Response:

- While we do plan to work with transportation providers to help get consumers to the meal sites, without a formal plan in place, we are reluctant to include those units in our stated plan. We hope to see some results of a plan implemented either in FY'16 or to begin at the onset of FY'17. As for the decrease in consumers, again, I think that with a heightened sense of data collection, we have become much more disciplined about procedures for registration and eligibility screening with our transit providers. Next year's projections reflect a more accurate picture of transportation provision.

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

- Please identify which services may be used in pilot program with major employer.
- Please explain significant decrease in caregiver respite services.
- Numbers in Percentage of Caregivers receiving more than 1 AAA service (page 10) is not a percentage (or is not accurate). Please provide the percentage of Caregivers receiving more than 1 AAA service.

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	1,042	565	1,131	1,053	9%	86%	\$121,821	\$112,480	-8%
Counseling	485	42	75	10	-85%	-76%	\$6,965	\$2,955	-58%
Options Counseling for Caregivers	936	564	648	216	-31%	-62%	\$38,142	\$23,328	-40%
Respite	1,621	60	532	20	-67%	-67%	\$38,473	\$13,964	-63%
Information Services	221	12,000	60	12,000	-73%	-	\$50,068	\$73,039	46%
Supplemental Services	582	95	413	67	-29%	-29%	\$18,687	\$20,653	8%

Response #1:

The primary services that we expect to be provided in the partnership with the major employer are Options Counseling, Counseling, and Access Assistance. We do not rule out the option for supplemental services such as emergency response and respite to be included, but we foresee the three identified to be the primary services, and the major selling point to employers.

Response #2:

One of the biggest reasons for the decrease in respite provision is a lack of caregiver staffing. We lost one staff member this current fiscal year whose primary role was with caregiver. Our caregiver coordinator has been very busy with LifeLong Links functions in the current fiscal year, and our caregiver efforts have suffered as a result. As you will note, we did include in our potential staffing changes the addition of caregiver staff. Another reason for the decline has been a policy change in respite service delivery. In the past, we have allowed informal caregivers, mostly friends and family to provide respite with some support from the agency. With an increased focus on liability, the agency has moved away from this informal respite provision and consumers are reluctant to utilize professional caregivers in their place.

Response #3:

In FY’15, 17% of caregivers are receiving more than one AAA service. In FY’16, we estimate that 25% of caregivers will receive more than one AAA service.

Goal 3 Focus Area: Nutrition and Food Security Project

1. Agency narrative described efforts to increase use of congregate meal sites with transportation services; however, agency is projected decreases in congregate meal consumers and units. Please explain.
2. Agency describes increased use of frozen meals, especially in care transition programs; however, agency is projecting decreases in home delivered meal consumers and units. Please explain.
3. Please explain significant decrease in projected expenditures for Nutrition Education.

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	173,731	3,401	141,718	2,774	-18%	-18%	\$1,562,892	\$1,834,134	18%
Home Delivered Meal	134,850	1,478	125,382	1,374	-7%	-7%	\$989,697	\$1,169,985	18%
Nutrition	12	3	3	1	-75%	-67%	\$351	\$388	11%

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
Counseling									
Nutrition Education	1,739	1,739	15,255	1,443	777%	-17%	\$19,675	\$3,580	-82%

Response #1:

The agency is going to actively pursue options for more transportation to meal sites, but without a formal plan currently in place, we are hesitant to project units on which we will be evaluated. The decrease in congregate meal units stems from the fact that fewer eligible seniors are attending the meal sites because they are either working or they would rather have alternative meal options that strict dietary requirements do not allow us to offer.

Response #2:

The frozen meals that will be delivered through the Care Transitions program will be on a private pay basis, therefore no public funding will be utilized for those meals, nor do we count the units in the Iowa Public Reporting System.

Response #3:

Most of our C1 and C2 funding will be utilized for meal provision in FY'16. Since the great majority of our Nutrition Education is conducted by meal site managers, expenditures for Nutrition Education is included in their duties as the congregate site manager.

Goal 4 Focus Area: Elder Abuse Prevention and Awareness

No issues for immediate correction or response identified.

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:

- Advocacy
- Assessment & Intervention
- Reassurance/Visiting
- Recreation Activities
- Volunteer Support

Required Action:

1. Update your agency's Form 3A-1 by removing consumer and unit projections for these services: Advocacy, Assessment & Intervention, Reassurance/Visiting, Recreation Activities, and Volunteer Support.

It has been updated in the system

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:

- Advocacy
- Assessment & Intervention
- Reassurance/Visiting
- Recreation Activities
- Volunteer Support

Required Action:

AAA must resubmit area plan budget.

- Remove expenditures from Advocacy, Assessment & Intervention, Reassurance/Visiting, Recreation Activities, and Volunteer Support services.

These updates have been made in the system

Waiver Notes

Requests for recreation activities and reassurance services are not needed as these are no longer in service taxonomy. No action required.

Other Corrections

Public Hearing

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

Required Action:

As many of our small rural newspapers only publish weekly, some of the dates of publish were not 30 days prior to the public hearing schedule. The legal notice was submitted to the roster of newspapers in each county on January 30th.

Adair County Free Press	Feb 4 th
Adams County Free Press	Feb. 5 th
Atlantic News Telegraph	Feb. 3 rd
Bedford Times	Feb. 3 rd
Cherokee Times	Feb. 3 rd

Clarinda Herald	Feb. 5 th
Council Bluffs Daily Nonpareil	Feb. 1 st
Glenwood Opinion Tribune	Feb. 4 th
Harlan Tribune	Feb. 3 rd
Ida Grove Courier	Feb. 3 rd
Sidney Argus	Feb. 12 th
Sioux City Journal	Feb. 2 nd
Onawa Sentinel	Feb. 5 th
Red Oak Express	Feb. 3 rd
LeMars Sentinel	Feb. 3 rd
Leon Journal Reporter	Feb. 4 th
Mt. Ayr Observer	Feb. 5 th
Creston News Advertiser	Feb. 3 rd
Logan Journal Observer	Feb. 11 th
Osceola Sentinel Tribune	Feb. 3 rd .

Service Providers

Please describe process for utilizing Purchase of Service (POS) over contracted provider. (That is, when does agency decide to contract with providers, as with the four material aid providers listed, versus using a POS provider?)

Response:

Over the past few years, Connections has made an effort to move more to a purchase of service system for our partner entities who provide services. In the past, we focused much more on contracts, which allow our partner agency to identify consumers, set rates and assess the amount of service needed. We found that there was such a vast discrepancy in rates with a contracted system, and we did not have the control or oversight that we do with purchase of service clients. In the purchase of service system, all consumers participate in our case management program, ensuring that they have a standardized initial and ongoing assessment, and we are able to address additional multiple needs that can be served by other AAA services much better than in a contracted arrangement. In previous years, partner agencies had the opportunity to serve as both a contractor and a purchase of service partner. Moving forward to FY'16 and beyond, and in keeping with our goal of consistency in both cost and comprehensive care management, we only put out a request for proposal for contracts for the following services: Transportation, Assisted Transportation, Legal Assistance and Chore. The reasons that these four services remain as

a contract offering are that it's very difficult to find chore providers in our 20 counties, and transportation remains one of the services that were delivered very differently prior to the start of Connections in our three former regions. Legal Assistance has been streamlined statewide, and a contract has served Connections very well, and our expectation is that it will remain as a contracted service. As noted in our plan, we want to explore making transportation service more consistent, and we will be making an effort to replicate the voucher system that we currently implement in our northern region, but we just are not ready to make that change so quickly or so completely in FY'16.

Please indicate the number of active agency Purchase of Service providers:

We have 69 active Purchase of Service providers and of those 11 agencies have agreements with Connections to provide more than one service.

Please list for which services the POS providers are being utilized:

Assisted Transportation
Chore
Home Repair
Homemaker
Material Aid
Mental Health Outreach
Nutrition Counseling – No one has applied to perform this service
Personal Emergency Response
Respite
Medication Management
Home Delivered Meals
Transportation