

*Siouxland Aging Services, Inc.*



**FY'2012 Area Plan Update**

Area Plan on Aging for  
Fiscal Years 2010 – 2013

April 1, 2011

**FY 2012 AREA PLAN UPDATE  
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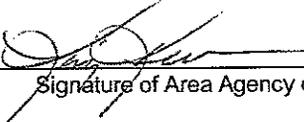
**Section 1.1 Verification of Intent and Area Agency Signature** [Click here](#) to go to page VI of the Instructions Template for details about how to complete the Verification of Intent form.

**Verification of Intent**

Siouxland Aging Services (AAA) accepts full authority and responsibility to develop and administer the FY'2012 Area Plan Update in accordance with all requirements of the Older Americans Act as amended 2006, and related Iowa Administrative Code and State policy. By accepting this authority and responsibility, the area agency agrees to develop and administer the Area Plan Update for a comprehensive and coordinated system of service and to serve as the advocate and focal point for all Iowans 60+ years of age in the area agency's planning and service area.

The FY'2012 Area Plan Update is hereby submitted to the Iowa Department on Aging (IDA) for approval.

3/22/11  
Date

  
Signature of Area Agency on Aging Director

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

3/17/2011  
Date

  
Signature of Chairperson, Area Agency on Aging Advisory Council

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

3/22/11  
Date

  
Signature of Chairperson, Area Agency on Aging Board of Directors

[Click here](#) to go to page VI of the Instructions Template for details about how to complete the Authorized Signatures form.

Authorized Signatures  
FY'2012 Area Plan Update

Siouxland Aging Services, Inc.

Name of Area Agency 2301 Pierce St.		Sioux City, IA 51104	
Street Address 501(C)3	City 7/74	State & Zip	
Type of Agency	Date of Area Agency Designation <i>Ruth Jordan</i>		
Signature of Area Agency on Aging Director <i>[Signature]</i>		Signature of Area Agency on Aging Board Chair <i>[Signature]</i>	

Authorized Signatures for Funding Applications and Contracts

Signature of Area Agency on Aging Director <i>[Signature]</i>	Date Signed 3/22/11
Signature of Area Agency on Aging Board Chair <i>[Signature]</i>	Date Signed 3/22/11
Signature of Area Agency on Aging Associate Director (optional)	Date Signed
Signature & Title (optional person)	Date Signed

Authorized Signatures for Fiscal Reports

Insert  Not Applicable (Right click on the box to an "X".)  
(Other than Area Agency Director)

Signature & Title <i>[Signature] Fiscal Director</i>	Date Signed 3-23-11
Signature & Title	Date Signed

Authorized Signatures for Program Reports

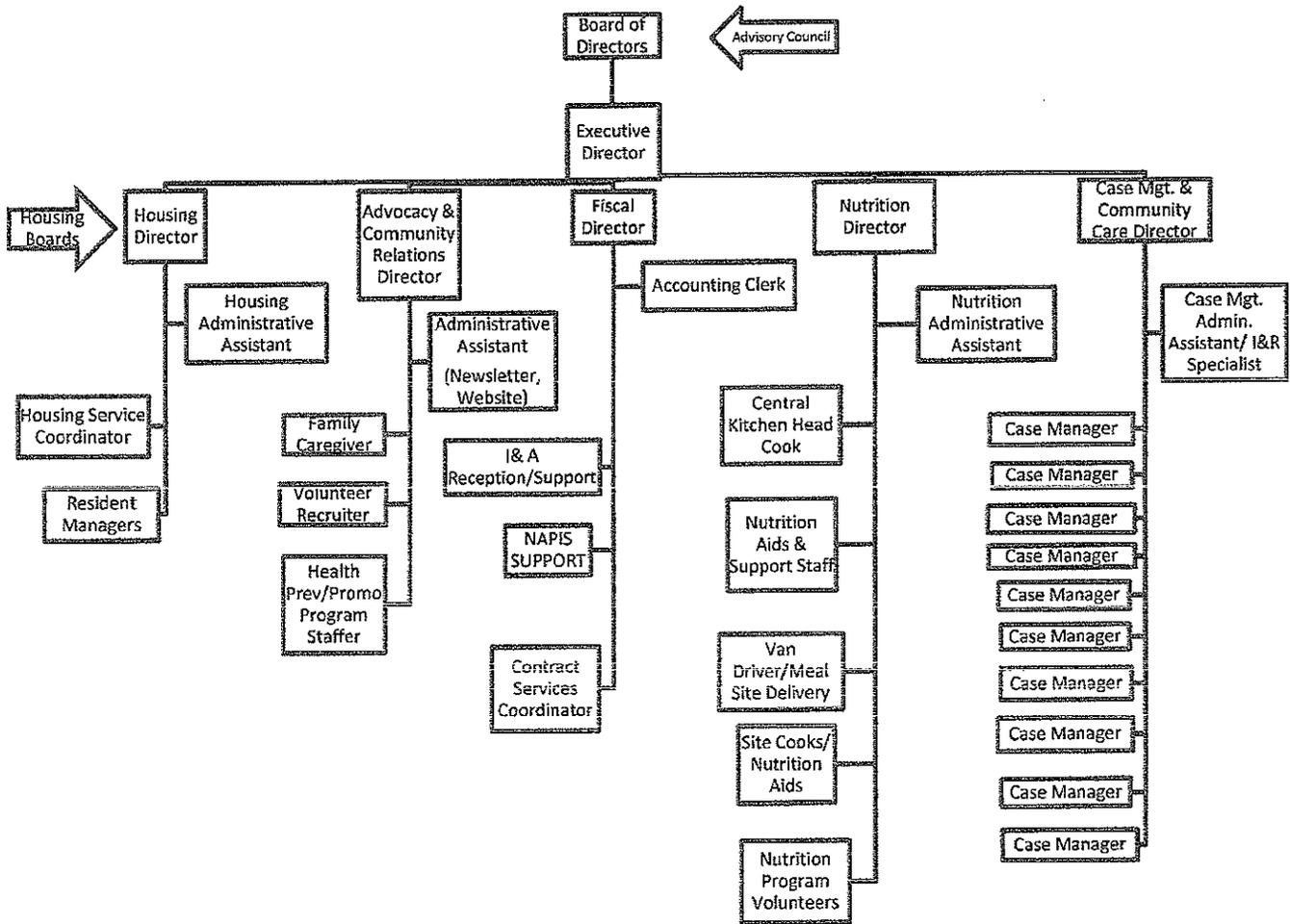
insert  Not Applicable (Right click on the box to an "X".)  
(Other than Area Agency Director)

Signature of Area Agency on Aging Program Director/Coordinator <i>[Signature]</i>	Date Signed 3-23-11
Signature of Area Agency on Aging Program Director/Coordinator	Date Signed

**Section 1.2 Organizational Structure** [Click here](#) to go to page vii of the Instructions Template for details about how to complete the Organizational Structure section.

**Organizational Chart**

Siouxland Aging Services, Inc  
Organizational Chart  
Effective 7-1-10



**Area Agency on Aging Board Officials and Members:** [Click here](#) to go to page vii of the Instructions Template for details about how to complete the Board Officials and Members form.

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

Board officials of : Siouxland Aging Services, Inc. Updated February 2011

**Chairperson**

Name: Ruth Jordan

Town/city: Turin, IA

**Vice-Chairperson**

Name: Connie Haack

Town/city: Marcus, IA

**Secretary**

Name: Glenda Wiggs

Town/city: Sloan, IA

**Treasurer (if separate officer)**

Name: William Bomgaars

Town/city: Le Mars, IA

**Other Board Members**

Name: John Noer

Town/city: Onawa, IA

Name: Ken Brandvold

Town/city: Sioux City, IA

Name: Sherree Ogren

Town/city: Marcus, IA

Name: Dorie Kolker

Town/city: Remsen, IA

Name: Lorraine Davis

Town/city: Ida Grove, IA

Name: Mary Ann Arens

Town/city: Le Mars, IA

**Area Agency on Aging Advisory Council Members** [Click here](#) to go to page vii of the Instructions Template for details about how to complete the Advisory Council Members form

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

Council members of Siouxland Aging Services  
 Name of Area Agency on Aging

**Area Agency Advisory Council Officials and Members**

Advisory Council Officials of Siouxland Aging Services Area Agency on Aging

<p><u>Chairperson</u>          Mary Ann Arens          201 9<sup>th</sup> Ave SE          LeMars, IA 51031          712-546-4434          County: Plymouth</p> <p>Composition demographics: 1,2,7</p>	<p><u>Vice-Chairperson</u>          June Delashmutt          610 Iowa Ave.          Onawa, IA 51040          712-433-1773          County: Monona</p> <p>Composition demographics: 1,2,3,5,7</p>
<p><u>Secretary</u>          Joan Bruhn          3458 Glen Oaks Blvd          Sioux City, IA 51101          712-277-3534          County: Woodbury</p> <p>Composition: 2,4,5,7</p>	

Other Advisory Council Members

<p>Linda Burkhart          117 E. Willow          Cherokee, IA 51012          712-225-3922          County: Cherokee          Composition demographics: 1,2,5,6,7</p>	<p>Kim Rupp          212 West Bluff          Cherokee, IA 51012          712-225-5129          County: Cherokee          Composition demographics: 2, 3,7</p>
<p>Ardelle Staver          600 North Cherry          Aurelia, IA 51005          712-434-5675          County: Cherokee</p> <p>Composition demographics: 1,2,5,7</p>	<p>Anne Beery          701 East 2<sup>nd</sup>          Ida Grove, IA 51445          712-364-3311          County: Ida</p> <p>Composition demographics: 2,3,5,7</p>

<p>Shelli Dannenberg 505 West 2<sup>nd</sup> Holstein, IA 51025 712-368-4304 County: Ida  Composition demographics: 2,3,5,7</p>	<p>Marlys Dose 511 East 2nd Holstein, IA 51025 712-368-4569 County: Ida Composition demographics: 1,2,5,7</p>
<p>Sharon Ehlers 114 S. Lena Holstein, IA, 51025 712-368-4848 County: Ida Composition demographics: 1,2,4,5,7</p>	<p>June Lamoureux PO Box 123 Akron, IA 51101 712-568-2063 County: Plymouth Composition demographics: 1,2,5,7</p>
<p>Terry Brewer 1122 Pierce – PO Box 1077 Sioux City, IA 51102 712-279-6919 County: Woodbury Composition demographics: 2,4,5,7</p>	<p>Sandy Langel 1122 Pierce – PO Box 1077 Sioux City, IA 51102 712-279-6919 County: Woodbury Composition demographics: 1,2,4,5,7</p>
<p>Kristine Roggatz 206 Westgate Rd Anthon, IA 51004 712-373-5681 County: Woodbury Composition demographics: 2,3,5,7</p>	<p>Ike Rayford PO Box 2081 Sioux City, IA 51104 712-203-2052 County: Woodbury Composition: demographics: 2,5,7</p>

#### Older Americans Act Guidance

##### AAA Advisory Committee

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

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

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

**Section 1.3 Compliance and Assurance Documents** [Click here](#) to go to page viii of the *Instructions Template* for details about how to complete assurance forms.

### Compliance with Assurances and General Provisions

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

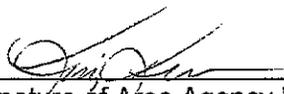
- Older Americans Act, as Amended, 2006
- Fair Labor Standards Act of 1938
- Americans with Disabilities Act of 1990
- Senior Living Program, IAC 17, Chapter 28
- Code of Iowa, Chapter 8F, Government Accountability-Service Contracts, Contractor Certification and Reporting
- Emergency Preparedness Planning
- Minority Impact Statement
- Assurance of Compliance with the State of Iowa Laptop/Tablet Data Protection Standard (Associated with CMPFE)
- *Assurance of Compliance with the Federal Funding Accountability and Transparency Act (FFATA), which requires grantees and their sub-recipients to have a Dun and Bradstreet Numbering System (DUNS) number ([www.dnb.com](http://www.dnb.com)) and to maintain active and current profiles in the Central Contractor Registration (CCR) ([www.ccr.gov](http://www.ccr.gov)).*

The Area Agency on Aging will cooperate fully with the Iowa Department on Aging to assure compliance with provisions required by legislative action taken by the Congress of the United States, and the Iowa General Assembly, and with Iowa Aging Program Instructions during fiscal years 2010-2013 of the Area Plan.

**Further Assurance is given that:**

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

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

  
\_\_\_\_\_  
Signature of Area Agency Director

3/22/11  
\_\_\_\_\_  
Date

Siouxland Aging Services, Inc.  
Area Agency on Aging

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

Assurances  
Sec. 306, AREA PLANS

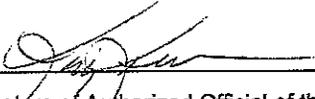
- 306(a)(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
- 306(a)(2)(A) services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

- 306(a)(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on— (I) older individuals residing in rural areas; (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); (IV) older individuals with severe disabilities;(V) older individuals with limited English proficiency; (VI) older individuals with Alzheimer's disease and related disorders with neurological and A-3 organic brain dysfunction (and the caretakers of such individuals); and (VII) older individuals at risk for institutional placement; and
- 306(a)(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- 306(a)(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.
- 306(a)(6)(F) Each area agency will: in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;
- 306(a)(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.
- 306(a)(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
- 306(a)(11)(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- 306(a)(11)(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- 306(a)(11)(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

- 306(a)(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
- 306(a)(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency—
- 306(a)(13)(B)(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- 306(a)(13)(B)(ii) the nature of such contract or such relationship.
- 306(a)(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.
- 306(a)(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.
- 306(a)(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.
- 306(a)(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.
- 306(a)(15) provide assurances that funds received under this title will be used-
- 306(a)(15)(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- 306(a)(15)(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

  
 \_\_\_\_\_  
 Signature of Authorized Official of the Grantee (AAA Director)

3/22/11  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Other Designee (If Appropriate)

\_\_\_\_\_  
 Date

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

Siouxland Aging Services, Inc. (hereinafter called the "Applicant")  
Name of Applicant (Area Agency on Aging)

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

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

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

**FY'2012 Area Plan Update**

Siouxland Aging Services, Inc.  
Applicant (Area Agency on Aging)

3/22/11  
Date

By [Signature]  
Signature of Authorized Official of the Grantee  
(AAA Director)

Applicant's Mailing Address (Area Agency on Aging):  
2301 Pierce St.  
Sioux City, IA 51104



[Click here](#) to go to page viii of the Instructions Template for details about how to complete the *Minority Impact Statement form*.

### Assurance of Compliance with the Minority Impact Statement

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

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

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

Describe the positive impact expected from this project below.

**Due to a higher percentage of the 60+ population are women and also persons with special needs such as hearing or vision impaired, physical limitations or disabilities, mental impairments such as dementia or Alzheimer's or other impairments that limit activities of daily living, it can be construed that a positive impact on these populations will occur.**

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

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

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

Describe the negative impact expected from this project below.

**Enter Text Here**

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

**Enter Text Here**

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

**Enter Text Here**

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

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

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

Present the rationale for determining no impact.  
**Enter Text Here**

**FY'2012 Area Plan Update**

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



\_\_\_\_\_  
Signature of Area Agency Director

\_\_\_\_\_  
Siouxland Aging Services, Inc.

Name of Area Agency on Aging

\_\_\_\_\_  
3/22/11

Date

**Definitions**

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

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

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

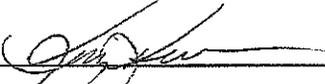
"State agency", as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.

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

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

**FY'2012 Area Plan Update**

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

  
\_\_\_\_\_  
Signature of Area Agency Director

Siouxland Aging Services, Inc.  
\_\_\_\_\_  
Name of Area Agency on Aging

3/22/11  
\_\_\_\_\_  
Date

## Section 1.4 Profile of Planning and Service Area (PSA)

### Mission Statement

"It is the mission of Siouxland Aging Services, Inc. to enable older lowans to live with maximum possible dignity, well-being, and independence."

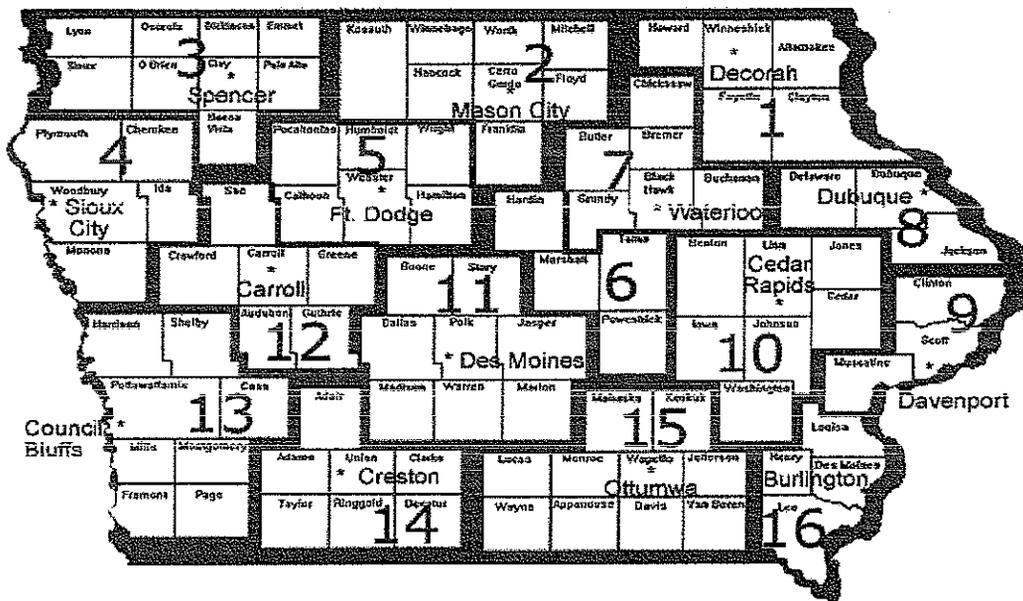
### Vision Statement

"Siouxland Aging Services will be the leader in coordination of and access to services for all seniors 60 and older to assist them to remain safe and independent in their chosen environment."

### Demographic Profile

**Population(s) Served** [Click here](#) to go to page ix of the Instructions Template for details about how to complete sections on Populations Served, Diversity, and Rural Communities.

Siouxland Aging Services (Area 4) provides services to seniors in the five Northwest Iowa Counties of Woodbury, Monona, Plymouth, Cherokee, and Ida. One main office located in Sioux City, Iowa in Woodbury County serves as the hub for employees of most programs, excluding meal site staff that are located at 29 meal sites throughout the five counties. Sioux City, approximate population of 85,000 is the only urban area within the five county PSA. Program staff travel regularly to the rural counties, with several Case Managers telecommuting several days per week which allows for more time in the field in the rural counties. Other major communities within the five counties are listed below by county.



Woodbury	Monona	Plymouth	Cherokee	Ida
Moville	Onawa	Le Mars	Cherokee	Ida Grove
Lawton	Whiting	Akron	Marcus	Battle Creek
Correctionville	Mapleton	Remsen	Aurelia	Holstein
Cushing	Ute	Kingsley	Washta	Galva
Sergeant Bluff	Turin	Pierson	Quimby	Arthur
Bronson	Soldier	Merril	Meriden	
Anthon	Blencoe	Hinton	Cleghorn	

Salix	Moorhead	Westfield	Larrabee	
Sloan	Rodney	Brunsville		
Hornick	Castana	Craig		
Oto		Struble		
Smithland		Oyens		
Danbury				

Approximately 19.1 % or 36,074 of the 159,620 total population in the Siouxland Aging Services (Area 4) PSA is 60 years of age or older according to the U.S Census Bureau updated 2005 data. According to the Administration on Aging the 2015 projected percentage of total lowans 60 and older is 22.6%. The total population in the Siouxland Aging Services PSA by 2015, according to projection data by *Woods & Poole Economics, Inc. 2007*, will decrease by approximately 1%.

Assuming the projected decrease in population data and the projected percentage of 22.6% for lowans 60 and older: By year 2015 the number of lowans 60 and older in the Area 4 PSA is projected to decrease and will total 35,466. This is a decrease of 1% of 60 and older in our PSA.

INAPIS FY 2010 data provided by the Department on Aging shows that Siouxland Aging Services served 8.8 % of the total 60+ population in our service area. Over 68% of the total 60+ served were 75 or older. However, this data only includes the number of unduplicated clients served with IDA allocated funds. At the local INAPIS level for Siouxland we show a higher percentage of unduplicated 60+ that were served in FY2010. The aggregate counts, which includes many taxonomies that SAS provides, are not included in the IDA percentage. If included this percentage would be significantly higher.

According to the 2010 INAPIS data as reported by the Iowa Department of Elder Affairs, 58% of unduplicated consumers receiving services through Siouxland Aging Services were rural, with 62% of the 85 and older consumers reporting living in rural areas. Females represented the highest percentage of total consumers for all age groups 60 and older. 62% of seniors 60 and older live alone, with 69% of 85 and older seniors living alone.

The total 60 + minority population is less than 1.5 % for the Siouxland Aging Services PSA. Most of the 60 + minorities live in Woodbury County, specifically within the city of Sioux City. Of the total 60 + below poverty population, minorities 60 + comprise approximately 5%. According to 2010 NAPIS data, SAS served 109 of 60+ minority individuals or almost 25% of the total minority 60 + population.

The rural communities face challenges in service availability due to the travel distance and reimbursement rates for providers not covering the cost of this travel. Home-delivered meals and in-home services for the elderly in rural areas are sometimes difficult to find. Most agency providers are located in the major communities and for those seniors living in the country or in small towns miles away from an agency provider, this can pose difficulty in accessing needed services. Communities such as Anthon, Oto, Danbury, Ute, and Castana, especially for clients living in the country, experience difficulty with finding a provider of in-home services.

Transportation for seniors in the rural communities can be very expensive due to the trip charges for the regional transit system charging more due to the increased mileage and expense in the rural areas. The transportation is limited in times and places which poses more hurdles for seniors to access resources via transportation. Siouxland Aging has partnered with the Siouxland Regional Transportation system to provide rides to seniors in all five counties, but the availability and cost continue to be barriers for seniors accessing this mode of transportation.

**Diversity:** The following table outlines various diversity characteristics amongst the five county PSA. All categories represent a percentage of the total population.

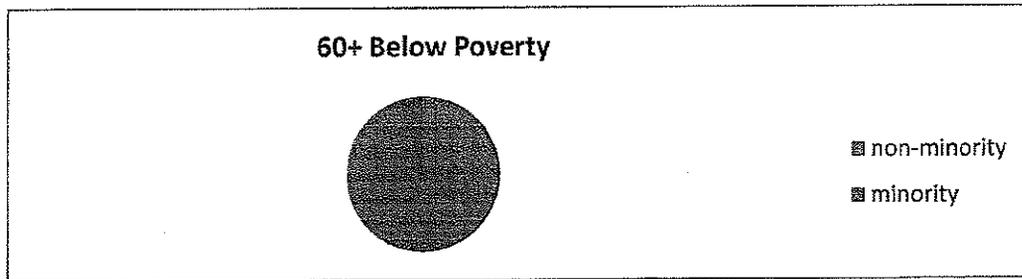
	Woodbury	Monona	Plymouth	Cherokee	Ida
Total Pop	102,287	9,131	24,373	11,686	6,940
65 + Pop	12.9%	22.9%	15.5%	21.7%	20.7%
White, not Hispanic	80.9%	97.1%	95.8%	96.4%	98.1%
Black	2.6%	.2%	.4%	.5%	.3%
American Indian or Alaskan Native	1.9%	.9%	.2%	.2%	.1%
Asian	2.4%	.2%	.5%	.4%	.2%
Hawaiian or Pacific Islander	.1%	---	.1%	---	---
Hispanic or Latino Origin	11.4%	1.1%	2.5%	1.9%	1.1%
Below Poverty (total pop)	14.3%	13.4%	6.4%	8.3%	9.4%
Disabled (total popup to age 64)	16.6%	20%	12.9%	16%	19.7%

Source: U.S. Census Bureau 2007 Estimates \*Disabled is defined as Individuals were classified as having a disability if any of the following three conditions was true:

1. They were five years old and over and reported a long-lasting sensory, physical, mental or self-care disability;
2. They were 16 years old and over and reported difficulty going outside the home because of a physical, mental, or emotional condition lasting six months or more; or
3. They were 16 to 64 years old and reported difficulty working at a job or business because of a physical, mental, or emotional condition lasting six months or more. Disability status was not tabulated for persons in institutions, people in the Armed Forces, and people under 5 years old. The percentage shown is calculated by dividing the number of persons with a disability by the number of civilian non institutionalized persons 5 years old and over.

Woodbury county, and specifically the city of Sioux City, represents the highest population of all minorities and persons of Hispanic or Latino origin. Monona county represents the highest percentage of the population that are 65 and older and the highest rate of persons for the total population that is disabled and the second highest for percentage of total population that is below poverty. In contrast Plymouth County shows the lowest percentage of 65 and older, disabled, or below poverty.

The 60+ minority population constitutes only 1.5 % of the total 60 and older population in the Siouxland Aging PSA. The 60+ low income minority population comprises 5% of the total 60+ low income population.



Most of the non-English speaking populations are of Hispanic or Latino origin. Siouxland Aging contracts with Siouxland Community Health Center to provide translation and interpretation services for this population as well as other languages. Other interpreters are utilized through networking with area hospitals and Area

Education Agencies. Siouxland Aging has participated in and has a booth for information about SAS at the Multi-Cultural Fair held in Sioux City each year as well as advertising our agency in a local Latino newspaper.

One area of concern is the very rural and building capacity of providers willing to travel and take on these consumers for home and community based services. Siouxland Aging will continue to network with area providers and work towards solutions for access to services for the very rural 60+ population.

## **Rural Communities**

According to INAPIS FY 2010 data, over 70% of the total unduplicated consumers who received services were rural. Over 36% of rural consumers served were considered SLP low income.

Awareness and outreach activities are regularly completed by the Case Management and Advocacy program staff to all rural communities and 60+ population in our PSA at meals sites, service provider contacts, contacts with hospitals, public health, and other providers of senior or long term care services. Town Hall meetings were conducted and will continue each fall to both provide awareness of our services and collect information on needs for services. These meetings are rotated amongst rural communities to allow better access by the 60+ population and their caregivers. Agency newsletters are disseminated bi-monthly. Meetings with service providers are held regularly to discuss unmet needs, provide awareness of SAS services, and gather information on resources from area providers, including monthly provider meetings in each county facilitated by SAS Case Management. Many other committees and boards are attended by SAS directors. Press releases and public service announcements are used to the extent possible to disseminate information in local newspapers, and radio, and television. Recently, several meal sites in rural areas began producing frozen meals for better access by those who want or need evening, weekend, or inclement weather meals, and to provide meals for those where home-delivered meals are not available.

**Growth of 65-69 Population** [Click here](#) to go to page x of the Instructions Template for details about how to complete sections on Population Growth, Informal Caregiver System and Targeting Plan.

Approximately 80% of the total 60+ population in Siouxland Aging PSA is 65 or older according to 2005 Census data. However, given population projections for the counties in our PSA, three show a decrease in population over the next twenty years, while two, Woodbury and Plymouth show minimal growth. This actually translates into a decrease of the projected number of 65-69 population in Siouxland Aging PSA. Given the fact that we already have limited funds to work with, Siouxland Aging attempts to target those most in need financially or socially. We also seek other funds to supplement federal and state funds, such as county, local foundations, United Way, and private donations, or volunteer or other agencies that can provide the necessary resources.

## **Targeting Plan**

1) Siouxland Aging Services regularly meets with other organizations to discuss long term care supports and meeting the needs of the 60+ population. These agencies include local public health agencies in each county, legal services, Big Brothers/Sisters, community mental health centers, city and regional transit authorities, local churches, hospitals, DHS, to name a few. We have partnered with many agencies to provide services such as protective payee, evidenced based health programs, volunteers for Meals on Wheels, visiting, recreation, grandparent support, caregiver support, congregate and home delivered meals, legal services, and transportation. We also have corporate partners who provide volunteers as well as monetary donations to support Meals on Wheels.

We continue to work with organizations in our area to promote their resources as well as expand partnerships to maximize combined resources. We are currently working with two major hospitals to better coordinate discharges of elderly persons. One of the biggest needs for elderly patients who are discharged is transportation. SAS is working with the local transit authority to better coordinate funding they have and utilize

this specifically for transportation for the elderly and disabled upon hospital discharge and follow-up physician appointments. Another partnership is with Big Brothers Big Sisters who provides a grandparent raising grandkids mentor program. We partner with local public health agencies to provide evidenced based programs such as Better Choices Better Health. We are also involved with Western Iowa Tech Community College and their Life Long Learning program. We have provided mini-courses on topics such as Medicare and SMP, Seniors and the Affordable Care Act, and will continue to offer education and training through this venue. Monthly meetings with DHS and other agencies are held to discuss Elder Abuse and staff active cases. Siouxland Aging works with the Community Action Agencies in our area to promote each other and share responsibilities for reaching consumers of all ages for benefits such as LIHEAP and rent rebates. We have a contractual agreement with Siouxland PACE to provide home-delivered meals to consumers in the PACE program. Most of the senior centers where SAS has meal sites offer the space for free and share with upkeep and maintenance. The Center for Active Generations regularly donates their space for meetings and evidenced based workshops.

Siouxland Aging has just begun coordinating meetings with county Central Point of Coordination (CPCs) and providers of services to those with disabilities under age 60. We hope to partner with many of the CPCs and providers to offer a more comprehensive resource for all persons needing long term care options and supports. Currently, we do refer consumers who are under age 60 who need services to the CPCs and/ or DHS. At this time we are constrained by funding rules restrictions and look forward to increased flexibility for use of funds to better provide a consumer friendly and comprehensive resource for all seeking long-term care and supports.

2)Siouxland Aging has implemented two evidenced based programs and continues to provide workshops as well as peer leader trainings for the Better Choices Better Health and Matter of Balance programs. For the past two years we have utilized mostly outside grant funds to sustain these programs. We do utilize Title III D funds to conduct workshops, however, our Title III D funding is minimal. We hope to increase peer leaders who will continue to provide these very beneficial programs. We will be implementing a suggested contribution for participants in order to provide additional workshops.

3)According to the INAPIS data it appears only unduplicated clients, those that are registered in INAPIS, are counted towards the percentage served. Several services we provide are not required to have clients register and therefore are counted as aggregate. One way to increase this percentage is to register clients for some services we provide and now report as aggregate such as transportation. Another issue is that we do not report consumers who receive services from funding sources other than Federal and IDA state funds. In reality we serve a much higher percentage of the 60 + population than is reflected in the INAPIS percentage served report. Approximately 70% percent of our Case Managed consumers were funded by Medicaid in FY 2010. Many of the Home Delivered Meals we provide are funded by Medicaid. We also receive funding from counties and public health for nutrition and chore services. Most of the funds for providing the evidenced based programs came from sources outside of IDA funds, such as private foundations.

## **Section 1.5 Needs Assessment**

### **FY'2012 Progress Update of Goal 1/ Local Objective 1**

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

#### **Agency-Specific Performance Measure**

- (1) Community Transportation- The number of one way transportation tickets utilized by clients.
- (2) No Change

#### **Local Objective 1**

- (1) Through the Community Transportation Program, Siouxland Aging Services will continue to provide one way trip tickets to seniors 60 and over for use with Siouxland Regional Transit System's curb to curb transit service through 2010. This service is available to all seniors in our five county areas of Cherokee, Ida, Plymouth, Monona and Woodbury.

#### **Needs Being Addressed**

- (1) No Change

#### **Local Strategies / Action Steps**

- (1) No Change

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

- (1) At this time it does not look like the community transportation will meet the FY11 projected performance target of 7,000 one-way rides, however, the overall one way trip ticket usage is up. There have been 1168 more tickets used in FY11 than in FY10 from July '10 through January '11.

#### **Key Activities:**

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

##### **Challenges/Barriers:**

- (1) The cost of urban one way trip tickets is substantially higher than para-transit one way trip tickets. The struggle is to get consumers (who are eligible) to have their doctors sign an application that allows the consumers to participate in para-transit vs. urban transit.
- (2) Accessing and coordinating other forms of transportation for seniors is difficult.
- (3) Marketing the forms of transportation so the seniors are comfortable with riding is a need.
- (4) Transportation from township to township or rural to urban costs are extremely high.
- (5) The cost per ride is expected to increase in FY12 due to higher gas prices, yet our funding appears to be decreasing. This will limit the amount of service we can provide.

##### **Plans to Overcome Barriers:**

In coordination with the Coordinated Transportation Issues Committee (CTIC) in our area we have begun discussions of a mobility manager. Coordination between doctors and transportation providers could help substantially with the cost of transportation. This person would help agencies with the coordination and access to all forms of transportation. This person would also help secure volunteers to buddy with the transportation providers and/or the consumer to escort the rider. The mobility manager could work with towns and communities to locate affordable transportation seniors could access for travel between townships (whether rural to rural, or rural to urban). Coordinated transportation could minimize trips, such as creating a group ride to certain focal points at a set frequency.

#### **Table 1.1 SAS Community Transportation Program - # of one-way transportation tickets used**

Agency-Specific Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
# of one-way trip tickets used	2644 One Way Trip Tickets	5418 One Way Trip Tickets	5974 One Way Trip Tickets	4778 One Way Trip Tickets	3686 One Way Trip Tickets (July 2010-January 2011)	6320 One Way Trip Tickets

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

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

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

### **Agency-Specific Performance Measure**

Information and Assistance – Services to inform and provide access to long term care supports and resources to seniors, caregivers, and their families.

### **Local Objective 2**

Information and Assistance continues to be provided to seniors, caregivers, and the public, to enable them to easily access services and needed supports for their long-term care needs or future decisions regarding long-term care. Siouxland Aging will increase provision of Information and Assistance through 2012.

### **Needs Being Addressed**

No change.

### **Local Strategies / Action Steps**

No change.

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

The projection for FY 11 is 140/1000 60+ for I&A. Year to date (July – January) shows we are at 73/1000 60+. It is skeptical that we will meet the FY11 projection.

### **Key Activities:**

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

#### **Challenges/Barriers:**

Siouxland Aging has recently had some key staff retire who were directly involved in the recording and reporting of I&A. Due to miscommunication within the agency there were several months that key I&A staff did not track these contacts. This has been corrected and tracking and reporting has resumed. However, this will affect meeting our target for FY11.

#### **Plans to Overcome Barriers:**

Correct tracking and reporting has resumed. However, this will affect meeting our target for FY11. We are also in the midst of training new staff to be able to provide comprehensive I&A. We hope to have several I&A specialists on staff to be able to increase this service and maintain quality at the same time. SAS continues to expand awareness of our agency and services. The Family Caregiver Specialist continues to expand awareness of services available to family caregivers.

**Table 1.2 The # per 1000 60+ that receive Information and Assistance**

Agency-Specific Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
# /1000 that receive info and assistance	41/1000	136/1000	91/1000	110/1000	73/1000	110/1000

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

## **FY'2012 Update of Goal 2 / Local Objective 1**

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

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

### **Local Objective 1**

The Case Management Program of Siouxland Aging Services, Inc. will continue to offer quality service to maintain or extend the number of months seniors are able to remain in their own homes to an average of 35 months by the end of FY2012 with a high quality of life through the help of home and community based services and family caregivers.

### **Needs Being Addressed**

No Changes

### **Local Strategies / Action Steps**

No Changes

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

#### **Key Activities:**

- The performance measure of 28 months for FY10 has been met.
- The Provider Purchase of Service procedure was continued and resulted in funding of more needed services for the frail elderly, contributing in their ability to remain in their home longer.
- Added case managers in an effort to reduce case loads.
- Added additional support staff to reduce delays in new referrals and intakes.
- Increased collaboration with hospital discharge planners and awareness to physicians of the benefit of Case Management.

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

#### **Challenges/Barriers:**

- Limited providers in rural areas for consumers to access certain services.
- Increased demands for Case Managers for documentation.
- Challenges with funding issues for Case Management continue.

#### **Plans to Overcome Barriers:**

Through the continued use of the Purchase of Service we will continue to work to identify and add to the number of providers of the various HCBS that are offered. We will continue to work with IDA and other stakeholders to identify documentation and funding issues and resolve these issues. Case Mangers continue to keep the focus on the consumer and remain positive despite the ever changing processes and paperwork.

**Table 2.1: CMPFE – Average # of months Independent Living Status is Maintained**

Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
Average Number of Months Independent Living Status is Maintained	15	20	24	30	33	35

## **FY'2012 Update of Goal 2 / Local Objective 2**

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

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

### **Local Objective 2**

Siouxland Aging provides information and support services to clients and their family caregivers to enable them to remain at home. Siouxland Aging continues to increase awareness that caregivers are a valued long-term care provider and provide options to assist them in continuing this service for as long as possible. Siouxland Aging hopes to maintain the number of clients with family caregivers who receive support services through the Iowa Family Caregiver program through 2011.

### **Needs Being Addressed**

No Change

### **Local Strategies / Action Steps**

No Change

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

- The Caregiver projected goal of 2000 for FY 11 will be met. We have already exceeded that target.
- The measure for the Caregiver goal was changed to include contacts as well as registered clients. This has increased the number that are receiving information and/or services that is reflected in the data.
- SAS continues to contract with the Iowa Family Caregiver Program for technical assistance for ESP data base updating, statewide access to information & assistance, and AIRS certification. The number of service records in the Elderly Services Program has increased, listing more businesses and organizations providing services needed for those elderly frail individuals to remain in their homes safely.
- The Caregiver Specialist plans and holds an annual conference to all those living in the PSA that SAS's serves, promoting and marketing the Iowa Family Caregiver Program.
- As an AIRS Certified Information and Referral Specialist, the Caregiver Support Specialist assists caregivers to find the services and answers they need to continue in their role of caregiver with reduced stressed and knowing they are not alone.
- SAS partners with a local organization (Big Brothers/Big Sisters of Siouxland) to reach further into the target population of grandparents raising relative children within the scope of eligibility in the Iowa Family Caregiver Program.

### **Key Activities:**

- Information and referral offers on-going support for Family Caregivers
- Assessment of need and connecting to identified priority services for caregivers/family. If need requires 2 or more services, family caregiver is referred to case management.
- Marketing of Family Caregiver program including presentations, fairs, press releases, etc.
- Family Caregiver newsletter, information on SAS website and in SAS newsletter
- Maintaining and updating ESP

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

### **Challenges/Barriers:**

Reaching out to caregivers through the medium of caregiver support meetings has been a struggle. Attendance has been poor, and often erratic at the meetings due to the varied roles, duties and time constraints of the caregivers. Therefore, home visits are more critical for the caregiver, providing the support they need as they have someone to talk to, sharing the stress and burdens of care giving.

It is an on-going challenge to increase awareness of the caregiver program. Caregivers tend to be isolated and often lack the time or ability to seek assistance. Many are seniors, with limited access or skills to use a computer to search for support services.

Funding limitations are always a barrier in providing needed services for families in our service area. When the needs are greater than the funding available, the client is forced to pay for services out of pocket, go without, or seek assistance through programs such as Medicaid. This also creates tension between promotion of the program and increasing the services available versus the number of clients who can actually be served with the limited funds or be placed on a waiting list and being frustrated with the program.

### **Plans to Overcome Barriers:**

Reaching out to partners within the community to assist families in need has proved to be beneficial. (i.e. explaining the Caregiver Program to discharge planners at area hospitals has reaped benefits by increasing the number of participants in the Iowa Family Caregiver Program and most importantly providing services to those individuals just released from the hospital.)

Priorities have been set, with Caregiver funding being designated specifically for a narrow range of services that can be accessed for caregivers. If a caregiver or their loved ones needs 2 or more services, they are referred to case management to meet the wide range of needs. Cooperation between different programs at SAS ensures the client is being directed to the program which will meet their needs in the best possible way.

Continued marketing of the program by attendance at health fairs, hosting annual conferences, hosting fund raising dinners, speaking to various groups in our service area, information on the cable community bulletin boards, local media, promotion at the State Fair,

**Table 2.2: Iowa Family Caregiver # of registered clients and contacts**

Activity Being Measured	FY'07 Baseline Data # of Registered Clients Only	FY'08 Actual Data # of Registered Clients Only	FY'09 Actual Data # of Registered Clients Only	FY'2010 Actual Data # of Registered Clients & Client Contacts	FY'2011 YTD Data # of Registered Clients & Client Contacts	FY'2012 Performance Projection
# of Registered Clients OR # of Registered Clients & Client Contacts	19	78	51	4,718	2675	4800

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

## **FY'2012 Update of Goal 3 / Local Objective 1**

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

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

### **Local Objective 1**

Nutrition Risk – clients determined to be at high nutritional risk who received congregate meals, home-delivered meals or nutritional counseling will maintain or improve their High Nutritional Risk scores for FY12.

### **Needs Being Addressed**

No Change

### **Local Strategies / Action Steps**

No Changes

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

#### **Key Activities:**

- The target for FY11 of 82% of congregate, home delivered or nutrition counseling participants appears to be on target to be met or even exceeded.
- Increasing the number of multiple assessments completed has provided better data.
- Expanded access to frozen meals for evening and weekend use or for days meals sites are closed due to weather or days sites are not open.

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

#### **Challenges/Barriers:**

Although significant improvement has been made in getting multiple assessments, it continues to be a challenge for Home Delivered participants. Significant increases in food prices and gas prices may have a serious negative impact on the amount of service we are able to provide. Higher gas prices will create difficulty in attracting volunteers for meal delivery. Ongoing cost containment measures will be reviewed and implemented as necessary. Congregate meal participation continues to be a struggle with low numbers at some sites.

#### **Plans to Overcome Barriers:**

Siouxland Aging will maintain the target of 82% of participants who maintain or improve their High Nutrition Risk score. We have and will continue to expand the availability of frozen meals through-out our PSA. Access to increased nutritional meals should enhance participants' ability to maintain or improve their nutrition risk scores. Siouxland Aging continues to explore ideas to increase participation at Congregate sites.

**Table 3.1 Percent of congregate, home-delivered, nutrition counseling participants who maintained or improved their nutrition risk score**

Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
% of Clients that maintain or Improve Risk Scores	81%	75%	71%	82%	83%	82%

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

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

**Agency-Specific Performance Measure**

Preventive Health - The number of consumers that participate in the Chronic Disease Self Management Program (CDSMP).

**Local Objective 2**

SAS will provide preventive health/promotion and caregiver support services funding to provide services to enhance quality of life and promote healthy living to seniors and /or their caregivers. SAS will provide The Chronic Disease Self-Management Program (an evidenced based program) Leader Training to partnering agencies within the five county PSA in order to embed the program in the healthcare delivery system in the SAS PSA through FY 2010.

**Needs Being Addressed**

No Change.

**Local Strategies / Action Steps**

No Change.

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

- The goal to hold two BCBH workshops in each of the five counties served by SAS was accomplished.
- 62 seniors participated in the workshops in FY 2010 exceeding the projection of 60. In fiscal year 2011 to date, 92 have or are currently participating in workshops.
- A staff member of SAS was sent to Des Moines to become a Master Trainer in April 2010, providing 2 Master Trainers within our agency.
- Several BCBH workshops were held at congregate meal sites where SAS has an established relationship with seniors who enjoy the meals provided.
- Team Leaders trained by Master Trainers at SAS also completed required trainings to remain certified.

**Key Activities:**

- Teaching workshops to seniors
- Marketing/promoting classes, finding sites willing to partner to hold classes
- Working with partners who have committed to being teach to offer additional classes, assisting them with recertification.
- Keeping certifications for our Master Trainers by offering and holding Leaders classes.

**List Current and Future Challenges/Barriers**

**Challenges/Barriers:**

- SAS has trained a total of 10 Leaders to facilitate BCBH workshops yet only 2 leaders remain certified in the program. Others have discontinued the program stating as a result of staff reductions due to economic down turn.
- Limited funding and sporadic grant funding for this program continues to be a barrier in promoting and offering this program throughout the PSA.

**Plans to Overcome Barriers:**

- Continue to encourage local, state and federal funding streams to designate specific ongoing funds to evidenced based health programs.
- We will continue train additional peer leaders to conduct BCBH participant workshops in PSA reaching those seniors and /or caregivers in urban and rural communities.
- Increased marketing of evidence based programs has begun in FY 2011, especially targeting the medical community for referrals with a goal of creating a greater demand for more workshops throughout the PSA. Marketing will also be directed to agencies and organizations which provide services directly to seniors.
- Collaborations with concentrated senior populations such as senior centers, meal sites, and senior housing are being formed to provide classes on a regular basis. (i.e. on-going spring and fall classes at the Sioux City Center for Active Generations)
- Having two Master Trainers within our AAA allows SAS to provide classes without complete dependence upon follow-through from other agencies.

**Table 3.2 # of CDSMP Participants**

Agency-Specific Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
# of CDSMP participants	NA	NA	29	62	92	150

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

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

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

#### **Agency-Specific Performance Measure**

The overall combined rate of 60+ seniors in our service area that receive advocacy, outreach, and training and education, and public information.

#### **Local Objective 1**

SAS will continue to provide advocacy, outreach, and training and education, and public information to the elderly, their caregivers, and the general public to continue to provide important information about senior rights and protections against abuse and fraud, updates on scams, available services, Social Security, Medicare, health related information and legislative issues affecting seniors through 2012.

#### **Needs Being Addressed**

No Change

#### **Local Strategies / Action Steps**

1. A minimum of 22 rural meal sites and 10 urban meal sites and/or senior/low income housing will be targeted for at least two training and education sessions per year. At least 10 more training and education sessions will be given at additional sites during FY10.
  - This goal has been met with at least two visits by the Advocacy staff/per year to the 22 rural meal sites and 10 urban meal sites and/or senior/low income housing that has been targeted. At least 10 more training and education sessions have been given during FY10
  - Additional training and education sessions have also been given at meal sites and senior/low income housing as a result of a monthly newsletter that is designed to be read aloud to meal site participants on a weekly basis. This newsletter is also disseminated on the SAS website and by email to a list of agencies, senior housing, and related contacts.
2. SAS will place an emphasis on the role of the Advisory Council to serve as an information link between their communities/counties and SAS.
  - The Advisory Council for SAS meets bi-monthly. Membership continues to be reviewed with additions/resignations and strengthening the attendance policies. Currently, membership includes at least one person from each of the counties in SAS's PSA, and meetings the composition requirements of the Older Americans Act.
  - The Advisory Council members hosted one Town Hall Meeting in each of the five counties, gathering needs, concerns, and strong points expressed by seniors, service providers, and community members about their communities and counties. The meetings served a 3-fold purpose – to gather information about what was available or lacking within each county, to provide an opportunity for those present to express their ideas of how to move closer to an ideal livable community, and to make connections between seniors and available services. Input from these meetings was compiled and given to agency program directors, the board of directors, and advisory council. It has been shared, upon request, with public health agencies and other agencies to assess senior needs.
3. SAS will continue to promote the monthly Elder Abuse multi disciplinary team.
4. An email based public education program has continued and is being utilized to notify interested seniors on current legislative issues. The members of this email list stay up-to-date with legislative activities on the state and national level that relate to issues affecting seniors. Often sample letters are included with instructions to modify or personalize, increasing the likelihood of action being taken upon receipt. We currently have more than 51 interested parties on this email list. In addition, SAS' Advocacy Coordinator adds members of the Advisory Council, senior facility contacts and networking contacts from other agencies to these email updates.
5. SAS will develop partnerships with at least 15 local post offices to begin the Carrier Alert program. SAS will design and implement procedures for promotion, registration, and follow-up.

- Carrier Alert materials were designed and presented to the regional Post Office officials. After initial enthusiasm over the program, the Post Office decided against the program, citing that marking mailboxes with stickers inside of the mailbox, put participants at risk of exploitation. From discussions with several rural postmasters, the process of checking on rural seniors already takes place in a less formal manner than the Carrier Alert program.
- 6. SAS will continue contracting with Hawkeye Valley AAA to provide the Senior Medicare Patrol program.
  - Goal met
  - SMP volunteer training was offered in March 2010 with 4 seniors attending. None have completed the testing. Two remaining marginally active while two have resigned. During Feb 2011, training and testing have become available on-line and should help make recruiting/training volunteers much easier. SMP has a goal this year to recruit at least one volunteer in each of the 99 counties in Iowa.
- 7. A bi-monthly newsletter will continue with pertinent information to seniors including fraud and abuse. The newsletter reaches over 2000 seniors to date.
  - Goal met. For each edition, approximately 1500 newsletters are mailed, reaching a far greater number of people, especially considering many issues go to the homes of couples or to agencies. Newsletters are also placed on the SAS website. During fiscal 2012, we will be developing this into an e-newsletter, increasing readership and offering the option of a web-based or print format. We hope many seniors and agencies will prefer the web-based format to reduce amount of paper used and associated printing and postage costs.

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

The combined rate per 1000 of 60+ that receive advocacy, outreach, and training and education, and public information was projected to be 840/1000 for those 60+. Our actual was higher at 948/1000 60+.

- This year, SAS has become a sponsor site for SHIIP. Our Director of Advocacy and Community Relations and one volunteer were trained prior to the fall Medicare Part D open enrollment period. SAS also was the recipient of a MIPPA grant to support these services in specific areas within our PSA. During the open enrollment period, there were over 106 client contacts. This high demand continues for assistance with Medicare and Insurance assistance. We expect to add additional volunteers for this program.
- SHIIP consultations and Rent Rebates comprise the largest portion of one-on-one advocacy assistance. In fiscal 2010, 64 seniors were assisted with rent reimbursements totaling over \$30,000. Through contacts at the Sioux City Networking Association, we were able to find a resource to which we could refer those who are eligible, but younger than 60 years of age.
- The Advocacy/Public Relations department has added an additional part time program assistant with a strong background in community relations/marketing.
- Consumer protection information for both SMP and SHIIP continues to be discussed during meal site presentations, included as articles within the SAS newsletter and Advocacy newsletter, and sent as press releases to media contacts.
- Marketing SAS programs has been a high priority during the past year. We continue to work with local media to disseminate information about our programs, and items of interest to senior/caregiver audiences. We are now finding that often the media are coming to SAS for senior related information in addition to the materials we send to them. Examples during 2010 include Summer Weather Preparation tips for seniors/caregivers/neighbors, hoarding, and resources for remaining in home (where information from the Legislative Forum promotional materials was reused at a later date for both the Sioux City newspaper and Senior Magazine).
- In addition to using media sources, speaking engagements and the typical fairs, we have looked for other venues to publicize our mission and programs. Some atypical examples have included speaking to a local Landlords Association, marketing for volunteers at a job fair where our efforts were picked up by newspaper and TV, attending ethnic festivals, and partnering with a Assisted Living Facilities & Senior Club at a bank for SHIIP Medicare Part D comparisons.
- With Healthcare Reform making the news and often causing confusion about its effects on Medicare, a PowerPoint presentation "Straight Talk for Seniors – How Healthcare Reform will affect your Health Care" has been very effective and well received by seniors at meal sites,

senior apartments, and other venues. It provides crossovers into both the SMP and SHIIP programs.

- Three seniors and the Director of Advocacy and Community Relations attended Older Iowans Legislature in Des Moines in September.
- Town Hall meetings were hosted by the Advisory Council in all five counties, yielding a wealth of comments concerning senior issues. Results varied by county and the community where the meeting was held, ranging from very content seniors in Akron where it is a very livable community, other than transportation issues to others who lack a wide variety of services. One positive outcome from these meetings was the development of a grocery delivery service by the Good Samaritan Society, available to several communities that lack grocery stores around Holstein. This service is available one day per week, on a donation basis.
- A legislative forum was hosted in the fall, following November elections with approximately 40 in attendance. Participants included members from the general public, SAS programs consumers, SAS board and advisory council members, media, several returning and newly elected state senators and representatives, service providers, IDA and i4a officials. Two TV stations and the Sioux City journal covered this forum.

#### **Key Activities:**

- One-on one assistance with rent reimbursements, SHIIP consultations, SMP, and other senior issues
- Educational sessions at meal sites, senior apts, senior groups, and other civic organizations including, but not limited to, information about SAS, SHIIP, and SMP.
- Legislative forums and town hall meetings
- Advisory Council meetings
- Agency newsletters and participation at local venues such as health fairs, senior fairs, etc

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

##### **Challenges/Barriers:**

In an economic downturn, the number of seniors seeking help has increased. The increase in scams, fraud, and financial exploitation targeting seniors is continuing to increase. Seniors utilizing the internet and online services is on the rise, but seniors may have more of a challenge in understanding internet security and risks. Seniors constitute some of the most vulnerable citizens and are easy targets for fraud, abuse, and exploitation. Keeping up with the scams is always a challenge. The Dependent Abuse laws and procedures are not always helpful in resolving cases of neglect and abuse. The increase in the 85+ population will present a growing concern for risk of isolation, self-neglect, and service capacity issues as this population is more likely to live alone yet need more services.

Visibility and understanding of the mission and work of SAS continues to be an aspect that needs continued emphasis, as was voiced at the recent Town Hall Meetings in all counties. SAS needs to devise strategies for ever-increasing connections with senior, senior service provider, medical services, caregiver, and community audiences to better serve as the "hub of the wheel" for seniors and their needs within our service area.

SHIIP, though a vital and much needed service that is time intensive per consumer, adds an additional stretch to the available resources and increases the need for both staff and volunteer time.

Increasing costs of travel will place limits upon the visits to meal and other sites for education, training and outreach.

##### **Plans to Overcome Barriers:**

We continue to work with area media to relay information to the public, especially gearing press releases to

both those 60+ and to their caregivers. Keeping the media informed has increased our visibility and credibility to the point that the media is now often seeking us out for information of importance to seniors. The advocacy newsletter, distributed monthly to be read weekly in small segments at meal sites and is also shared with senior facilities and other agencies, increases awareness of scams and fraud, availability of SAS and programs from other agencies and consumer education without adding additional travel miles. It also keeps seniors and others informed of current happenings without the delay that regularly scheduled visits to sites would cause.

We have added one SHIP volunteer and will continue to seek and add more volunteers to assist with SHIP and SMP programs.

We continue to look for opportunities to reach into new audiences with our educational and public information programs.

**Table 4.1 Combined Rate per 1000 60+ receiving Advocacy, Outreach, Training & Ed, & Public Info**

Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
<b>Combined rate of xx/1000 60+</b>	<b>344/1000 60+</b>	<b>483/1000 60+</b>	<b>749/1000 60+</b>	<b>948/1000 60+</b>	<b>857/1000 60+</b>	<b>950/1000 60+</b>

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

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

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

#### **Agency-Specific Performance Measure**

The combined rate per 1000 of 60+ seniors that receive legal assistance and protective payee services.

#### **Local Objective 2**

SAS will provide access to legal services and protective payee services for seniors needing legal assistance or help in managing their day to day finances through 2012.

#### **Needs Being Addressed**

No changes.

#### **Local Strategies / Action Steps**

No changes.

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

It appears the projection for 2011 of 9/1000 may be achieved. We are lower than year to date compared to last year, although FY 10 data shows twice the utilization as FY09. Due to a Rep Payee provider discontinuing service, we may see a decline in the combined rate of use from FY10, but should meet the projected goal.

#### **Key Activities:**

The Rep Payee program was moved to the Purchase of Service funding to better ensure those being served were 60+ and in need of the service and to monitor satisfaction of the service.

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

##### **Challenges/Barriers:**

One of the two providers for the Rep Payee program discontinued this service. This has caused a lack of choice for consumers needing this service. It has also created longer wait times for enrollment in the service with the existing provider which may have deterred some seniors from following through with the service. It has been difficult to find other agencies willing to provide this service. Contributions for Legal Services continues to be non-existent. Although the consumers who receive this service appear to be given the opportunity, there have been no contributions towards legal services. With the older demographic growing, the increased lack of family available or willing to take on a family members finances, and increased awareness of financial exploitation, we see the need for this type of service growing.

##### **Plans to Overcome Barriers:**

We will continue to work with the existing provider of Rep Payee service to expand their ability to take more consumers. We continue to have conversations with Iowa Legal Aid to increase contributions, including better tracking of the 60+ who receive this service and sending them a utilization and suggested contribution statement. Due to the confidentiality of the service, this would need to be generated by Iowa Legal Aid. Due to continued funding cuts and increased workloads, they do not feel they are able to implement this at this time and many of the contacts are completed by phone only.

**Table 4.2**

Agency-Specific Activity Being Measured	FY'07 Baseline Data	FY'08 Actual Data	FY'09 Actual Data	FY'2010 Actual Data	FY'2011 YTD Data	FY'2012 Performance Projection
# per 1000 of 60+ that receive legal services or protective payee	9/1000	11/1000	9/1000	15/1000	6/1000	10/1000

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

**Section 1.6 Required Documents** [Click here](#) to go to page xiii of the Instructions Template for details about how to complete the *Request for Direct Service Waiver* form.

### Request for Direct Service Waiver

The *Request for Direct Service Waiver* form is a mandatory form, which is required to be included in the AAA's submission of the Area Plan Update. Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below. IAC 17-6.12(231) requires AAAs to submit a request to provide direct services as part of the area plan. Refer to the Instructions Template for a list of services exempt from the requirements in subrule 6.12(3).

**1. Service Selection:**

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

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

Congregate Meals, Home Delivered Meals, Nutrition Education

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

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

—

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

Use the left mouse to double click on the box to open the box and insert an "x."

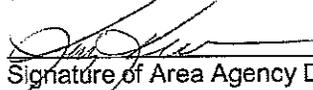
- c. Provision of the service(s) by the area agency on aging is necessary to assure an **adequate supply** of such services.
- d. Such service(s) are directly related to area agency on aging **administrative functions**.
- e. The service(s) is provided **more economically, and with comparable quality**,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

—

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

insert Text here

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

  
Signature of Area Agency Director

3/22/11  
Date

Siouxland Aging Services, Inc.  
Name of Area Agency on Aging

[Click here](#) to go to page xvi of the Instructions Template for details about how to complete the Equipment/Real Property Acquisitions form.

## Equipment and Real Property Acquisitions

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

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

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

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

## List of Contracts with For-Profit, Not For-Profit or Provider Pool POS

### Organizations & Contract Notice

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

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

<b>Name &amp; Address of: For-Profit Not For-Profit Provider Pool POS</b> <small>[List(s) of Providers may be attached to the Appendix Section of the Area Plan Update]</small>	<b>Provider ✓ Medicare /Medicaid Payment Denial*</b>  <b>(Yes/No)</b>	<b>List OAA Service(s) to be Provided</b>	<b>Indicate Provider Type by Using:</b>  <b>FP (For Profit) NFP (Not For- Profit) POS (Provider Pool POS)</b>	<b>Cost / Unit of Service</b>
<b>ActiveStyles, Inc. 3100 Pacific St.No. Minneapolis, MN</b>	<b>YES</b>	<b>Material Aide/assist. devices HDM - Liq. Supplements</b>	<b>FP POS</b>	<b>VARIES</b>
<b>Angel Wings Transport 5011 Morningside Ave Sioux City, IA</b>	<b>Yes</b>	<b>Chore Transportation</b>	<b>FP POS</b>	<b>Varies</b>
<b>Apria Healthcare 2400 Pierce St Sioux City, IA</b>	<b>Yes</b>	<b>Material Aide/asst. devices HDM - Liq. Supplements</b>	<b>FP POS</b>	<b>Varies</b>
<b>Arens Lawn Care 516 Beck Ave. Remsen, IA</b>	<b>Yes</b>	<b>Chore</b>	<b>FP POS</b>	<b>\$16/hr lawn \$25/hr snow blower \$40/hr snow plow</b>
<b>Avera Home Medical Equip of Floyd Valley Hospital 190 6<sup>th</sup> Ave NE Le Mars, IA</b>	<b>Yes</b>	<b>Material aide/asst. devices</b>	<b>FP POS</b>	<b>Varies</b>

Buena Vista Regional Medical Center PO Box 309 Storm Lake, IA	Yes	Emerg. Response	NFP POS	\$35/ install \$32 /monthly
Burgess Home Health/Hospice 1600 Diamond St. Onawa, IA	No	Hmkr Emer. Resp. Mental Health outreach Nutrition counseling Nursing HHA Respite (in home)	NFP POS	\$20/hr \$45 install/\$35 monthly \$24/qtr hr \$8.25/qtr hr \$82.92/visit \$26/hr \$18.50/hr
Care-A-Van Transportation 1437 38 <sup>th</sup> St Sioux City, IA	Yes	Transporation	POS FP	\$25/one way
Careage home Care, LLC 212 W. Bluff Cherokee, IA	Yes	HMKR Nursing HHA Respite (in home)	FP POS	\$19.81/hr \$82.92/visit \$26/hr \$18.50/hr
Caretech, Inc PO Box 402 Boys Town, NE	Yes	HMKR HHA Respite (in home)	FP POS	\$18.18/hr \$18.18/hr 16.75/hr
Center for Siouxland 715 Douglas Sioux City, IA	Yes	Rep. Payee	NFP POS	\$8/contact
Cherokee Reg. Medical Center 300 Sioux Valley Dr. Cherokee, IA	Yes	HMKR Emer. Resp  Nutrition Counseling Nursing HHA Respite (in home) HDM	NFP POS	\$20/hr \$45/install \$35/mo \$8.25/qtr hr \$82.92/visit \$21.50/hr \$18.50/hr \$3.00/meal

<b>Critical Signal Technologies</b> 22600 Haggerty Rd Farmington Hills, MI	Yes	Emer. Resp	FP POS	\$22/mo
<b>Floyd Valley Community Health Service</b> 714 Lincoln St., NE Le Mars, IA	Yes	HMKR Emer. Resp Nursing HHA	NFP POS	\$20/hr 48/inst-30/mo \$82.92/visit \$24/hr
<b>GA Food Service</b> 12200 32 <sup>nd</sup> Ct No St. Petersburg, FL	Yes	HDM	FP POS	\$7.71/meal
<b>George Construction</b> 205 S. 9 <sup>th</sup> Cherokee, Ia	Yes	Chore	FP POS	\$25/hr snow blower \$40/hr snow plow
<b>Hanger Prosthetics &amp; Orthotics</b> 2421 Pierce St Sioux City IA	Yes	Material aide/assist. Devices	FP POS	Varies
<b>Heights Home Health</b> 114 No. 4 <sup>th</sup> Suite C Mapleton, IA	Yes	HMKR Nursing HHA Respite (in home)	FP POS	\$18/hr \$82.92/visit \$26/hr \$18.50/hr
<b>Home Instead Senior Care</b> 220S. Fairmount St Sioux City, IA	Yes	HMKR HHA Respite (in home)	FP POS	\$18/hr \$18/hr \$18/hr
<b>Horn Memorial Comm. Health</b> 701 East Second St. Ida Grove, IA	Yes	HMKR Nursing HHA Respite (in home) Well Elderly	NFP POS	\$20/hr \$82.92/visit \$26/hr \$18.50/hr \$20/hr
<b>Huffman's Lawn Service</b> 304 Crystal Ct. Sgt. Bluff, IA	Yes	Chore	FP POS	\$16/hr lawn care \$25/hr snow blower

HyVee Drugstore 2627 Pierce St. Sioux City, IA	Yes	Material Aide/Asst. devices	FP POS	VARIES
Ida Area Lifeline, Inc. 505 Burns St. Ida Grove, IA	Yes	Emer. Resp	NFP POS	\$25/install \$20/mo
Kreisers, Inc 1723 Geneva St Sioux City, IA	Yes	Material aide/assist. Devices	FP POS	Varies
Lifeline Systems 111 Lawrence St. Framingham, MA	Yes	Emerg. Resp.	FP POS	\$44.85/install \$29.25/mo
Mercy DME 711 5 <sup>th</sup> St. Sioux City, IA	Yes	Material aide/assist. devices HDM – liq. supplement	NFP POS	Varies
Mercy Home Care 801 5 <sup>th</sup> St., Suite 320 Sioux City, IA	Yes	HMKR HHA Respite (in home)	NFP POS	\$20/hr \$26/hr \$18.50/hr
Mercy Medical Lifeline Service 801 5 <sup>th</sup> St Sioux City, IA	Yes	Emerg. Resp	NFP POS	\$45/install \$35/mo
PurFoods, LLC dba Mom's Meals 718 SE Shurfine Dr. Ankeny, IA	Yes	HDM	FP POS	\$7.71/Meal
Monona Co Public Health 610 Iowa Ave Onawa, IA	Yes	HMKR Nursing HHA Respite (in home)	NFP POS	\$20/hr \$82.92/visit \$26/hr \$18.50/hr
Mow Rite 1601 Grandview Blvd #4 Sioux City, IA	Yes	Chore	FP POS	\$16/hr lawn care \$25/hr snow removal

<b>New Style Medical Supplier Inc</b> 7512 Hwy 50 Weeping Water, NE	<b>Yes</b>	<b>Material aide/asst. devices HDM – liq. supplement</b>	<b>FP POS</b>	<b>Varies</b>
<b>Orange City Home Health &amp; Hospice</b> 100 Lincoln Circle SE Orange City, IA	<b>Yes</b>	<b>HMKR Emer. Resp Nursing HHA Respite (in home) HDM</b>	<b>NFP POS</b>	<b>\$20/hr \$49.53/inst \$38.52/mo \$82.92/visit \$26/hr \$18.50/hr \$7.71/meal</b>
<b>Plains Area Mental Health Inc.</b> 180 10 St. SE Ste 201 LeMars, IA	<b>Yes</b>	<b>MH outreach Friendly visitor</b>	<b>NFP POS</b>	<b>\$24/qtr hr \$6.59/visit</b>
<b>Presto-X Pest Control</b> 3301 Northbrook Dr. Sioux City, IA	<b>Yes</b>	<b>Material aide/assist. Devices</b>	<b>FP POS</b>	<b>Varies</b>
<b>Recover Health of Iowa</b> 2212 Pierce St., Suite 200 Sioux City, IA	<b>Yes</b>	<b>HMKR Nursing HHA Respite (in home)</b>	<b>FP POS</b>	<b>\$20/hr \$75/visit \$26/hr 18.50/hr</b>
<b>Rotary Club of Rock Valley Foundation, Inc.,</b> 1510 14 <sup>th</sup> St. Rock Valley IA	<b>Yes</b>	<b>Sr. Companion</b>	<b>NFP POS</b>	<b>\$6.59/HR</b>
<b>Roto Rooter</b> PO Box 4607 Sioux City, IA	<b>Yes</b>	<b>Home Repairs</b>	<b>FP POS</b>	<b>Varies</b>
<b>Sanford Health</b> 1509 N. 2 <sup>nd</sup> Cherokee, IA	<b>Yes</b>	<b>Material Aide/Asst. Devices HDM – liq. supplement</b>	<b>FP POS</b>	<b>Varies</b>
<b>Senior Independent Living &amp; Transportation</b> 609 Barnes St. Ida Grove, IA	<b>Yes</b>	<b>HMKR HHA Respite (in home) Chore Transportation</b>	<b>FP POS</b>	<b>\$20/hr \$26/hr \$18.50/hr \$16/hr lawn care \$25/hr snow blower \$40/hr snow</b>

				plow Varies
Sioux City Transit System 2505 4 <sup>th</sup> St. Sioux City, IA	Yes	Transportation	NFP POS	Varies
Siouxland Center for Active Generations 313 Cook St. Sioux City, IA	Yes	Assisted transportation	NFP POS	\$12.25/one way
Tim Sholty 505 Burns St. Ida Grove, IA	Yes	Home Repair	FP POS	Varies
Siouxland Regional Transit System 1122 Pierce St Sioux City, IA	Yes	Transportation	NFP Contract and POS	\$3.60 PARA one-way \$3.50 Rural – city \$2.25/mile rural
St. Lukes Home Care 2905 Hamilton Blvd Sioux City,, IA	Yes	HMKR Emer. Resp Nursing HHA	NFP POS	\$20/hr \$40/install- \$35/mo \$82.92/visit \$26/hr
St. Lukes Home Medical Supply 2905 Hamilton Blvd Sioux City, IA	Yes	Material Aide/Assist. Devices	NFP POS	Varies
St. Lukes Regional Medical Center 2720 Stone Park Blvd	Yes	Nutrition counceling HDM HDM-liq sup	NFP POS	\$8.25/qtr hr \$3.86/meal Varies
Stangel Pharmacy 821 Iowa Ave Onawa, IA	Yes	Material Aide/assist. Devices	FP POS	Varies

<b>TLC Transit</b>	<b>Yes</b>	<b>Transportation</b>	<b>FP POS</b>	<b>\$15/one way urban \$25/one way rural</b>
<b>WelHome Health of Logan 314 S. Elm St. Logan IA</b>	<b>Yes</b>	<b>HMKR Nursing HHA Respite (in home)</b>	<b>FP POS</b>	<b>\$20/hr \$42/hr \$22/hr \$18.50/hr</b>
<b>Wel-Home Health of Sgt Bluff 112 Gaul Dr Sgt. Bluff, Ia</b>	<b>Yes</b>	<b>HMKR Nursing HHA Respite (in home)</b>	<b>FP POS</b>	<b>\$20/hr \$42/hr \$22/hr \$18.50/hr</b>
<b>Wheelchair Dynamics 913 Park St. Sheldon, IA</b>	<b>Yes</b>	<b>Home Repairs Material Aide/asst. devices</b>	<b>FP POS</b>	<b>Varies</b>
<b>Iowa Legal Aid</b>	<b>Yes</b>	<b>Legal Services</b>	<b>NFP</b>	<b>\$60/hr</b>
<b>Big Brothers Big Sisters</b>	<b>Yes</b>	<b>Grandparents Raising Grandkids Support</b>	<b>NFP</b>	<b>\$686.92</b>
<b>Siouxland Center for Active Generations</b>	<b>Yes</b>	<b>Senior Center Recreation</b>	<b>NFP</b>	<b>\$3.75/hr</b>
<b>Moville Senior Center</b>	<b>Yes</b>	<b>Senior Center Recreation</b>	<b>NFP</b>	<b>\$4.00/hr</b>
<b>Sunset Knoll 401 W. 5th St. Aurelia, IA 51005</b>	<b>Yes</b>	<b>Congregate Meals</b>	<b>NFP</b>	<b>\$5.00</b>

<b>Holstein Good Samaritan Center 505 W. 2nd Holstein, IA 51025</b>	<b>Yes</b>	<b>Congregate and HD Meals</b>	<b>NFP</b>	<b>\$4.75</b>
<b>Sloan Café 403 Evans St. Sloan, IA 51055</b>	<b>Yes</b>	<b>Congregate and HD Meals</b>	<b>NP</b>	<b>\$4.90</b>
<b>Cherokee Hy Vee 1300 N. 2nd St. Cherokee, IA 51012</b>	<b>Yes</b>	<b>Congregate Meals</b>	<b>NP</b>	<b>\$5.50</b>
<b>Good Time Charlies Cafe 620 Whittier Whiting, IA 51063</b>	<b>Yes</b>	<b>Congregate and HD Meals at Whiting</b>	<b>NP</b>	<b>\$4.75</b>
<b>Mercy Medical Center 801 5th St. Sioux City, IA 51101</b>	<b>Yes</b>	<b>Home Delivered Meals</b>	<b>NFP</b>	<b>\$4.50</b>
<b>Horn Memorial Hospital 701 E. 2nd St. Ida Grove, Ia. 51445</b>	<b>Yes</b>	<b>Congregate and HD Meals</b>	<b>NFP</b>	<b>\$4.75</b>
<b>Good Time Charlies Cafe 620 Whittier Whiting, IA 51063</b>	<b>Yes</b>	<b>Congregate and HD Meals At Hornick</b>	<b>NP</b>	<b>\$5.00</b>

  
Signature of Area Agency Director

3/22/11  
Date

Siouxland Aging Services, Inc.  
Name of Area Agency on Aging

**Procedures for Area Plan, Plan Amendments and Revisions** [Click here](#) to go to page xviii of the Instructions  
Template for procedures for area plans, plan amendments and revisions.

Siouxland Aging conducted a public hearing in 2009 prior to the implementation of the four year area plan for years 2010-2013. There are no plan amendments or revisions for this update for FY2012.

**Roadmap to  
Emergency Preparedness**

**Siouxland Aging Services, Inc.  
2011**

## PLANNING & TRAINING CHECK LIST

### PLANNING

#### Update Existing COOP

	Yes	No	Complete	Comments
Clarify AAA chain of command	X		Sept.2010	
Select AAA disaster POC	X		Sept.2010	
Update communication protocols	X		Sept.2010	
Educate staff (& family) on COOP	X		Sept.2010	
Evaluation & shelter-in-place plan	X		Sept.2010	
Develop volunteer assistance plan	X		Sept.2010	In place for meals, working with VOAD.
Other				

#### Building Facilities & Alternate Facilities

	Yes	No	Complete	Comments
Identify alternate operations facility	X		Sept.2010	
Identify mission critical services	X		Sept.2010	
Organize service delivery plans	X		Sept.2010	
Secure IT Systems	X		Sept.2010	
Secure client files, records, data base	X		Sept.2010	
Secure financial systems	X		Sept.2010	
Other				

#### Gaps in Services / Products

#### Have VOADS cataloged this information? Is it available to AAA

	Yes	No	Complete	Comments
Identify unmet needs before disaster strikes (special needs shelters; mental health)	X		Monthly VOAD meetings, 4 <sup>th</sup> Tues. of each month	Working with VOAD to identify/establish special needs shelters
Identify Service Areas & Resources	X		Monthly, as stated above	Within VOAD Plan
Identify Current Capacity/ Meet Needs	X		Monthly, as stated above	Within VOAD Plan
Design Mechanism to get Resources to emergency managers	X		Monthly, as stated above	Within VOAD Plan
Other				

### TRAINING

	Yes	No	Complete	Comments
Train AAA staff	X		01/18/10	
Participate in training exercises	X		03/11/11	
Test COOP		X		Will be doing over the next several months
Promote regionally sponsored training among partners	X		03/22/11 VOAD mtg. Table top exercise scheduled for 5/24/11	VOAD and County Mgmt. take the lead on this
Other				

## NETWORKS & PARTNERSHIPS CHECK LIST

### NETWORKS & PARTNERSHIPS

Identify existing local service networks				
	Yes	No	Complete	Comments
SEOC	X		Sept. 2010	
County EMAs, First Responders	X		Sept. 2010	
Local Law Enforcement	X		Sept. 2010	
Councils of Government	X		Sept. 2010	
Local Service Providers	X		Sept. 2010	
Churches, Food Pantries, Soup Kitchens	X		Sept. 2010	
Nursing Homes, Asst. Living Facilities	X		Sept. 2010	
Long Term Recovery Committee	X		Sept. 2010	
Identify existing regional networks				
	Yes	No	Complete	Comments
State Government	X		Sept.2010	
National Guard / Military	X		Sept.2010	
Other				
Identify existing national networks				
	Yes	No	Complete	Comments
Red Cross	X		Sept.2010	
VOADS	X		Sept.2010	
Federal Agencies	X		Sept.2010	
Other				
PARTNERSHIPS				
	Yes	No	Complete	Comments
Cooperative Agreements with partners Before federal declaration.		X		Working on a MOA with public schools for meals
Cooperative Agreements with partners after federal declaration. Examples: Provision of meals to responders, translator services.		X		However, VOAD has been notified that we can be a source for meals
Capabilities / communications in place	X		Sept.2010	
Other				

## COMMUNICATIONS & COORDINATION CHECK LIST

Before Disaster				
	Yes	No	Complete	Comments
<b>Within AAA</b>				
COOP	X		Sept. 2010	
Expanded disaster roles	X		Sept. 2010	
Training	X		Sept. 2010	
Distribution of Information	X		Sept. 2010	
<b>With DEA</b>				
Contacts & backup information	X		Sept. 2010	
Disaster plans	X		Sept. 2010	
Identification of resources	X		Sept. 2010	
<b>With Consumers</b>				
Special needs assessment	X		Sept. 2010	
Contact mechanism	X		Sept. 2010	
Strategy to distribute information	X		Sept. 2010	
<b>With Partners</b>				
Contact points with backups	X		Sept. 2010	
Hand-off & interaction plans		X		VOAD to take the lead
Known gaps assessment	X		Sept. 2010	Working with VOAD
Roles & capabilities	X		Sept. 2010	
Information sharing	X		Sept. 2010	
<b>With Vendors</b>				
Alternate contacts	X		Sept. 2010	
Contingency plans	X		Sept. 2010	
Backup suppliers	X		Sept. 2010	
Response to Disaster				
	Yes	No	Complete	Comments
<b>Within AAA</b>				
Backup contact information	X		Sept. 2010	
Roles, responsibilities & backups	X		Sept. 2010	
<b>With DEA</b>				
Access to advice & resources	X		Sept. 2010	
Authority issues	X		Sept. 2010	
Reporting requirements	X		Sept. 2010	

<b>With Consumers</b>				
Establishing contact	X		Sept. 2010	
Needs assessment	X		Sept. 2010	
Connect with resources	X		Sept. 2010	
<b>With Partners</b>				
Hand-offs		X		Working with VOAD
Information sharing	X		Sept. 2010	
Advocacy	X		Sept. 2010	
<b>With Vendors</b>				
Assess capabilities	X		Sept. 2010	
Transmit needs	X		Sept. 2010	
<b>Recovery from Disaster</b>				
	<b>Yes</b>	<b>No</b>	<b>Complete</b>	<b>Comments</b>
<b>Within Agency</b>				
Roles & responsibilities	X		Sept. 2010	
Debriefing	X		Sept. 2010	
Reporting	X		Sept. 2010	
<b>With DEA</b>				
Advice & resources	X		Sept. 2010	
Authority	X		Sept. 2010	
Reporting	X		Sept. 2010	
<b>With Consumers</b>				
Follow-up contacts	X		Sept. 2010	
Needs reassessment	X		Sept. 2010	
Resource connections & hand-offs	X		Sept. 2010	
<b>With Partners</b>				
Hand-offs	X		Sept. 2010	Determine pre-disaster roles and timelines for returning to respective roles
Information sharing	X		Sept. 2010	
Advocacy	X		Sept. 2010	
<b>With Vendors</b>				
Status updates	X		Sept. 2010	

## RESPONSE CHECK LIST

<b>Safe to Initiate Response Activity</b>				
	Yes	No	Complete	Comments
Staff	X		Sept 2010	
Volunteers	X		Sept 2010	
Key Partners	X		Sept 2010	
Operational Location (s)	X		Sept 2010	
<b>Activation of Plan Components</b>				
	Yes	No	Complete	Comments
Internal COOP	X		Sept 2010	
Communications	X		Sept 2010	
Key Partners	X		Sept 2010	
<b>Assessment of Need</b>				
	Yes	No	Complete	Comments
Identify Needs being met by other resources	X		Sept 2010	
Identify Unmet Needs	X		Sept 2010	
<b>Determine Role</b>				
	Yes	No	Complete	Comments
Allocation of Resources	X		Sept 2010	
<b>Maintenance of Response</b>				
	Yes	No	Complete	Comments
Communication	X		Sept 2010	
Assessment of Need & Available Resources	X		Sept 2010	

## RECOVERY CHECK LIST

### Recovery

#### Update Existing COOP

	Yes	No	Complete	Comments
Clarify AAA chain of command	X		Sept 2010	
Select AAA recovery POC	X		Sept 2010	
Update communication protocols	X		Sept 2010	
Educate staff (& family) on COOP	X		Sept 2010	
Develop volunteer assistance plan	X		Sept 2010	
Other				

#### Building Facilities & Alternate Facilities

	Yes	No	Complete	Comments
Re-establish alternate operations facility	X		Sept 2010	
Re-establish mission critical services	X		Sept 2010	
Re-establish service delivery plans	X		Sept 2010	
Re-establish IT Systems	X		Sept 2010	
Re-establish client files, records, data base	X		Sept 2010	
Re-establish financial systems	X		Sept 2010	
Other				

#### Client Unmet Needs (immediate versus long term)

	Yes	No	Complete	Comments
Chore services	X		Sept 2010	
Legal services (insurance settlements, appeals)	X		Sept 2010	
Transportation services	X		Sept 2010	
Handyman services	X		Sept 2010	
Meal programs	X		Sept 2010	
Miscellaneous programs/assistance				
Other				

**The Area Plan Budget Report** [Electronic Submission via IAFRS [Click here](#) to go to page xxi of the *Instructions Template* for details about how to complete the *Area Plan Budget Report*.

Submitted Electronically