IOWA DEPARTMENT ON AGING

Iowa State Plan on Aging

Federal Fiscal Years 2022-2025

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VERIFICATION OF INTENT

The Iowa Department on Aging hereby submits this State Plan on Aging effective October 1, 2021, for FFY 2022-2025 as required under Title III of the Older Americans Act of 1965, as amended. The Plan was developed in accordance with all rules and regulations specified under the Older Americans Act and the Code of Iowa 231.31.

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

Linda Miller Digitally signed by Linda Miller Date: 2021.06.11 09:45:16 -05'00'

Linda Miller, Director
Iowa Department on Aging

6-11-2021
Date

Willard Jenkins, Chair
Iowa Commission on Aging

11 June 2021
Date

The State Plan on Aging for FFY2022-2025 is hereby submitted to the Governor and constitutes authorization to proceed with activities under the State Plan upon approval by the Administration for Community Living.

I hereby approve the State Plan and submit the Plan to the Administration for Community Living for approval.

Kim Reynolds, Governor
State of Iowa

6-25-21
Date

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Table of Contents

EXECUTIVE SUMMARY

Iowans who connect with the aging and disability network of service providers, public programs, and community organizations express a range of service needs and bring with them their own desires, strengths, and insights.

Many simply require information and guidance on services or programs in their community so they can act on their own to meet their needs or to assist others. Some need one or two in-home or community-based services to help them maintain their caregiver role or to address an impairment that prevents them from completing routine or physical activities independently. Other Iowans are vulnerable to abuse, neglect, or exploitation, or are at risk for a loss of independence or a stable living situation and require a combination of private and public support, resources, services, and connections in order to maintain their quality of life in their residence and community of choice.

Regardless of their service needs, Iowans who seek supports and services to remain at, or return to, their home, or to learn about healthy lifestyle choices, expect those supports and services to address their specific and self-identified needs, and to be of the highest quality and available wherever and whenever they are needed. Iowa's aging network aims to meet those expectations.

In order to perform as our citizens, stakeholders, and fellow professionals expect, the Iowa Department on Aging (IDA) and its partners employ a person-centered service delivery approach while adapting to system changes resulting from the COVID-19 pandemic and a series of natural disasters. IDA is committed to Lean principles of increasing efficiencies, improving communication, and operating under a culture of continuous improvement to ensure high quality and efficient services. IDA is taking steps to test innovative solutions that address new trends and ongoing issues, evaluate and refine service delivery, document systemic problems, and keep stakeholders informed. It is also optimizing its limited staffing resources by focusing on prioritized service objectives. Against this backdrop, the IDA submits this State Plan on Aging that will guide the Department's priorities during Federal Fiscal Years 2022-2025.

This plan outlines the strategies that the IDA will pursue to achieve its goals, objectives, and expected outcomes. The objectives and strategies to achieve those goals and the expected outcomes were informed by advice and guidance from older Iowans, partners and stakeholders, a needs assessment, the Administration for Community Living's Focus Areas, and the IDA's strategic goals, vision, and mission.

The goals that will move Iowa's State Plan forward are:

- Goal 1: The Iowa Aging Network will support older Iowans, Iowans with disabilities age 18 and older, caregivers, and veterans as they make informed decisions and exercise self-determination and control about their independence, well-being, and health.
- Goal 2: The Iowa Aging Network will enable older Iowans to remain in, or return to, their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.
- Goal 3: The Iowa Aging Network will protect and enhance the rights and prevent the abuse, neglect, and exploitation of older Iowans and Iowans with disabilities.

The Iowa Department on Aging's planned activities address the impacts related to the COVID-19 pandemic as they are currently known. IDA is cognizant of the need to remain nimble to address potential disruptions resulting from the pandemic. Planned priorities and activities include:

1. Implementing a statewide care transitions program - Iowa Return to Community.
2. Defining, identifying and meeting the needs of Iowa's at-risk caregivers: those caring for individuals with dementia, caregivers of advanced aged, caregivers who are living in the home, providing daily care, highly stressed, and care recipients with complex needs.
3. Revitalize Iowa's Nutrition services to increase participation and provide innovative service delivery methods that will also address strategies for individuals at risk of social isolation.
4. Addressing Iowa's senior housing issues through interagency collaboration on supportive housing services and home modifications.
5. Tailoring services to our diverse target populations and focused on emerging trends and topics, including, but not limited to:
    - Informed decision-making and consumer-driven care planning and service implementation.
    - Opportunities for improving or maintaining health and well-being through programs and services available throughout Iowa.
    - Signs and impact of abuse, neglect, and exploitation of older Iowans and approaches to address instances of abuse, neglect, and exploitation of older Iowans.
    - Long-term care resident's, assisted living program tenant's, and Medicaid managed care member's rights and responsibilities.
6. Implementing policies and processes to readily identify consumers who might benefit from additional Older Americans Act or other services, and developing referral mechanisms that direct those individuals to other appropriate service interventions.
7. Utilizing a data-driven performance management system to evaluate impact of service delivery, identify best practices or areas for improvement, and share outcomes and trends with citizens and stakeholders.

This State Plan details the strategies the IDA will pursue to take advantage of the changing environment and mitigate barriers so that Iowans who need long-term supports and services to live independently in their residence or return to their residence or community of choice have awareness of and access to the highest quality services available.

CONTEXT

The Iowa Department on Aging (IDA) is required to submit an approved State Plan on Aging to the U.S. Administration for Community Living (ACL) by both federal and state laws in order for the state to receive federal funds under the Older Americans Act of 1965 (OAA), as amended. The OAA mandates that the state plan be based on Area Agency on Aging plans while adhering to sections 305, 306, 307, and 705. Refer to **Attachment A**: "Assurances & Required Activities" and **Attachment B**: "Information Requirements" for details on how the IDA complies with set requirements. The Iowa Code, Chapter 231 directs that "the department on aging shall develop, and submit to the commission on aging for approval, a multiyear state plan on aging" and requires that "the state plan on aging shall meet all applicable federal requirements."

IOWA'S AGING NETWORK

Iowa's aging and disability network consists of the Commission on Aging, the Iowa Department on Aging, Area Agencies on Aging, and the Aging & Disability Resource Center partnerships and networks.

Iowa Commission on Aging

The Iowa Commission on Aging is designated through Iowa Code as the policy making body of the sole state agency responsible for administration of the Older Americans Act. The Commission on Aging consists of eleven members who are appointed by the Iowa Legislature and the governor. At least four of the seven members appointed by the governor are required to be fifty-five years of age or older when appointed. The Commission's duties include approving the state and area plans on aging; adopting policies to implement the mandates of the Older Americans Act (OAA); adopting a formula for the distribution of federal OAA funds; designating an Area Agency on Aging for each planning and service area; adopting administrative rules; and other responsibilities.

Iowa Department on Aging

The Iowa Department on Aging (IDA) is a Cabinet-level state agency whose director is appointed by the Governor and confirmed by the Senate. As the designated State Unit on Aging, the IDA is responsible for the application and receipt of federal OAA funds, as well as state appropriations. The IDA administers and provides oversight of federal and state funded services delivered by the Area Agencies on Aging (AAA) and the Aging and Disability Resource Centers (ADRC). IDA also houses the Office of the Public Guardian (OPG) that educates substitute decision makers and may, when no other person is available, act as an individual's guardian; conservator; attorney-in-fact under a health care power of attorney document; agent under a financial power of attorney document; personal representative; or representative payee. In addition, the Office of the State Long-Term Care Ombudsman (OSLTCO) that advocates on behalf of Iowa's long-term care residents, assisted living tenants and a portion of the state's Medicaid managed care members, is housed within the IDA.

Area Agencies on Aging

The IDA works in partnership with the state's six Area Agencies on Aging (AAAs). The AAAs serve older Iowans, caregivers, Iowans with disabilities age 18 and older, and veterans by coordinating delivery of nutrition, supportive, elder rights, and caregiver services, and by monitoring and commenting upon policies, programs, hearings, and community actions that will affect those individuals and their caregivers. For details on the distribution of OAA Title III funds, refer to **Attachment C** "Intrastate Funding Formula Requirements".

Aging and Disability Resource Centers (ADRC)

Iowa's six Area Agencies on Aging are designated as Aging and Disability Resource Centers (ADRC) in the state. Iowa's ADRC offers objective, person-centered counseling to older Iowans, Iowans with disabilities age 18 and older, caregivers, and veterans on long-term services, supports, and payment options to support informed decision making. The ADRC serves as a "single point of entry" that educates and seamlessly connects older Iowans, Iowans with disabilities age 18 and older, caregivers, and veterans to the long-term services and supports they chose to remain in, or return to, their home or community of choice. **Attachment D** "Iowa's Aging Network Organizational Structure" provides additional details.

AGING NETWORK'S POTENTIAL AND TARGET POPULATION

Potential Population

Older Americans Act (OAA) services are available to Iowans aged 60 and older, caregivers, residents of long-term care facilities, and families of these individuals. The estimated number of Iowans aged 60 or older is 729,369, or 23.2 percent of Iowa's total population (i). Approximately 38 percent of Iowa's households have one or more persons aged 60 or over (ii), and an estimated 317,000 Iowans provide informal care to parents, spouses, or other adults (iii).

The Older Iowan's Act and related legislation also includes services to Iowans with disabilities seeking information and assistance on independent living supports and ombudsman services for a portion of Iowa's Medicaid managed care members. More than 368,000 Iowans living in the community have a disability, and, of those, 120,249 (31 percent) have an independent living disability (iv).

Population Trends

Iowans who are aged 65 or older are one of the fastest growing population groups in the state. In 2018, approximately 17 percent of Iowans were 65 years of age or older. By 2050, the percentage of Iowans aged 65+ will grow to approximately 23 percent. According to Iowa's State Data Center, 20 percent of residents in 79 of Iowa's 99 counties will be 65 years of age or older in 2050, compared to 58 counties in 2018 (v).

Rural areas continue to lose population, having dropped by an estimated 3.3 percent since 2005. Nearly 60 percent of Iowa's population lives in nine metropolitan counties. While rural outmigration of younger individuals has slowed, Iowa's rural counties continue to have an older population than urban ones. Workers in the 45-55 age group are moving out of rural areas. This imbalance presents challenges not only to service providers addressing the needs of older Iowans, but also to caregivers who are not likely to live in close proximity to their older relatives (vi). Refer to **Attachment E:** "Older Iowans Profile 2020" for additional information.

NUTRITION & SUPPORTIVE SERVICES (TITLE III) & ELDER RIGHTS SERVICES (TITLE VII Chapter 3)

The Nutrition and Supportive Services (Title III) and the Elder Rights Services (Title VII), include meals, chore services, homemaker services, transportation, legal assistance, caregiver services, and more. Most services are available to anyone aged 60 or older; some, like caregiver services, are available to younger individuals, and in some cases, available to those younger than 60 with disabilities that reside with an older adult. No income or resource restrictions apply. However, the OAA mandates that State Units on Aging and AAAs "give full and special consideration to older citizens with special needs in planning [comprehensive support] programs, and, pending the availability of such programs for all older citizens, give priority to the elderly with the greatest economic and social need" (vii). As a result, agencies evaluate capacity and service reach to all older Iowans, with an emphasis on those who live in a rural area, are members of a racial minority, report low income, and/or have limited English proficiency. A review of all individuals receiving at least one nutrition, supportive, or elder rights service shows that Iowa's AAA are reaching the target population in proportion to their representation in the state. Refer to **Attachment F** "IDA Vision, Mission, Service Categories, and Taxonomies" for further information.

Rural Older Iowans

Starting in FFY2022, the Administration on Community Living (ACL) will use the rural-urban commuting area (RUCA) codes to define rural areas. The RUCA codes take commuting, population density, and proximity to urban areas into account in defining rural and urban. Previously, ACL did not utilize a common definition for rural, and state units on aging categorized individuals as rural or urban according to their own criteria. IDA used the U.S. Census bureau's population only definition for rural. The application of the RUCA codes dramatically shifts areas in Iowa classified as rural for the purposes of reporting rural individuals served under the Older Americans Act services.

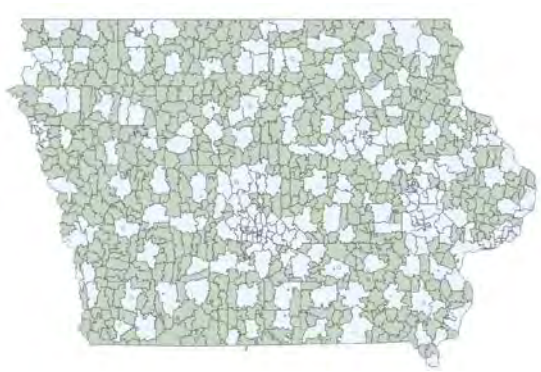


Figure 1: Zip codes as defined as rural according to IDA's previous definition.

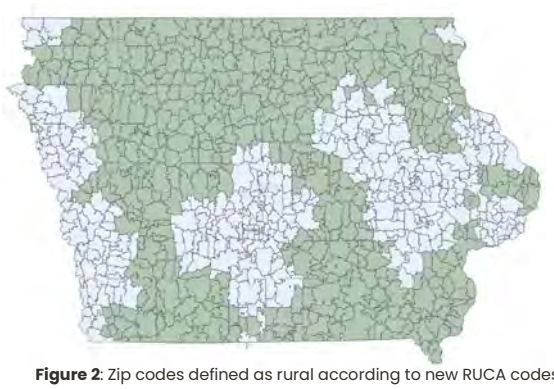
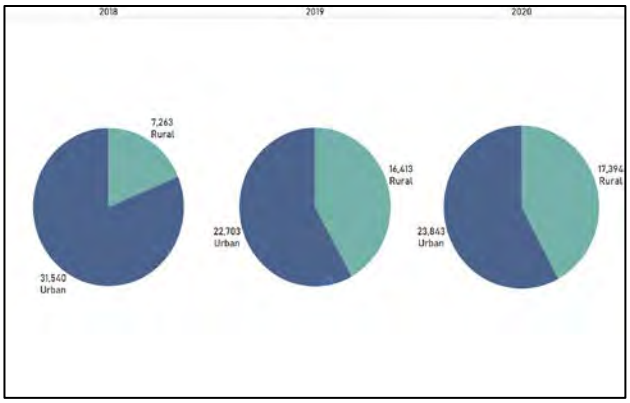


Figure 2: Zip codes defined as rural according to new RUCA codes.

Use of the RUCA codes helps to conceptualize differences between rural areas based on population alone that may be within ten miles of a metropolitan area from those that are a hundred or more miles. This change necessitates that IDA and the AAAs take a different assessment approach to determining whether AAAs are successfully serving those in greatest economic or social needs as rurality may or may not be a factor. Two Planning and Service Areas are now considered nearly 100% urban and one is now nearly 100% rural.

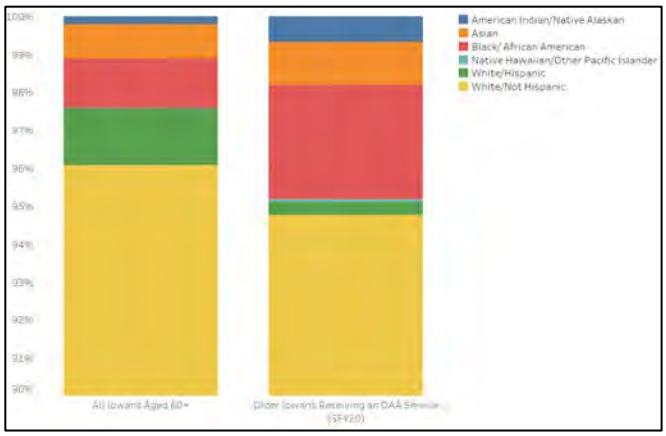
Since IDA adopted the use of the RUCA codes in 2019, approximately 42% of all registered older and caregiver consumers lived in a rural area. Prior to 2019, nearly 19% were determined to be rural (Figure 1) Iowans served based on rural/urban status.



As noted above, rural areas of the state have higher percentages of older individuals than urban ones. Rural counties have also seen increases in the percentage of individuals who are minorities. The minority population in Iowa tends to be younger; however, planning should consider the increasing minority population in the state.

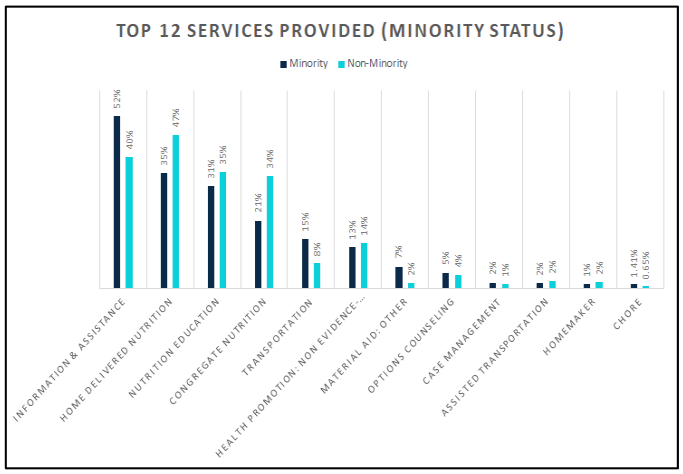
Older Iowans who are Minorities

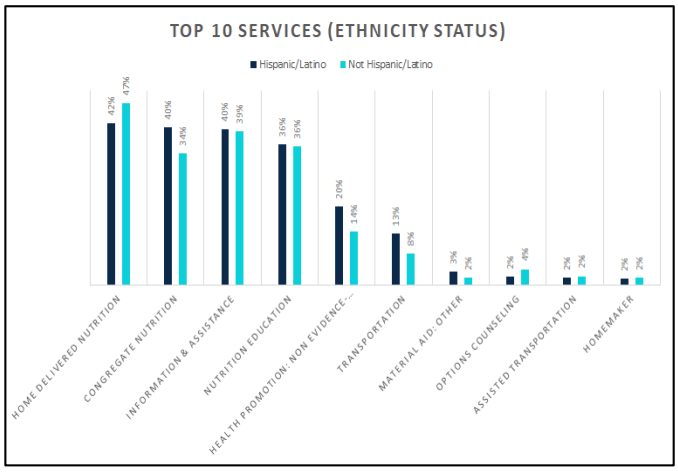
Iowa's minority population over age 60 are 1.4% African American, 0.32% American Indian, and 0.93% Asian. 1.4% of Older Iowans are of Spanish, Latino, or Hispanic origin and 95.5% white only. (viii) As a whole, Iowa's general population is 90% white. Approximately 3% of Iowans aged 65 or older do not speak English at home.



A review of racial and ethnic characteristics of consumers who received at least one OAA Title III or VII service shows that the AAAs are generally reaching this target population. Of older Iowans served who reported their race, 5.5% (1,757) reported a minority race and 1.2% (411) reported as being of Hispanic/Latino origin.

A detailed look at services by minority status shows that minority consumers participate in congregate nutrition programs at much lower rates than non-minority consumers. Minority consumers are more likely to receive Information & Assistance and Transportation than non-minority consumers. With 15% of minority consumers served utilizing Transportation, IDA needs to address how the impact of public transportation reductions and shut-downs due to COVID may have impacted this population's ability to access services, such as doctor's appointments, shopping, etc. and innovative solutions to transportation barriers.

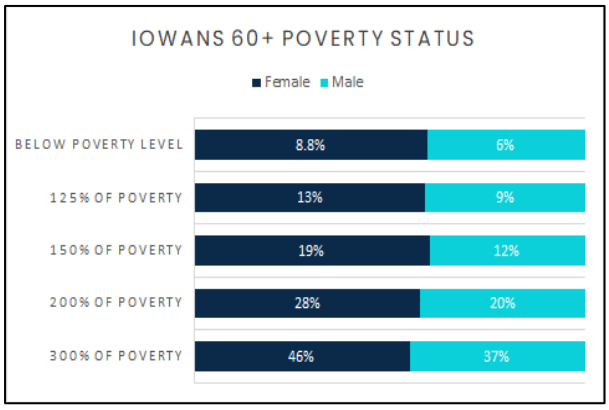




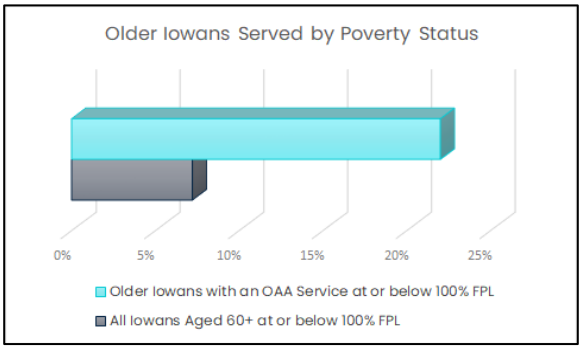
Older Iowans with Low Income

The estimated poverty rate for Iowans aged 60 and older is 7.5% compared to 11.2% for all Iowans. Minorities (11%) and women (9%) report income below poverty at higher rates than non-minorities and men.

A majority of Iowans aged 60 and older receive Social Security income (77.2%) (ix). Older Iowans do not supplement their income with available public benefits to the same extent as other demographic populations. While percentages vary by public benefits programs, some older Iowans who may be eligible for public benefits do not receive them.



Older Iowans with the greatest economic need are well represented in AAA service delivery. Service data shows that, of those who received at least one service and for whom poverty status was determined, nearly 22% were at or below the federal poverty level (FPL)(x). Nearly 80% of those served were determined to be at 185% of FPL (xi). Income and resource limits for public benefits are not uniform; however, many set income limits at 150% FPL.



A review of the income information demonstrates that many older Iowans who are accessing AAA services are not likely to be eligible for other public benefits. While evaluating income information is an important measure of potential need, it is worth noting that resources such as pensions, annuities, and property beyond primary residence can disqualify an individual with low income from benefits programs.

Older Iowans with Limited English Proficiency

A small percentage of Iowans over the age of 60 have limited English proficiency. Nearly 3% of older Iowans reported speaking another language and, of those, almost 30% reported that they did not speak English well or at all (xii). In Iowa, small pockets of varied immigrant populations with English as a second language are found throughout the state. As a result, the AAAs are mindful of changes to their communities and understand they need to be sensitive to cultural differences in service delivery, outreach activities, and public education approaches. They cannot develop robust strategies designed specifically for those different populations; instead they tailor services to older Iowans who are immigrants in consultation with other resources. In SFY 2020, a total of 433 consumers reported limited English proficiency.

Caregivers

Caregiver services available under Title III-E of the OAA are for family caregivers who care for older individuals or individuals with Alzheimer's disease and related disorders. The Iowans who receive caregiver services through the AAAs are consistent with profiles of caregivers nationally. The majority were a daughter/daughter-in-law and 30% of caregivers served were age 60-69. The most frequently provided service to caregivers was access assistance to caregiver information and community supports. Other services provided include counseling/support groups, respite care, training, home-delivered nutrition and supplemental services.

According to the AARP Public Policy Institute's *Caregiving in the U.S. 2020 Report,* about one in five adults is providing unpaid care to an aging parent, family member or friend, spouse or partner, or a child with a disability. Sixty one percent of the nearly 53 million caregivers are employed while providing an additional 24 hours of unpaid care each week. Caregivers report high levels of emotional and financial stress and over 25% have difficulty coordinating care for their care recipient. Millennials continue to be a growing sub-population of family caregivers.

Caregivers provide a high-level of care to meet a care recipient's complex health concerns and functional limitations. These tasks include medical/nursing duties and assistance with both Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Families bear much of the financial burden of caregiving by buying supplies/medical equipment, paying medical bills, providing unpaid care and making adjustments to their employment. Nationally, the hours of care family caregivers willingly provide is worth an estimated $470 billion.

The OAA provides guidance to states to specially target caregivers caring for individuals with Alzheimer's disease or related dementias. According to the Alzheimer's Association, an estimated 5.8 million Americans of all ages have Alzheimer's disease, the most common type of dementia. By 2025, the number of Iowans diagnosed with Alzheimer's is expected to increase by over 10%, from 66,000 individuals to 73,000. More than 136,000 caregivers are providing unpaid care for these individuals.

Grandfamilies (kinship families) are families in which children reside with and are being raised by grandparents or other adult family members. Across the country, about 2.7 million grandparents are responsible for grandchildren. Title IIIE Caregiver services are also available for grandparents and other relative caregivers (age 55 and over) who serve as the primary caregiver for a grandchild aged 18 or younger, as well as for older adults (including parents) who serve as the primary caregiver for a relative aged 19-59 with a disability. In Iowa, nearly 16,000 grandparents are responsible for their grandchildren. Iowa's AAAs serve grandparents and older relative caregivers through access assistance, counseling/support groups, respite care and supplemental services.

Title III and Title VII (Elder Rights) – Unserved or Underserved Older Iowans

The characteristics of Older Iowans served varies by the service(s) they receive. Generally, Older Iowans who received services that are based in the community or assist in community activities, such as congregate nutrition or nutrition education, are less likely to report difficulties related to routine activities, like managing money or shopping, or impairments related to physical activities, like walking or bathing. They are usually younger, live in a rural area, and tend to report a higher income. Conversely, older Iowans who received services in their home, such as home delivered nutrition, case management, or chore services, are older and often report multiple impairments related to routine activities or physical activities. They are also more likely to live alone, live in an urban area, report lower income, and are members of a minority population.

This profile shows that, in general, services are being delivered based on an individual's reported need. However, a comparison of self-reported impairments and services received shows that improvements can be made in addressing those difficulties. In addition, service reach to the target population varies by service, with some groups underrepresented in specific services. In particular, older Iowans with incomes greater than 185 percent of the FPL are not well-represented in services. Caregivers are also a population that should be targeted for increased service reach; however, funding amounts will likely not allow service expansion to adequately address the needs of the large potential caregiver population in Iowa. Older Iowans who are homeless or those who are exiting the correctional system are two at-risk population groups who often require significant service interventions.

Anecdotally, the AAAs have been reporting an increase in the number of homeless seniors or seniors living in temporary housing situations accessing services. Prison population studies show that the percentage of Iowa inmates over the age of 50 tripled from 1993 to 2013. Projections show that this older inmate population is expected to increase by 60 percent in the next decade (xiii). As these individuals are released from correctional facilities, they are likely to require a host of support services.

STATE LONG-TERM CARE OMBUDSMAN SERVICES (TITLE VII Chapter 2)

The Office of the State Long-Term Care Ombudsman (OSLTCO) serves as an advocate and resource for residents and tenants who receive services and supports while residing in Iowa's long-term care facilities and assisted living programs, as well as for Medicaid managed care members enrolled in one of Medicaid's seven home and community-based service (HCBS) waiver programs. The seven HCBS waivers in Iowa are the AIDS/HIV Waiver, Brain Injury Waiver, Children's Mental Health Waiver, Elderly Waiver, Health and Disability Waiver, Intellectual Disability Waiver, and Physical Disability Waiver. In order to address the needs of this diverse population, the office divides duties among the Long-Term Care Ombudsman Program, the Volunteer Ombudsman Program, the Managed Care Ombudsman Program and Empowerment Specialist.

The LLTCO provide direct advocacy to Iowans living in long-term care. The LLTCO focus on resident rights. Residents of long-term care do not lose any of the rights that each of us are entitled to just by virtue of the fact that they are living in a long-term care facility. At the direction and permission of the resident or tenant, LLTCO work toward the complaint resolution desired by the long-term care resident or tenant. Volunteer Ombudsman also provide direct advocacy to Iowans living in nursing facilities. With resident permission, volunteer ombudsman work to get the resident's desired outcome to a complaint. The VOP program has continued to grow during the COVID-19 pandemic. New volunteer ombudsman orientations are occurring. Volunteer Ombudsman are reentering facilities as the visitation restrictions are being lifted.

Long-Term Care Facility Residents and Tenants

Iowa currently has 896 long-term care facilities, which includes nursing and residential care facilities, elder group homes, and assisted living programs. In total, these facilities have 55,751 beds. Residents of nursing facilities are a mix of those who are receiving short-term skilled rehabilitation care with the aim of returning home and those who need long-term care with an indefinite stay.

Residential care facilities serve Iowans who do not need the medical care provided by nursing facilities but require more assistance with activities of daily living than is afforded in an assisted living program. Iowa does not have any operating elder group homes at this time. Assisted living programs provide housing services and can provide health-related care, personal care and assistance with activities of daily living (xiv). In total, there are 404 assisted living program units in Iowa.

The OSLTCO is headed by the State Long-Term Care Ombudsman and consists of these programs: the Local Long-Term Care Ombudsman Program (LLTCOP), the Volunteer Ombudsman Program (VOP), an Empowerment Specialist and the Managed Care Ombudsman Program (MCOP). Local Long-Term Care Ombudsman (LLTCO) provide direct advocacy services to residents and tenants of long-term care facilities, with resident or tenant permission. LLTCO advocate to protect the health, safety, welfare and rights of residents and tenants of long-term care. LLTCO do this by looking into complaints, seeking resolutions to problems and providing advocacy with the goal of enhancing the quality of life for those residing in long-term care.

The OSLTCO utilizes Volunteer Ombudsman (VO) through the VOP. Certified VO are trained to listen, empower, and advocate to serve as a voice for nursing facility residents. VO are responsible for making unannounced visits to their assigned facility each month to talk with residents and identify concerns. The Empowerment Specialist helps nursing facility residents who wish to form or improve a resident council at the long-term care facility in which they reside. The Volunteer Ombudsman along with Local Long-Term Care Ombudsman enter facilities to observe daily life and look into any concerns that arise.

The OSLTCO is transforming the provision of advocacy services through technology. The COVID-19 pandemic pushed the local long-term care ombudsman out of long-term care facilities and resulted in the need for creative solutions to meet the advocacy needs of residents and tenants of long-term care. LLTCO have implemented strategies to utilize telephonic and virtual platforms to facilitate advocacy efforts on behalf of residents and tenants of long-term care.

The OSLTCO is being structured to implement a layered advocacy concept allowing for a system that will maximize resident/tenant empowerment and improve quality of life for those in long-term care settings. The first layer of the layered advocacy concept is at the grassroots level and affords self-directed advocacy through the use of resident and tenant councils. Resident and tenant councils are an independent, organized group of persons living in long-term care and meet on a regular basis to promote and enhance the quality of life for all persons at the long-term care facility.

The second layer of layered advocacy involves matters that are brought to the attention of a VO. The VO employs the skills learned in the certification process to advocate for the outcome desired by the resident. VO are certified and assigned to a specific facility. Currently the VOP is headed by a VOP coordinator with 9% of nursing facilities benefitting from an assigned VO.

The third layer of advocacy is the LLTCO. LLTCO are paid staff of the OSLTCO and resolve issues for facilities throughout the state. LLTCO are not assigned to a specific facility. Duties of a LLTCO may also include training for facility staff, community education and providing advocacy for residents and tenants that are facing an involuntary discharge or transfer.

Medicaid Managed Care

The Managed Care Ombudsman serve Medicaid members who:

- Receive care in a health care facility
- Are in an assisted living program
- Reside in an elder group home
- Members enrolled in one of the HCBS waiver programs.

As of April 2020, over 652,005 Iowans were enrolled in Iowa's Medicaid managed care program. For the majority of Medicaid recipients, coverage is limited to health benefits. Six percent (38,081) of these individuals also received long-term supports and services in a long-term living facility (10,989) or through a home and community- based (HCBS) waiver (25,183).

AGING NETWORK SYSTEM CHANGES

Several significant health and weather-related disasters in Iowa impacted service delivery for both the OSLTCO and the state's six AAAs.

Major Disaster Declarations: Covid-19 Pandemic, Derecho, and Floods

On March 15, 2020, Governor Kim Reynolds issued a Public Health Proclamation of Disaster Emergency due to the COVID-19 pandemic. This proclamation ordered the closures of Senior Citizen Centers, Adult Daycare Facilities, and all gatherings of 10 or more people, among other closures. This proclamation was followed by a federal disaster declaration on March 23 for the period beginning March 17.

Impact on the OSLTCO

The Office of the State Long-Term Care Ombudsman responded to the Derecho by reaching out to the facilities who were impacted by the storm. Then, followed up with displaced residents and tenants at the receiving facilities ensuring belongings, medications and cares were still being received by residents and tenants.

Due to the COVID-19 pandemic, federal and state guidance to long-term care facilities required severe limitations on those that could enter long-term care facilities. The limitations allowed for only staff of the facilities to be in the facilities. The Office of the State Long-Term Care Ombudsman has responded to the COVID-19 public health emergency with telephonic and virtual interactions with residents/tenants and facilities after in person access was denied to mobile and volunteer ombudsman in Mid-March 2020. The COVID-19 public health emergency also required the Volunteer Ombudsman Program Coordinator to develop an interim certification classification so that volunteer ombudsman who had completed the required course work, but who were unable to complete the required field experiences could be certified during this time.

Impact on the AAAs

The IDA and AAAs immediately implemented new service delivery methods to reach current consumers impacted by closures of congregate nutrition sites, adult day centers, transportation, and other public/private services. After the immediate need of ensuring continuity of services to consumers, the IDA and the AAAs collaborated with partner agencies, contracted with service providers, and targeted outreach to those who may have been experiencing food insecurity, social isolation, and/or service delivery needs for the first time.

Approximately 8% of CARES Act funding was used to provide information, access assistance, counseling, and other related services to individuals aged 60+ and caregivers. Approximately 80% of emergency funding was utilized for home-delivered nutrition. Remaining funds were used for transportation and caregiver respite services. As a result of these additional funds and activities, 14,855 individuals received a service for the first time after March, 2020 and 15,149 individuals received a service before March, 2020 and received a service between March and September 2020.

Derecho Natural Disaster

On August 10, 2020, a federal disaster declaration was issued following the Derecho storm on August 10, 2020 that caused significant and widespread structural and infrastructure damage to over 20 counties in the state. Both consumers and providers experienced damage to homes and businesses. One AAA's provider experienced a total loss of home-delivered nutrition inventory, and Iowa's Homeland Security agency quickly responded by providing 30,000 emergency shelf-stable meals to the AAA to distribute. The local food bank helped the AAA with storage and delivery of the meals to older Iowans in the impacted area.

Need for AAAs to implement innovative service delivery and evaluation models

The pandemic and other natural disasters that impacted the state over the past several years demonstrate that strong interagency partnerships and community provider collaborations are a requirement in order to affect a coordinated and nimble response. Coordination of food distribution among IDA, the AAAs and Iowa's food banks is a prime example of how collaborative efforts result in greater reach to those in need. IDA's work on the Governor's Feeding Iowans Task Force, led by Lieutenant Governor Adam Gregg, modeled how new partnerships and personal contacts can result in rapid implementation of new initiatives. The AAAs use of virtual platforms and contracted services with local foodservice establishments proved that new service delivery methods and partnerships are viable means of reaching new consumers. In this new four-year state plan, IDA will continue to push for service innovations and to assist the AAAs as they pivot to new delivery models.

COORDINATION WITH NUTRITION & SUPPORT SERVICES FOR NATIVE AMERICANS (TITLE VI)

The Meskwaki Nation/Sac/Fox Tribe of the Mississippi in Iowa provides supportive, nutrition, disease prevention/health promotion, and caregiver services to its members under Title VI of the Older Americans Act. The counties included in the tribe's planning and service area (PSA) are also included in the Northeast Iowa Area Agency on Aging (NEI3A) PSA. NEI3A reached out to the Meskwaki tribe during COVID-19 to offer assistance, including offers for nutrition education and evidence-based programs.

The IDA is supportive of collaborative opportunities between these two entities. Personnel from the Administration for Community Living, the IDA, NEI3A and the Meskwaki Nation/Sac/Fox Tribe of the Mississippi in Iowa have coordinated efforts regarding the availability of all OAA services. In addition, the Director of Title VI Services has been added to the IDA's mailing lists for meetings, conferences, and other current information. The IDA will work with the AAAs to ensure that Iowans who are eligible for Title VI services are also able to access Title III and VII service. IDA is readily accessible to the tribe to provide technical assistance as requested.

COORDINATION WITH HEALTH CARE AND SOCIAL SERVICES SYSTEMS

To ensure that older Iowans and caregivers receive reliable information and staff remain knowledgeable on statewide services, IDA staff and the AAAs connect with peers in related health care and social services programs through a number of formal and informal meetings and partnerships. See **Attachment G** *"IDA Collaborative Efforts with Health Care and Social Service Systems"* for a listing of activities, council and boards.

METHODOLOGY: IDENTIFYING NEEDS AND DEVELOPING GOALS & OBJECTIVES

The IDA's planning team, service managers, and management team completed an internal review and external scan to identify needs, inform prioritized service gaps, and develop objectives, strategies, and measures that define how the IDA will fulfill its commitment to older Iowans and Iowans with disabilities. The IDA's core commitments to Advocacy, Health Care and Support Services, and Resource Management are well-represented in this plan and demonstrate the Department's commitment to transparency, accountability, and excellence. Advice, comments, and perspectives from older Iowans, Iowans with disabilities, and partners in the aging network informed the development of the 2022-2025 State Plan content. IDA provided a draft State Plan for public comment and submitted the draft to a select group of stakeholders. The IDA utilized formal requests for public input, routine participation in collaborative initiatives, advisory boards, and partner committees to obtain this information. For additional details refer to **Attachment H** "Activities to Identify Needs, Develop Goals, Service Gaps & Objectives".

2022-2025 GOALS & OBJECTIVES

The objectives and strategies to achieve those goals and the expected outcomes were informed by a needs assessment, Administration for Community Living's Focus Areas, input from stakeholders and partners, and the IDA's strategic goals, vision, mission, and core commitments.

GOAL 1: The Iowa Aging Network will support older Iowans, Iowans with disabilities age 18 and older, caregivers and veterans as they make informed decisions and exercise self-determination and control about their independence, well-being, and health.

ENSURING STATEWIDE ACCESS TO RESOURCES AND OPTIONS FOR INFORMED DECISION MAKING AND SELF-DETERMINATION

Informed decision-making and self-determination are predicated upon ready access to reliable, objective, and knowledgeable sources of information and counseling. As the designated ADRC for the state, the IDA and the AAAs provide this access. ADRC services are available to any Iowan in need of home and community-based long-term services and supports. Iowans can connect with services at physical locations across Iowa, call a toll-free call center, or access an extensive searchable database. Iowa's ADRC is a single-entry point for individuals to receive information, provider referrals, and assistance about topics and services necessary to make informed decisions about long-term supports and services.

Iowa's ADRC is also the gateway for individuals who need in-depth services such as caregiver support, access to nutrition services, elder abuse prevention information, and evidence-based health activities. The AAAs provide options counseling to those individuals who indicate they would like additional information and guidance. Through options counseling, Iowans develop an individualized plan that identifies their independent living or caregiving goals, services, funding sources, and steps they can take on their own to achieve those goals.

Trends & Identified Service Gaps

- Iowans who connect with the ADRC often require a variety of services and supports to address their expressed need, including services that are outside the scope or current capacity of OAA services. The most frequent call topics to the ADRC continue to be inquiries about insurance counseling (Medicaid/Medicare), home-delivered nutrition, homemaker services, and transportation.
- In SFY2020, Iowa Area Agencies on Aging saw dramatic increases in consumers seeking information and assistance, due in large part to the COVID pandemic and multiple natural disasters. In SFY 2020, 27,657 consumers received information and assistance services compared to 18,453 in SFY 2019. While the increase in funding and flexibility allowed Iowa's aging network to meet consumer needs, the pandemic and disasters did exposed potential capacity issues in the system.
- In SFY 2020, Iowa's AAAs reached 2.6 percent of the potential population of Iowans who are minorities compared to 5.5 percent in SFY 2019 (xv). The service reach to Iowa's rural consumers was 6.8 percent of the rural 60+ population, which is a slight increase from SFY 2019.

Objectives and Strategies to Address Service Gaps

Objective 1.1: Enhance Iowa's Aging and Disability Resource Center (ADRC) No Wrong Door system.

- Convene a multi-disciplinary ADRC Stakeholder Advisory Group to advise on ADRC NWD initiatives, identify system barriers, and recommend necessary cross-training. Invited members include, but not limited to, the AAAs, Iowa Department of Human Services, Iowa Developmental Disability Council, Centers for Independent Living (CIL), Mental Health and Disability Regions, Iowa Office of Public Transit, University Center for Excellence on Developmental Disabilities (UCEDD), and state and local Home and Community Base Service (HCBS) providers.
- Expand ADRC partners to include four community partners partnering in Federal Financial Participation.
- Work with community partners to develop and implement common intake forms, where practical and appropriate.
- Increase the collaborative training on services and cross-referrals to quarterly with the ADRC partners including 211, Senior Health Insurance Information Program, Senior Medicare Patrol, and other organizations offering information and access assistance for informed decision making.

- Develop shared strategies and methods to mitigate social isolation.
- Encourage innovative services and/or service delivery models to address barriers and service gaps.

Objective 1.2 Ensure statewide access to resources and options for informed decision making and self-determination continues during natural disasters, pandemics, or other emergencies.

- Improve the flexibility of AAAs to adapt service delivery that is more useful to older Iowans and provide virtual services when needed.
- Encourage technology- centered training to improve access to technology and comfort with use of technology by partnering with the Iowa's Assistive Technology Program (IPAT).
- Develop innovative approaches to providing virtual services to individuals who lack technology tools.
- Increase the number of older individuals, persons with disabilities, and caregivers who receive options counseling by 10% statewide.
- Ensure consumer access to the appropriate national, state, and local resources, including a chat feature to directly connect a consumer to an Information and Referral Specialist.

Objective 1.3: Improve or maintain self-determination outcomes for *ADRC* consumers.

- Review program quality and outcome data quarterly to determine the AAAs' progress toward achieving ADRC performance targets and compliance with area plans.
- Assess ADRC performance using standard measures and indicators and share best practices.
- Provide training on a semi-annual basis regarding benefits/resource planning, working with individuals with disabilities, serving individuals living with Alzheimer's disease or related disorders, or other topics as determined by quarterly performance reviews.
- Facilitate quarterly collaborative technical assistance workgroup that consists of AAA ~~s~~ representatives.

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage of ADRC Callers Indicating They Received the Information They Sought	Iowans will receive information in a manner that allows them to make educated decisions about long-term supports and how to obtain them.
Percentage of Options Counseling Consumers Indicating They Received information to Make Informed Decisions about Goals/Service Needs	Iowans will receive accurate information and guidance in a manner that allows them to make informed choices about long-term supports and how to obtain them.

PROMOTING HEALTHY LIFESTYLE CHOICES TO IMPROVE OR MAINTAIN HEALTH AND WELL-BEING

Older Iowans have the opportunity to learn about good nutrition, the positive impact of maintaining physical fitness and wellness, and other health information through nutrition education and nutrition counseling services. Nutrition education is delivered monthly to both congregate nutrition sites and home-delivered nutrition consumers. Nutrition education covers a wide variety of topics such as food safety, dietary guidelines, and health topics in the news; and it is designed to give the audience information they need as they consider food choices and participating in physical or social activities that can improve or maintain their physical and mental health. Nutrition counseling offers individualized information for those older Iowans who want guidance on their nutrition or who are at nutritional risk because of their current or past health status, eating/drinking habits, and/or medications use. A registered dietitian nutritionist uses one-on-one counseling to present options and strategies that can be used to maximize health and independence through diet and lifestyle. To support behavior change for healthy lifestyle choice, nutrition education and counseling must be delivered in an understandable and culturally sensitive manner that allows an individual to make his/her own choices.

At the end of FY2020, IDA developed a Nutrition Counseling Best Practices Guide. IDA is providing individual technical assistance to AAAs to improve their Nutrition Counseling screen and intervene processes throughout 2022-2025. IDA also developed a partnership with ISU Extension in 2019 to provide nutrition education.

Some of the AAAs receive funding from the Department of Public Health for its SNAP-Ed program called Fresh Conversations. In this program, the AAAs assist in the effort to increase fruit and vegetable consumption by offering nutrition education on the health benefits of eating fruits and vegetables, distributing produce boxes in high-need areas, promoting a "double-up bucks" incentive that allows recipients to double the amount of fruit and vegetables purchased with their EBT card, and developing strategies to identify unserved food insecure seniors and connect them with the meal program or other food sources. IDA and Iowa's AAAs are expanding the program to include virtual and Spanish formats. In addition, several of the AAAs have established partnerships with local food banks and local providers to target services to older Iowans.

Trends & Identified Service Gaps

- In SFY 2020, over 13,000 older Iowans received nutrition education. Of those, 48 percent were assessed to be at high nutrition risk.
- While the average number of nutrition education sessions received per consumer was four, thirty-six percent received only one session.
- Last year, 81 individuals received nutrition counseling, yet more than 11,000 meal consumers were at high nutrition risk. The number of older Iowans who receive nutrition counseling has traditionally been low. The AAAs have the capacity to increase the number of older Iowans who receive this service.

Objectives and Strategies to Address Service Gaps

Objective 1.4: Improve the reach of nutrition education and counseling to older Iowans at high nutrition risk by 2%.

- Consult with the AAAs on implementing an automated process to identify consumers whose intake or assessment responses show high nutrition risk indicators and refer them to additional service interventions on a monthly basis, such as nutrition counseling or options counseling to increase the percentage of high nutrition risk participants that receive nutrition counseling by 2%.
- Provide quarterly technical assistance to the AAA nutrition directors on developing effective outreach materials to improve awareness and benefits of nutrition counseling services targeting consumers at high nutrition risk or those who have been underserved, including minorities and those in poverty.
- Evaluate and expand the number of partnerships with the Department of Public Health's SNAP-Ed program, Iowa's food banks, and Iowa's AAAs to provide wrap-around nutrition services for older Iowans at risk for food insecurity and malnutrition. This includes establishing, at a minimum, an annual meeting with each of the listed partners.

Objective 1.5: Improve or maintain nutrition education and counseling outcomes for nutrition consumers.

- Review program quality by measuring results against performance measure targets and outcome data quarterly to determine each AAA's progress toward achieving its performance targets and compliance with its area plan.
- Develop performance standards for nutrition education and counseling services that include best practices for the AAAs.
- Facilitate quarterly collaborative technical assistance group that consists of AAA nutrition directors.
- Provide technical assistance to the AAA nutrition directors on identifying nutrition education needs of meal participants, implementing best practices for providing nutrition education, and identifying materials and resources on a semi-annual basis.
- Provide training to AAA nutrition directors and others on cultural competency during quarterly meetings in relation to nutrition education and nutrition counseling service delivery to serve an increased number of participants in minority populations.

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage of Congregate Nutrition Consumers Identified as High Nutrition Risk Receiving Nutrition Education	An increase of 2% of older Iowans at risk for poor nutrition and health status will receive information so they have better health-enhancing options.
Change in Number and Percentage of Consumers Receiving Nutrition Counseling	An increase of 2% of older Iowans at risk for poor nutrition and health status will receive counseling so they have the opportunity to improve their health literacy and optimize their nutrient intake.

Goal 2: Iowa Aging Network will enable older Iowans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

ENSURING OLDER IOWANS HAVE ACCESS TO NUTRITIOUS MEALS AND OPPORTUNITIES FOR SOCIAL ENGAGEMENT

Congregate nutrition services give older Iowans the opportunity to eat a nutritious meal, interact with neighbors, friends, and meal provider staff, and learn about ways they can improve or maintain their health and well-being. 226 meal sites are available statewide that offer, on average, one meal a day five days a week in a community setting. In SFY 2020, over 13,000 older Iowans received a meal at one of these meal sites. Most of these individuals were over seventy and, on average, received forty meals over the year.

Home delivered nutrition services offer access to a nutritious meal and daily personal contact for those who have difficulty getting out of their home or cannot get to a congregate nutrition site. The home delivered nutrition service also reduces food insecurity, malnutrition, social isolation, and has a positive impact on nutrition well-being. For some consumers, the availability of home-delivered nutrition reduces caregiver burden.

Ensuring that older Iowans have access to nutritious meals is not the only factor that helps them remain in their residence or community of choice. Having the opportunity to interact with people in their community or with a meal delivery driver is an important part of ensuring the health and well-being of meal program consumers. Social isolation can lead to increased risk for mental and physical illness, loss of independence, and greater risk of dying from loneliness. Living alone is a well-documented risk factor for social isolation and functional status measured by difficulties in the activities of daily living has a bi-directional association with social isolation and loneliness (xvi).

Other Initiatives and Activities

Several additional publicly and privately funded initiatives focus on serving older Iowans who are food insecure. The AAAs annually distribute U.S. Department of Agriculture (USDA)-funded Senior Farmers Market Nutrition Program vouchers to seniors whose reported income is below 130 percent of poverty. In SFY 2020, 18,350 seniors received a voucher.

State funds were used to revitalize congregate nutrition services throughout the state. AAAs applied for Congregate Nutrition Mini Grants to start pilot projects. Pilot projects awarded include plans to retrofit existing sites to cafe-style sites with salad bars and choice menus, partnerships with local licensed foodservice establishments, and marketing and outreach campaigns.

IDA contracted with the Iowa Food Bank Association during the COVID19 pandemic to provide senior food boxes and bags to older Iowans. IDA and the Iowa Food Bank Association plan to assist the AAAs and Food Banks in creating strong partnerships the next couple of years through a series of facilitated conversations.

IDA, in partnership with Elderbridge AAA, received an ACL Innovations in Nutrition grant 2020-2023 to pilot The Iowa Cafe restaurant partnership pilots in 16 counties. The statewide expansion of The Iowa Cafe project will begin 2020-2021 utilizing Consolidated Appropriation Act funds. The project has support from the Office of the Lieutenant Governor and The Iowa Economic Development Authority.

Trends & Identified Service Gaps

- Congregate nutrition participation continues to decline. Iowa served 13,427 congregate meal consumers in SFY 2020, which is an 18 percent decline from the previous year. Evidence of consumer decreases occurred prior to COVID-19 closure of senior centers and congregate nutrition sites; however, the percent decrease may have been lower as innovative pilot programs to address participation were halted as well.
- Participation in home delivered nutrition services increased by 95 percent from SFY 2019 to 2020, due in large part to the COVID-19 pandemic, with 18,230 individuals served in SFY 2020. The provision of food boxes and other consumable supplies increased significantly as the Iowa aging network and partner agencies addressed transportation and food access barriers for older Iowans.
- Food insecurity contributes to functional decline, social isolation, depression, and loss of independent living (xxxiii). Iowa's AAAs have made a concerted effort over the past several years to provide meals to older Iowans at high nutrition risk. The percentage of congregate nutrition consumers who are at high nutrition risk has increased steadily, with 31 percent of SFY 2020 congregate nutrition consumers at high nutrition risk, compared to 22 percent in SFY 2016 and 17 percent in 2011. Home delivered nutrition recipients saw a slight decline in the percentage who are at high nutrition risk, down to 48 percent in SFY 2020 from 55 percent in FFY 2016, likely due to the increase of consumers receiving home-delivered meals instead of congregate meals as a result of the pandemic.
- Based on consumer intake responses, a high percentage of nutrition consumers may be experiencing or are at risk of social isolation. Fifty-five percent of those who participated in congregate nutrition services indicated that they live alone and fifty-three percent reported difficulty with one or more Instrumental Activities of Daily Living (IADLs). Fifty-nine percent of those who received home-delivered nutrition indicated that they live alone and more than thirty-nine percent reported difficulty with one or more Activities of Daily Living (IADLs).

Objectives and Strategies to Address Service Gaps

Objective 2.1: Revitalize Iowa's Congregate and Home-delivered Nutrition programs to increase participation and provide innovative service delivery methods across 20% of Iowa counties.

- Increase participation in congregate nutrition services by 5%, and sustain increase of home-delivered nutrition services through service innovation mini grants and nutrition contracts.
- Develop a licensed foodservice establishment partnership program called the Iowa Cafe and develop infrastructure with support of the Office of the Governor in 20 counties across Iowa.
- Manage partnership contract with the Iowa Food Bank Association and provide technical assistance to AAAs to expand partnerships between local food banks by establishing an annual meeting and providing individual technical assistance to each AAA and Food Bank at least once.
- Ensure successful outcomes for the ACL Nutrition Innovations Grant with Elderbridge AAA as documented by the grant application outcomes.

Objective 2.2: Increase participation in Congregate and Home-delivered Nutrition programs for Iowans at risk of social isolation.

- Provide technical assistance to the AAA nutrition directors on identifying new population groups and traditionally underserved consumers and implement pilot projects to attract new individuals to meal sites and increase participation by 5%.

- Develop a standardized nutrition participant satisfaction survey and community survey and develop strategies based on the survey to increase nutrition participation by 5%.
- Work with AAA nutrition directors to develop an outreach strategy and referral process focused on healthcare, social services systems/transitional care service providers, and other local community leaders during quarterly Nutrition Director technical assistance meetings.

Objective 2.3: Improve or maintain nutrition outcomes for participating consumers.

- Consult with AAA nutrition directors during the quarterly technical assistance meetings on implementing an automated process to identify consumers whose intake or assessment responses indicate they may benefit from additional service interventions, such as options counseling, nutrition counseling, or evidence-based health activities.
- Review program quality and outcome data quarterly to determine each AAA's progress toward achieving its agency performance targets and compliance with its area plan.
- Work with AAAs to develop performance standards for nutrition and health promotion services during quarterly technical assistance meetings.
- Identify and develop training on nutrition service outreach.
- Facilitate quarterly collaborative technical assistance meeting that consists of AAA nutrition directors.

Objective 2.4: Develop a menu of services to combat social isolation that can be delivered across the state.

- Research effects of social isolation and loneliness on our consumers and supporting data to identify prevention strategies.
- Develop framework and guidance for innovative transportation initiatives including volunteer programs in a least one county and a rideshare partnership with one AAA to reintroduce older Iowans to society and to meal sites post pandemic. Volunteer transportation pilots will partner with RSVP programs to match senior volunteers willing to drive.
- Implement a multi-county RSVP program to provide phone reassurance and companionship to individuals at risk of social isolation.
- Implement use of GrandPads for senior employment services to assist with job searches, applications, and virtual interviews.
- Explore technology methods for keeping individuals connected by utilizing virtual senior centers and distributing technical tools and assistance.

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage of Congregate Nutrition Consumers Served Who May Be Socially Isolated Eating Four Meals at Meal Site per Month	Congregate nutrition consumers who are potentially socially isolated will increase the frequency of their social activities in their community and consumption of nutritious meals.
Percentage of Home-Delivered Nutrition Consumers Served Who May Be Socially Isolated Receiving At Least Eight Meals per Month	Home-delivered nutrition consumers who are potentially socially isolated will receive regular contact and interaction with a meal delivery person.

PROVIDING PARTICIPANT-DIRECTED CASE MANAGEMENT TO AT-RISK, NON-MEDICAID COVERED OLDER IOWANS

OAA-funded case management services improve the lives of older Iowans by offering choices and the ability to age safely in place. This service achieves these results by coordinating the multiple services an older Iowan needs to address his/her inability to perform routine and physical activities that make living at home independently difficult or unsafe. Often, an AAA Information & Referral Specialist, Options Counselor, or other service provider refers an individual they believe could benefit from case management services because the individual has multiple

impairments, lacks a caregiver or has little caregiver support, or is at risk for institutionalization. A case manager completes a comprehensive person-centered assessment with the older individual who self-identifies needs to be addressed to help him/her remain at home. Together, the case manager and the older individual develop a service plan designed to address those needs. The consumer selects service providers and the case manager works with the person to identify who may be able to pay for those services. Funding sources can be a mix of private funds and public benefits. The case manager coordinates the delivery of services and conducts routine follow-up to ensure that the older person's independent living and safety needs are being met.

Trends & Identified Service Gaps

- The AAAs have an opportunity to reach a new consumer base with OAA-funded and fee-for-service case management services. Most Iowans who received case management services last year were over 70 years old and female. Case management consumers have been more racially and ethnically diverse than those in other OAA service groups.
- Nearly 30 percent of consumers reported two or more impairments related to personal care activities, like bathing, walking or dressing, and 77 percent reported having difficulty performing two or more routine independent living activities, like doing chores, managing medications, or preparing meals. More than sixty percent of case management consumers served were at high nutrition risk, thirty-eight percent reporting they do not always have enough money to buy the food they need.

Objectives and Strategies to Address Service Gaps

Objective 2.5: Expand case management service reach to new consumer base by 5%.

- Collaborate with AAAs to define a new consumer base and target populations for outreach, including fee-for-service consumers, older Iowans who are at risk for institutionalization or Medicaid spend-down, and at risk caregivers.
- Provide quarterly technical assistance to the AAA case management coordinators on developing effective referral sources and processes for case management services, targeting older Iowans who are at risk for institutionalization or Medicaid spend-down.

Objective 2.6: Improve or maintain case management outcomes for consumers.

- Review case management service quality and outcome data quarterly to determine each AAA's progress toward achieving performance targets and compliance with its area plan.
- Develop performance standards for the case management service, including for caregivers that includes best practices for AAAs.
- Identify areas for technical assistance and training through quarterly performance reviews.
- Evaluate referrals of case management consumers to additional high impact service interventions, including evidence-based health activities, nutrition counseling, and nutrition programs.
- Facilitate quarterly collaborative workgroup that consists of AAA case management coordinators.

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage of Case Management Cases Closed Because Case Management Service was No Longer Needed	An increase of 5% of Case Management consumers cases closed due to received supports and services they need to remain at the residence of their choice for as long as services are needed or desired.

Average Number of Months a Case Management Consumer Experiencing Independent Living Impairments is Able to Remain Safely at Home Prior to Transitioning to a Facility	An increase of 2% Case Management consumers receiving the supports and services they need or desire will be able to remain at the residence of their choice for a longer period of time before institutionalization is required.

TARGETING OAA HOME AND COMMUNITY-BASED SERVICES FOR AT-RISK OLDER IOWANS

Many older Iowans have a critical, point-in-time need for a service or two without which their ability to remain safely at home or independent in their community would be at risk. Sometimes, these needs are for a limited period of time or occur at a fixed time each year. They may have a financial need but are not eligible for or do not require long-term public support. They likely have an impairment that prevents them from completing routine independent living and/or personal care activities without assistance. For these individuals, a host of services is available, including chore services, homemaker services, personal care assistance, transportation or assisted transportation, and adult day services.

Trends & Identified Service Gaps

- Due to COVID-19, face-to-face visits were halted which may have affected this populations ability to access services. The IDA and AAAs worked to provide outreach to consumers telephonically and initiated virtual reassurance contact to stay in touch.
- More healthcare providers are seeking partners to reduce hospital stays and re-hospitalizations. Further, more Iowans are seeking ways to remain at home and out of the facility. IDA continues to develop business acumen with the AAAs to promote service lines and contracting processes to address these expressed needs.
- IDA is implementing new home modifications and care transition programs to address the need for home based services in rural areas.

Objectives and Strategies to Address Service Gaps

Objective 2.7: Expand access to home modifications programs to ensure safe home environments for aging Iowans.

- Participate with the Iowa Livable Homes Coalition to strategize and develop a better network of local and statewide providers to create a State Program Hub for home modifications.
- Create a process for coordination and connectivity of available home modification resources. This resource navigation will connect funding and providers back to the expanded supports for individuals in the Iowa Return to Community initiative to further ensure safe at home environments.
- Pilot evidence-based CAPABLE program in 4 Iowa counties.
- Create an infrastructure to sustain and grow CAPABLE across Iowa in potentially one additional pilot county.

Objective 2.8: Expand supports to non-Medicaid eligible Iowans who are transitioning back home from a stay in a skilled facility or hospital (Iowa Return to Community).

- Expand the scope and reach of the current pilot project.
- Increase relationships with hospitals and community service organizations to grow referrals. Four AAAs are participating in the non-metro regions, with a goal of engaging at least five hospitals and the corresponding out-patient clinics in each service area.
- Utilize a consultation project with the University of Iowa to quantify the impact of the service and find a sustainable funding source to further expand services to Iowans age 60 or older.

PROVIDING OPPORTUNITIES FOR HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES

Health promotion and disease prevention activities coordinated through the AAAs are designed to prevent or address health conditions that could reduce the length or quality of life for older Iowans. These activities include health screenings and assessments, organized physical fitness activities, and evidence-based health activity programs.

Screenings and Clinics

Many AAAs offer home safety checks, fall risk assessments, and immunization and foot clinics to prevent disease and injury.

Evidence-Based Health Activities

IDA started a statewide program evaluation in January, 2021 to evaluate all evidence-based programs offered by the AAAs and the most successful/least successful programs in the opinions of the AAAs (**Appendix H**). The results of the survey will be used to form an AAA technical assistance group that meets quarterly with members from each AAA that oversee evidence based programs. The goal of the group will be to maximize evidence-based programs in Iowa through the use of highest utilized programs, successful community partnerships, and sustainable funding. The group is scheduled to convene in the summer of 2021.

The AAAs currently utilize Title IIID funding to offer a variety of services. Falls prevention is one of the larger focus areas. In Iowa, Falls are the leading cause of injury deaths to those over age 65 (xvii). Some of the evidence-based programs AAAs administer include A Matter of Balance, Stepping On, and Tai Chi for Arthritis. Other evidence-based programs AAAs provide for include Better Choices Better Health, Stress Busting Program for Family Caregivers, and Powerful Tools for Caregivers.

Oral Health Initiatives

The IDA has collaborated with the Department of Public Health on an initiative to address oral health care concerns of older Iowans. The I-Smile™ Silver project is working to achieve optimal dental care for older Iowans. This project is supported by the Lifelong Smiles Coalition, which is a private-public partnership focused on providing access to oral health care for older Iowans. IDA has made efforts to enhance a partnership between the AAAs and the I-Smile Silver Coordinators in their respective areas. These efforts have included surveys to identify gaps in dental services for older Iowans and meetings to streamline a referral system. This partnership has great potential to assist in efforts to determine the scope of dental health issues in the state.

Trends & Identified Service Gaps

- In SFY 2020, 302 consumers participated in evidence-based health promotion activities.
- Evidence-based health activity programs can be costly to provide, and voluntary contributions by program participants have been low, as nearly ninety percent of participants are living in poverty or at risk of poverty.

Objectives and Strategies to Address Service Gaps

Objective 2.9: Increase access to health promotion-disease prevention activities to reach 5% more individuals.

- Research highest utilized, highest impact evidenced based programs and compare to Iowa's programs within year one of the State Plan.
- Provide recommendations to adopt or adjust Iowa's programs during new quarterly AAA technical assistance meetings.
- Provide guidance and operational alignment to evaluate processes for improving healthcare quality and safety and taking into consideration the social determinants of health.
- Collaborate with and provide technical assistance to the AAAs and community-based organization on integrating these programs into their systems during quarterly meetings.
- Consult with the AAAs on implementing an automated process to identify and refer consumers whose intake or assessment responses indicate they may benefit from health promotion-disease prevention services.

- Provide technical assistance to the AAAs quarterly in promoting falls prevention programs and generating referrals from medical providers with assistance from the IDPH fall prevention grant.
- Collaborate with Falls Prevention Coalition partners to increase awareness of and participation in falls prevention programs by participating in quarterly meetings and symposia and communicating information and opportunities to the AAAs.
- Collaborate with IDPH-Oral Health Bureau and the quarterly LifeLong Smiles Coalition in connecting seniors with oral health resources and dental care in I-Smile Silver counties and encourage project expansion to areas with congregate meal sites that have a high percentage of consumers who indicate they have tooth or dental problems that make it difficult to eat.

Objective 2.10: Increase capacity of the AAAs to provide evidence-based health activities to 5% more older Iowans.

- Provide technical assistance on implementing a sliding scale, fee-for-service product line for evidence-based health activity programs, such as fall prevention programs, HomeMeds, and chronic disease self-management during quarterly technical assistance meetings.
- Implement reporting requirements for identifying and tracking service gaps, causes for those gaps, and geographic distribution of service gaps.
- Provide technical assistance and training quarterly on utilizing service data to demonstrate need and impact to potential funders and to identify potential markets.

ENSURING INFORMAL CAREGIVERS RECEIVE SUPPORT SERVICES NEEDED TO MAINTAIN THEIR CAREGIVER ROLE

In 2018, ACL completed a multi-year evaluation of OAA funded caregiver support programs to determine whether they are part of an integrated long-term services and support system and whether the programs are meeting the goals of supporting the diverse needs of informal caregivers. ACL found that these programs and services are among the few publicly funded programs for caregivers and in, some states, the only program available to caregivers of older adults. The report found only one-third of states used a common, interagency caregiver assessment and just over half offered non-OAA funded caregiver programs. A rigorous outcome evaluation of these programs concluded that caregiver services effectively address caregiver burden and caregiver confidence in comparison to a caregiver control group. Further, the caregiver study found that an ideal level of service intervention is needed to achieve service effectiveness. These evaluations point to a need for interagency coordination and to the importance of ensuring adequate respite and other in-home, direct support services to at risk caregivers.

Iowa's family caregivers and older relative caregivers caring for grandchildren or adults with a disability can obtain information, referrals, and access to support services for themselves and their care recipient through the ADRC. They may utilize the website or through individualized assistance from a Family Caregiver Specialist. A typical family caregiver served by Iowa's AAAs is female, age 62, with a daughter/daughter-in-law or wife relationship to her care recipient. They most commonly seek information on resources and service providers in their local area, disease-specific information, and emotional support through counseling or support groups which may be found at https://alzimpact.org/fact/state_profile/state/IA#facts

Respite care is designed to allow caregivers temporary relief from their caregiving responsibilities. It may be planned or an emergency situation to help provide temporary relief to reduce caregiver stress and the demands of caregiving. For certain caregiver groups, such as those providing care to people with dementia, it is a "cornerstone service (xviii). The 2016 Process Evaluation of the Older Americans Act Title III-E National Family Caregiver Support Program published by the Lewin Group, indicated that respite accounted for 74.7% of all reported caregiver service requests (xix). It is vital for Iowa's Aging Network to have consistent processes and flexible service delivery options for caregivers to access this critical service.

The number of Iowans living with Alzheimer's Disease and related dementias is expected to grow by 10.6% in just 5 years, from 66,000 individuals in 2020 to 75,000 by 2025. Those caregivers providing care for individuals with Alzheimer's disease provide an average of 16 hours of unpaid care each week, saving valuable resources for Iowa's healthcare system.

Trends & Identified Service Gaps

- The IDA has implemented the Lean continuous improvement process recommendations which included creating standard operating procedures, a risk assessment tool, and a process flow chart to strengthen and enhanced the Family Caregiver Service structure. IDA has made these services a priority in order to achieve a consistent and mindful focus. The AAAs served 4,209 family caregivers in SFY 2020.Of those, 84 percent received information and access assistance, 9 percent received respite services, and 20 percent received counseling, support group, and/or training.
- The AAAs served 97 grandparent-older relative caregivers in SFY 2020. Of those served, 58 percent received information & access assistance, 8 percent received respite services, and 34 percent received counseling, support group, and/or training. All counties in Iowa are represented in the caregiver data. Of the caregivers receiving respite, 6 percent were minorities and 20 percent lived in a rural area. Most caregivers lived in the Des Moines metro area.

Objectives and Strategies to Address Service Gaps

Objective 2.11: Develop a menu of services targeted to the specific needs of caregivers that can be implemented consistently across Iowa.

- Identify and define who is a high-risk caregiver through data driven information.
- Develop a comprehensive best practice and service delivery guide to best support caregivers at high-risk.
- Develop a consistent process for caregivers receiving respite services across the state to ensure adequate wrap-around supports for caregivers.
- Develop recommendations, best practices and service delivery guide for caregivers caring for someone with Alzheimer's Disease or related dementia[s].
- Continue to clarify and develop technical assistance and effective service delivery guidance for the newly opened service of case management for caregivers.
- Pilot a self-directed respite service to provide flexible, person-centered options for caregivers in one AAA region.

Objective 2.12: Improve outcomes for caregiver consumers.

- Review program quality and outcome data quarterly to determine each AAA's progress toward achieving its Family Caregiver program performance targets identified in the area plan.
- Increase family caregivers served across the state by 10%.
- Reduce social isolation by providing evidenced-based programming to caregivers and expand options for virtual support groups.
- Assess AAA caregiver services based on standard measures, indicators, and best practices for AAAs.
- Participate in the national multi-state learning collaborative *Helping States Support Families Caring for an Aging America* with the Center for Health Care Strategies [CHCS] to strengthen caregiver capacity
- Identify areas for technical assistance and training opportunities through the quarterly data reviews. Provide bi-annual statewide training regarding family caregiver topics.
- Facilitate a quarterly technical assistance workgroup that consists of AAA family caregiver representatives.
- Participate in the IDPH BOLD [Building Our Largest Dementia Infrastructure] Coalition to develop Iowa's strategic plan for dementia.
- Collaborate with the innovative congregate and home-delivered nutrition initiatives to target caregivers and increase meals provided to caregivers by 10%

Objective 2.13: Increase capacity of the AAAs to provide comprehensive services to caregivers, particularly for caregivers at risk of experiencing significant stress or other factors that negatively impact their caregiver role.

- Present annual training from the Diverse Elders Coalition to reach and adequately support caregivers in communities of color.
- Provide technical assistance to the AAAs on utilizing effective outreach materials and approaches to increase awareness and benefits of caregiver support targeting at- risk caregivers, those caring for individuals living with dementia, and those who have been underserved, including rural Iowans.
- Review the Supporting Grandparents Raising Grandchildren Advisory Council recommendations and identify strategies that could be replicated in Iowa's aging network.
- Evaluate the extent and type of needs for Older Relative Caregiver (ORC) services and work the AAAs to identify methods of serving these caregivers and develop strategies to increase reach to this population by 10%.
- Consult with the AAAs on implementing an automated process to identify caregivers whose intake or assessment responses indicate they may be at risk for experiencing significant stress, reduced employment, and/or developing health issues, and refer them to additional service interventions, such as options counseling, respite, nutrition, evidence-based health programs, or other OAA services.
- Review the RAISE Family Caregiving Advisory Council recommendations and identify strategies that could be replicated in Iowa's aging network.
- Provide technical assistance on implementing a sliding scale, fee-for-service structure and identifying potential revenue generating product lines for caregiver services, such as evidence-based programs for caregivers, case management services for care recipient, and benefits and financial planning.

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage of Caregiver Consumers Indicating Counseling and/or Respite Service Allowed Them to Maintain Their Caregiver Role	Caregivers will receive the supports and services they need to continue to provide informal care to their care recipient.

GOAL 3: Iowa Aging Network will protect and enhance the rights and prevent the abuse, neglect, and exploitation of older Iowans and Iowans with disabilities

Note: The effectiveness of the ADRC in serving caregivers is included in the ADRC performance measure evaluations listed under Goal 1.

PROMOTING AWARENESS AND PREVENTION OF ELDER ABUSE

The Elder Abuse Prevention and Awareness (EAPA) Services focus on the prevention, intervention, detection, and reporting of elder abuse, neglect, and financial exploitation by presenting older Iowans with options to enhance their lifestyle choices. EAPA services are delivered through partnerships with local stakeholders and accessible through the ADRC. These partners include the AAAs, the Department of Human Services (DHS), law enforcement agencies, county attorneys, medical providers, service providers, and other community collaborators. Referrals to the program come from the aforementioned partners, family, neighbors, or the general public. The typical consumer served by this program is a female who is in her mid-70s and lives alone. Currently, the program is serving significantly more Iowans living in urban areas, and 5% of those served are from a minority population. The most frequently reported abuse type is self-neglect, followed by financial exploitation. EAPA utilizes a participant-directed approach, which entails educating Iowans about available options to resolve the situation per their direction and desires. This approach ensures that those involved in abusive situations or potentially abusive situations can make informed resolution choices. If the person wishes to pursue an intervention plan and goal, the plan is developed based on his/her direction.

Trends & Identified Service Gaps

- Prosecutors, law enforcement officials, and victim services providers have limited and inconsistent access to information on identifying and addressing abuse in later life and navigating the elder abuse system.
- In SFY 2020, 267 older Iowans received EAPA Assessment and Intervention Services.
- Elder Rights Specialists report an increase in reports of financial exploitation/scams targeting individuals age 60 or older. This has largely increased due to the COVID-19 pandemic and the onslaught of financial scams that followed.
- An older Iowan or caregiver may enter the AAA service network through a single service. Currently, the AAAs do not have an automated process to readily identify across services those consumers who may benefit from additional OAA services, as determined by responses given at intake or assessment.

Objectives and Strategies to Address Service Gaps

Objective 3.1: Increase the number of training opportunities available to prosecutors, law enforcement officials, and victim services providers related to identifying and addressing elder abuse and navigating the elder abuse system.

- Develop consistent training for prosecutors, law enforcement officials, and victim services providers related to identifying and addressing elder abuse and navigating the elder abuse system.
- Identify the training needs by region through collaborations with the Attorney General's Office, Iowa Coalition on Domestic Violence, AAAs, and other stakeholders.
- Assist in the organization and sponsorship of an Elder Abuse Training for county attorneys/prosecutors.
- Assist in the organization of the Abuse in Later Life Cross Training for Victim Services Providers.
- Contribute to the organization of the Elder Abuse Training for Law Enforcement Providers.
- Create and foster Community Collaboration Response Teams (CCRTs) that provide support to navigating the adult abuse system and provide consultation in, and the review of, policies and procedures addressing elder abuse and abuse in later life.
- Replicate the victim services and the law enforcement trainings, rotating training sessions among locations within each AAA region.

Objective 3.2: Improve EAPA consumer outcomes.

- Review program quality and outcome data quarterly to determine the AAAs' progress toward achieving the IDA's EAPA performance targets and compliance with area plans.
- Assess AAA EAPA services through standard measures and indicators to ensure successful outcomes.
- Identify areas for technical assistance and training through quarterly performance reviews.
- Facilitate a quarterly collaborative workgroup that consists of AAA Elder Rights program representatives.

Objective 3.3: Increase outreach to consumers at risk of, or experiencing abuse, neglect, or financial exploitation.

- Determine indicators to identify consumers who may be at risk for abuse, neglect, or financial exploitation, such as social isolation, based on a consumer's intake or assessment responses. Develop new partnerships with 1 or more institution per AAA region to increase outreach.
- Consult with the AAAs on implementing an automated process to identify consumers whose intake or assessment responses indicate they may be at risk and refer them to additional service interventions, such as EAPA services, options counseling, or case management. Increase referrals to additional AAA Service interventions by 2%.

Objective 3.4: Encourage the AAAs to expand capacity utilizing an entrepreneurial non-profit business model.

- Provide technical assistance on implementing a sliding scale, fee-for-service structure and identifying potential revenue generating product lines for prevention services, such as Powerful Tools for Caregivers, Mediation, Geriatric Case Management, and Representative Payee services.
- Implement reporting requirements for identifying and tracking service gaps, causes for those gaps, and geographic distribution of service gaps.
- Provide technical assistance and training on utilizing service data to demonstrate need and impact to potential

funders and to identify potential markets.

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage of EAPA Consultation Consumers Whose Needs Are Met through Provider Referrals for Self-Advocacy	Iowans seeking information and referrals will have appropriate information to self-advocate in resolving a situation involving abuse, neglect, or exploitation situation.
Percentage of EAPA Assessment & Intervention Consumer Cases Closed with EAPA Services No Longer Needed	Increase of 2% of EAPA Assessment and Intervention consumer cases closed successfully due to services no longer needed.

ENSURING HIGH-QUALITY LEGAL ASSISTANCE FOR OLDER IOWANS

The Iowa Title III B Legal Assistance Program serves persons aged 60 or older by providing legal advice and representation, information and education, and referrals in civil legal matters throughout the state. Legal assistance providers also offer education about the law and how it applies; work to prevent legal problems and make appropriate referrals; disseminate information to allow individuals to self-advocate; and assist with direct legal representation, counsel and advice, when necessary. Assistance may be provided through legal information, legal community education, and/or direct legal representation. Legal assistance providers also empower Iowans through planning and self-help tools.

Inadequate funding continues to be a factor in the number of cases legal providers can address and the amount of time they can commit to each. This is reflected in the number of consumers with unmet needs reported by the AAAs, but also in the number of consumers served over the last two years. Since SFY 2014, five of the six AAAs have seen a decrease in consumers served. Equally concerning is the impact of uncertain funding from the Legal Services Corporation, which provides approximately 30 percent of Iowa Legal Aid's funding. Over the last six months, the Department has fielded numerous calls from the community questioning whether vital resources, such as the Older Iowans Hotline (a project of Iowa Legal Aid) will continue in the face of recent and potential budget cuts. In the coming year, the Legal Assistance Program will be focusing on increasing awareness of current unmet needs and emerging threats to adequate legal services throughout Iowa, including the impact of budget cuts to the Legal Services Corporation and Iowa Legal Aid, particularly in rural pockets of the state where the private bar already cannot provide enough pro bono service to supplement the unmet needs identified by AAAs and Iowa Legal Aid.

Trends & Identified Service Gaps

- Of cases processed in SFY 2016, 25 percent related to housing issues, with 11 percent of those relating to landlord/tenant issues.
- Six percent were homeowners.
- Of cases processed in SFY 2016, 23 percent related to health issues, with the vast majority (20 percent) being Medicaid managed care-related issues.
- Of the remaining cases processed in SFY 2016, 8 percent related to issues with wills and estates; 8 percent related to powers of attorney; 6 percent related to collections; 4 percent related to guardianship issues; and the remaining 26 percent of cases were evenly distributed across a range of issues.

Objectives and Strategies to Address Service Gaps

Objective 3.5: Expand the capacity of the legal network to address the needs of potential consumers.

- Improve the case management and reporting processes to increase a legal service provider's ability to deliver services and also better identify the legal issues and characteristics of the legal assistance consumers as they relate to the OAA priority areas. Increase overall legal assistance service hours delivered to priority areas by 5% in each AAA service area
- Work with AAA Legal Assistance Directors to strengthen a legal assistance outreach strategy and referral process
- Implement quarterly technical assistance meetings to review legal assistance data outcomes and identify areas of opportunity with AAA Legal Assistance Directors.

Objective 3.6: Update and expand the availability of resources to empower consumers and the legal network to keep pace with evolving social and legal needs.

- Update materials to ensure they reflect current law and devise new methods to disseminate information.
- Collaborate with legal service providers to identify continuing legal education topics on core and emerging areas of law.
- Conduct training and outreach activities for a range of public and private sector entities to increase awareness of service gaps and emerging threats to adequate legal services.
- Research opportunities and partnerships to address housing needs of those seeking legal assistance by using the Department's seat on the Iowa Council on Homelessness to coordinate with the Iowa Finance Authority and HUD.

PERFORMANCE MEASURE	EXPECTED OUTCOME
Change in Number and Percentage of Consumers with unmet legal needs	Older Iowans will receive the assistance and information they need to resolve their civil legal questions or issues.

ENSURING PARTICIPANT-DIRECTED SERVICES FOR IOWANS WHO REQUIRE SUBSTITUTE DECISION MAKER

The Office of Public Guardian (OPG) serves Iowans aged 18 and over who have an impairment that affects their decision-making capacity and who do not have another person or entity willing or able to serve as guardian or conservator. The OPG also provides education and training to professionals and the general public on topics related to its services and issues impacting its target population.

Previously called the Office of Substitute Decision Maker (OSDM), the office had been established to provide guardianship, conservatorship, healthcare power of attorney, financial power of attorney, and representative payee services of last resort to Iowans in need of a substitute decision maker. Services were provided directly through a single, centralized statewide office, and the office was limited to a caseload of no more than 20.

In SFY 2018, legislation was enacted by the Iowa General Assembly that changed both the office's name and its service delivery model. The OPG now focuses on guardianship and conservatorship services, which are provided by local offices of public guardian. The OPG contracts with a private provider to serve as the local office of public guardian. This change in delivery model has allowed the OPG to serve more consumers. In SFY 2017, the last year under the prior model, the office was serving as guardian or conservator for 13 individuals. In SFY 2018, the office served 49 consumers. Most recently, in SFY 2020, the office served a total of 71 consumers. Additionally, the office processed 45 applications for services and conducted 10 outreach events reaching 584 attendees. The OPG currently serves as guardian and/or conservator for 60 individuals across the state, who range in age from their early 20s to their mid-90s. All consumers have significant impairments in their decision-making capacity resulting from one or more of the following: intellectual/developmental disability, dementia, mental illness, or brain injury. These individuals typically require a guardian and/or conservator to consent to necessary medical treatment, make decisions

regarding their living arrangements and necessary services, and manage their finances. The OPG's service delivery approach is based upon the principle of participant direction and adheres to the National Guardianship Association's Ethical Principles and Standards.

Trends & Identified Service Gaps

- The OPG is limited as to the number of individuals for whom it can serve as guardian and conservator. Although there is no longer a cap on the office's caseload, the office is operating at capacity for the number of consumers that can be served with current fiscal resources. The office has a waiting list, and available funding for guardianship services remains essentially unchanged.
- The OPG receives frequent requests for information and education about guardianship and conservatorship and alternatives. Many medical providers, nursing facilities, home-and-community-based service providers, substitute decision makers, and the general public lack basic information about these topics.
- The OPG often receives service requests for individuals who have some level of impairment in their decision-making capacity but do not meet the legal standard for guardianship or conservatorship. Due to a lack of recognized alternatives to guardianship, many of these individuals must either make do without appropriate decision-making support or are subjected to guardianships and conservatorships that are unnecessary and overly restrictive of their rights.

Objectives and Strategies to Address Service Gaps

Objective 3.7: Explore strategic partnerships to more effectively identify and serve individuals most in need of public guardianship services.

- Work with public and private sector entities to identify appropriate alternatives to public guardianship and to develop a data-driven approach to identifying those individuals best served by public guardianship services.

Objective 3.8: Increase awareness among potential substitute decision makers on participant-direction.

- Conduct routine training and outreach activities for a range of public and private sector entities, with an emphasis on the primary importance of the participant-directed approach in the field of substitute decision-making.

Objective 3.9: Increase access to less restrictive alternatives to guardianship and conservatorship.

- Develop materials and trainings to encourage the use of limited guardianship and conservatorship, powers of attorney and healthcare advance directives, and supported decision-making agreements as alternatives to full guardianship and conservatorship.

PERFORMANCE MEASURE	EXPECTED OUTCOME
Response Rate to Referrals to the OPG	Organizations and members of the general public are aware of the OPG and its services and receive timely response to inquiries.
Rate of OPG Service Application Acceptance/ Denial	OPG is serving consumers at its capacity.

EMPOWERING AND ADVOCATING FOR LONG-TERM CARE RESIDENTS AND MEDICAID MANAGED CARE MEMBERS

The primary role of the Long-Term Care Ombudsman Program is advocacy – or serving as the voice for residents and tenants residing in long-term care settings and Medicaid managed care members who receive long-term supports and services. Advocacy, consultation, empowerment and education are important tools in preventing the violation of rights; ensuring that residents, tenants, and families know what steps to take when questions or issues arise; looking into complaints and improving quality of life for those living in long-term care. COVID-19 has impacted

how advocacy services are provided to residents/tenants of long-term care. The COVID-19 impacts on advocacy services show the increased need for layered advocacy for residents/tenants in long-term care settings in the state of Iowa.

Long-Term Care Consultation & Complaint Resolution

Consultations with residents, tenants, families, and staff often focus on residents' rights; the role of long-term care ombudsmen; nursing facility and assisted living services and care issues; and involvement of family and friends. Consultation does not involve looking into or working to resolve a complaint. The OSLTCO, with resident/tenant permission, or the permission of the resident/tenant legal decision maker, identifies, looks into and resolves complaints made by or on behalf of residents or tenants of long-term care facilities that adversely affect their health, safety, welfare, or rights. Complaint issues are tracked and reported to identify common concerns and to develop materials, strategies, and policy recommendations to address them.

The most frequent reasons residents/tenants or their decision makers reached out to the OSLTCO was related to the following:

Rights. Residents and tenants residing in long-term care facilities do not lose any rights just by virtue of being admitted to a long-term care facility. Residents/tenants are allowed to direct their own care and have choice, privacy, and the ability to exercise their rights. These rights are provided by law and guaranteed to each and every person who resides in a long-term care facility or assisted living program.

Care Issues. Individuals contacted the OSLTCO to raise awareness of care concerns and to request assistance in resolving those concerns.

Discharge. When a resident/tenant would like to remain in the long-term care facility of their choosing, but the facility would like them to leave, it is an involuntary discharge situation. Residents/tenants facing an involuntary discharge are afforded rights under state and federal law. The OSLTCO can provide guidance and assistance to residents/tenants finding themselves in these situations.

Medicaid Managed Care Consultation & Complaint Resolution. The Managed Care Ombudsman Program serves as an independent advocate for Medicaid managed care members who receive long-term services and supports (LTSS) in health care facilities such as nursing facilities, assisted living programs, elder group homes, and intermediate care facilities for the intellectually disabled (ICF/ID), or through one of Medicaid's seven home and community-based services (HCBS) waiver programs. Since the implementation of Medicaid managed care on April 1, 2016, the Managed Care Ombudsman Program has been addressing member concerns. The most frequently reported Medicaid managed care LTSS member issues were Access to Services/Benefits, Services Reduced Denied or Terminated, Case Management.

Trends & Identified Service Gaps

- The OSLTCO is evolving to a layered advocacy concept. This entails a strong self-directed advocacy component, a robust volunteer ombudsman program and local long-term care ombudsman so that the program can meet the advocacy need where the resident/tenants have a certain level of comfort. In the past, the focus has mainly been on the local long-term care ombudsman layer. This has frequently resulted in the volunteer ombudsman program sometimes being short changed in staff and resources, and has also resulted in the self-directed advocacy level mostly being overlooked.

Objectives and Strategies to Address Service Gaps

Objective 3.10: Develop a strong self-directed advocacy component to OSLTCO.

- Outreach to established Resident Councils within long-term care settings to provide support to enhance the quality of life through self-advocacy and conflict resolution.
- The Empowerment Specialist will develop educational materials for establishing, re-establishing post COVID, and supporting resident councils in long-term care facilities.
- The Empowerment Specialist will assist residents to establish Resident Councils in the long-term care facilities in which they reside with a goal of 75% of all facilities having a Resident Council.

- Educate long-term care facilities regarding regulations and requirements for working with resident councils to resolve quality of life issues impacting residents and tenants of long-term care.

Objective 3.11: Develop a robust volunteer ombudsman program.

- Identify and implement recruitment plans to garner interest in volunteering with the OSLTCO with the goal of each nursing facility having a volunteer ombudsman.
- Implement ACL training certification requirements for Volunteer Ombudsman Program Coordinator to use in training volunteer ombudsman.
- Develop continuing education offerings to keep volunteer ombudsman apprised of the latest changes and improved techniques for advocating for residents of long-term care.

Objective 3.12: Support the Local Long-Term Care Ombudsman Program

- Encourage innovation in providing advocacy for residents/tenants of long-term care expanding on a blend of in-person advocacy and increased use of technology-based communication.
- Increase Local Long-Term Care Ombudsman's use of technology to communicate with residents making full use of the expanded availability of technology for residents provided by CMP grants to facilities.
- Develop and implement a satisfaction survey for residents and tenants that have used local long-term care ombudsman services.

Objective 3.13: Support the Managed Care Ombudsman Program

- Encourage managed care members to have ongoing communication with their Managed Care Organization (MCO), and assist those members needing assistance.
- Develop and implement a satisfaction survey for managed care members that have used managed care ombudsman services.
- Establish a baseline from the results of the satisfaction survey and create strategies to increase the supports and service delivery.

PERFORMANCE MEASURE	EXPECTED OUTCOME
Change in Number of Established Resident Councils	Number of established Resident Councils in long-term care facilities will increase.
Change in number of Residents Satisfied with Resident Councils.	The number of residents satisfied or very satisfied with how resident councils are functioning will increase.
Change in Number of cases addressed via telephone and Technology.	The number of cases and program activities addressed via telephone and technology will increase.
Percentage of Managed Care Complaints Resolved	Medicaid managed care members who receive long-term supports and services understand their rights and that their issues are resolved.
Number of Consumers Satisfied with Services	The number of consumers who are satisfied or very satisfied with services received will increase.

EFFECTIVE MANAGEMENT

The IDA's system management process focuses on quality data collection and analysis with problem identification and areas of constraint or concern. IDA leadership, AAA Executive Directors, and IDA and AAA program staff utilize quarterly reports as the basis for dialogue and exploration. This information identifies areas in need of discussion, best practices, barriers, and needs for technical assistance and training. The IDA will continue to build upon quality improvement activities initiated during the previous plan period and will implement or continue specific quality improvement activities to ensure effective and responsive management of the aging network's resources.

Ensuring Consistent, High-Quality Data Collection

In the past, the IDA's ability to collect and analyze uniform data was hampered by utilizing three separate reporting systems to track service delivery. During SFY 2017, the IDA and the AAAs adopted a single, robust case management system for recording service delivery data related to the ADRC, general aging, and caregiver consumers. The new system greatly enhances the IDA's ability to track consumer impact, service delivery targets, and evaluate whether AAA services are meeting a consumer's self-identified needs. IDA staff also review missing or erroneous data to identify and correct data entry problems. Particular attention is given to required reporting elements and sharing best practices on consumer data collection methods.

Evaluating Performance with Measurable, Data-Driven Outcomes

The IDA continues to implement an effective performance evaluation process that is focused on positive outcomes for older Iowans, Iowans with disabilities, and their families and caregivers. To that end, the IDA will be completing the following activities over the plan period:

Institute quarterly performance reports and reviews. The IDA has begun identifying quarterly performance report elements and determining a dissemination plan for these reports. The IDA plans to provide performance reports to established IDA-AAA workgroups, IDA and AAA management teams, and AAA governing boards and advisory councils. Additional stakeholder distribution will be determined.

Develop performance standards for OAA services. The IDA, in collaboration with the AAAs, identified a core set of performance measures for key OAA services. During the next plan period, the IDA will work to establish realistic, yet consumer-focused performance standards for these measures.

Evaluate Service Funding and Expenditure Requirements. The IDA will research the effectiveness and impact of establishing funding levels for select services and implementing unit cost methodologies for those services.

Continuous Improvement Activities

The IDA continues to implement an effective performance evaluation process that is focused on positive outcomes for older Iowans, adults with disabilities, and caregivers. To that end, the IDA will complete the following activities over the planning period: Institute internal quarterly process performance reports and reviews; Continue generating quarterly process performance reports and hold quarterly meetings with AAA and applicable staff to evaluate system performance; Provide applicable data and reports to applicable IDA workgroups, IDA & AAA Management Teams, AAA governing boards and advisory councils.

IDA will continue to create a culture of continuous improvement by training staff, holding continuous improvement project meeting, and formal Lean events internally and as requested by the AAAs. For additional information on the continuous improvement activities over the last planning cycle, refer to **Attachment I** *"Continuous Improvement Activities and Visuals".*

END NOTES

[i] U.S. Census Bureau. "Table S0102: Population 60 Years and Over in the United States (2015-2019 American Community Survey 5-Year Estimates)." Accessed 1/26/2021. https://data.census.gov/.

[ii] U.S. Census Bureau. "Table B11006: Households by Presence of People 60 Years and Over By Household Type (2015-2019 American Community Survey 5-Year Estimates)." Accessed 1/26/2021. https://data.census.gov/.

[iii] AARP Public Policy Institute. *AARP DataExplorer: Number of Caregivers – Iowa (2013)*. Accessed 1/26/2021. http:// dataexplorer.aarp.org.

[iv] *Iowans with Disabilities: 2020*, 1-2. State Data Center of Iowa and the Iowa Department on Aging. November 2020. Accessed 1/26/2021.

[v] *Older Iowans: 2020*, 1-2. State Data Center of Iowa and the Iowa Department on Aging. May 2020. Accessed 1/26/2021.

[vi] David J. Peters, Ph.D. "Rural Iowa at a Glance: 2018 Edition." Iowa State University Extension and Outreach. Accessed 1/26/2021. https://store.extension.iastate.edu/product/Rural-Iowa-at-a-Glance-2018-Edition.

[vii] 42 U.S.C. § 3002, 2016.
The term "greatest economic need" means the need resulting from an income level at or below the poverty line. The term "greatest social need" means the need caused by noneconomic factors, which include-

(a) physical and mental disabilities;
(b) language barriers; and
(c) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that-
  (i) restricts the ability of an individual to perform normal daily tasks; or
  (ii) threatens the capacity of the individual to live independently.

[viii]. AGID Custom Table - Race/Ethnicity Status 60 and Over - Iowa 2018 (www.agid.acl.gov), accessed 2/10/2021

[ix] U.S. Census Bureau. "Table: S0102: Population 60 Years and Over in the United States (2015-2019 American Community Survey 5-Year Estimates)." Accessed 2/4/2021. https://data.census.gov.

[x] Iowans aged 60+ with Supplemental Security Income: 5% compared to 4.2% for all Iowans; Iowans aged 60+ with public cash assistance: 1.4% compared to 1.9% for all Iowans; and Iowans aged 60+ with Food Stamp/SNAP: 6.1% compared to 10.2% for all Iowans. U.S. Census Bureau. "Table: S0102: Population 60 Years and Over in the United States (2015-2019 American Community Survey 5-Year Estimates)." Accessed 2/4/2021. https://data.census.gov.

[xi] For a one-person household in 2020, 100% of federal poverty level was $12,880 annual income and 185% of FPL was $23,838. For a two-person household in 20202, 100% of FPL was $17,420 annual income and 185% of FPL was $32,227. The median income for householders age 65 and older was $43,149 compared to $60,523 for all households in Iowa. (U.S. Census Bureau, Table: S1903 Median Income in the Past 12 Months (In 2019 Inflation-Adjusted Dollars) (2015-2019 American Community Survey 5-Year Estimates). Accessed 2/4/2021. https://data.census.gov.

[xii] U.S. Census Bureau. "Table B16004: Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over; 2015-2019 American Community Survey 5-Year Estimates." Accessed 2/4/2021. https://data.census.gov.

[xiii] Paul Stageberg, Ph.D. and Laura Roeder-Grubb. "Iowa Prison Population Forecast FY2013-2023." Iowa Department of Human Rights-Division of Criminal and Juvenile Justice Planning. November 26, 2013.

[xiv] Iowa Administrative Code 3/11/20 Inspections and Appeals [481] Chapter 69 Assisted Living Programs

[xv] AGID State-Level Population Estimates Data 200-2018, https://agid.acl.gov/CustomTables/Default.aspx .

[xvi] https://www.ncbi.nlm.nih.gov/books/NBK557971/

[xvii] Iowa Department of Public Health. (2019). Policy Brief: Falls in Iowa, 2019. Retrieved from https://idph.iowa.gov/Portals/1/userfiles/32/2019%20Falls%20brief_final_draft.pdf

[xviii] (#? P 33-1) Neville, C., Beattie, E., Fielding, E., & MacAndrew, M. (2015). Literature review: Use of respite care by caregivers of people with dementia. *Health and Social Care in the Community, 23,* 51–63. doi:10.1111/hsc.12095.

[xix] (#? P33-2)" http://www.lewin.com/resources/publications/caregiver-support-program.html)

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Attachments

A – OAA Assurances & Required Activities

ASSURANCES & REQUIRED ACTIVITIES:
OLDER AMERICANS ACT, AS AMENDED

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES-
Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

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

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

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of lowincome minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—…

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or

within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) inhome services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(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 sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of lowincome minority older individuals 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 (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State LongTerm 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

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

(C) 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 contract or such relationship;

(D) 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 contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

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

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

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

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response

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

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

A. health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in

such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

1. The plan shall—

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

(B) be based on such area plans.

2. The plan shall provide that the State agency will—

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

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

3. The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

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

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

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

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

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

(B) The plan shall provide assurances that—

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

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

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

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State LongTerm Care Ombudsman, a State LongTerm Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an

amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

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

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

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

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

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

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

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

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

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

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

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

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

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of communitybased, longterm care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in longterm care facilities, but who can return to their homes if communitybased services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

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

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

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

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

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

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

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

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order…

Linda J Miller

_____ ___5/26/2021___ *Date*

Signature and Title of Authorized Official

State Plan Guidance
Attachment B

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)
Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Section 306(a)(6)(I)
Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

Section 306(a)(17)
Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(2)
The plan shall provide that the State agency will —…
(C*) specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

Section 307(a)(3)
The plan shall—
...
(B) with respect to services for older individuals residing in rural areas—
(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*
(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

Section 307(a)(10)

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

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency*; and

(B) *describe the methods used to satisfy the service needs* of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

Section 307(a)(21)

The plan shall —

. . .

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title*,* if applicable, *and specify the ways in which the State agency intends to implement the activities.*

Section 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(29)
The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a) ELIGIBILITY —
In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307—. . .*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

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

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

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

(iii) upon court order.

X 

Linda Miller
Director

B – Information Requirements

B1 – Office of the State Long-Term Care Ombudsman Federal Fiscal Year 2019 Annual Report

Attachment B: Information Requirements

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

The Iowa Department on Aging (IDA) uses the following mechanisms and methods to ensure that preference will be given to providing services to older Iowans with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Assessing service reach to older Iowans with greatest economic need and/or greatest social need.

IDA compares the estimated number of older Iowans who are within the target populations and the demographics of older Iowans served to determine whether and to what extent older Iowans with greatest economic and/or greatest social need are being reached through OAA Title III services. U.S. Census Bureau decennial and American Community Surveys serve as the primary data sources for determining the estimated number of individuals in the state who possess these characteristics.

IDA obtains information about consumers served through a standard intake form. IDA requires all AAAs to use the same standard intake form to collect the following: location (town, county, and zip code), age, gender, race, ethnicity, primary language, number in household, household income range, and difficulties with activities of daily living. The agencies are directed to obtain a single completed intake form once a year from a consumer who receives a registered service, regardless of the number of different services received during the year. (Consumers are not denied a service for not completing the form.) All six agencies enter consumer and service information into a single reporting system. IDA queries the system to assess the number and percent of consumers served by target population, agency, and service and units.

Quarterly and Annual Progress Reviews.

Each AAA provided in their Area Plan a proposed budget and estimated number of individuals served by service in their planning and service area. These estimates included the total number of individuals to be served and total number of individuals in target populations to be served. In addition, agencies were directed to evaluate

service reach and impact to older Iowans in these target populations as part of their needs assessment. Where necessary, agencies included in their Area Plans the strategies they intend to implement to address service gaps for these target populations.

As part of their Area Plan implementation evaluation, each AAA will receive a quarterly performance report with information related to progress made on their projected number of consumers receiving services, projected units of services provided, and the percentage of consumers completing the intake form. Agencies will also provide annual updates on progress made in closing identified service gaps.

IDA program and management staff will meet quarterly to review the performance reports and develop guidance for those agencies not meeting their goals. IDA staff also review missing or erroneous data reports to track and correct data entry problems. Particular attention is given to required reporting elements.

Unmet Needs and Waiting Lists.

A new process to track unmet needs and consumers on waiting lists for services will be implemented in SFY2018. Quarterly reviews will be utilized to track for which service(s), reasons, and consumer characteristics related to unmet needs and waiting lists. IDA will be able to assess the number and percentage of these consumers who may be in greatest economic need and/or greatest social need.

Section 306(a)(17) Area Agency on Aging Emergency Preparedness Assurance

Iowa Administrative Code r. 17—6.9 (2017)

Iowa Code 231.33 mandates that Area Agencies on Aging plan and coordinate with other agencies to assure the safety of older individuals in an emergency. This requirement is also reflected in the Department's administrative rules (Iowa Administrative Code 17—6.9 (2017)) which requires that each AAA shall plan and coordinate with other public and private entities for the safe and timely continuity of service and the restoration of normal living conditions for older individuals prior to and after a natural disaster or other safety-threatening situation. Further, rules require that each agency maintain a procedures manual for responding to an emergency situation, a training plan for staff, contractors, and other interested persons, and use contract or sub-grant provisions that allow the agency to reallocate funds among services as necessary.

As part of the information requirements for the SFY 2018-2021 area plan, each AAA included details on how the agency's emergency plan meets the OAA requirements by summarizing activities the agency is involved in as they relate to preparedness planning and plan activation. They also described how the agency collaborates with other entities, including partners and contractors, as well as emergency response agencies, relief organizations, government agencies or other institutions, when carrying out these activities. IDA staff reviewed all plan information for clarity and thoroughness. If additional information was needed, agencies were required to provide information by an established deadline.

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

Iowa Administrative Code r. 17—5.5 (2017) requires each AAA to expend a specified minimum percentage of OAA Title III-B funds, less administrative costs, for priority services (Access, In-Home, and Legal Assistance). The Iowa Commission on Aging establishes the minimum percentages. Currently, the following are the minimum percentage for those service categories:

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

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

The plan shall:

(B) with respect to services for older individuals residing in rural areas:

i. Provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

To assure that the IDA will spend for each fiscal year not less than the amount expended for services to older Iowans residing in rural areas as that spent in FY 2000, staff compare, on an annual basis, the estimated amount spent on rural older Iowans to the estimated amount spent in FY 2000. The IDA will use the following methodology to determine the amount expended and the number and percentage of rural older Iowans:

- Total amount of OAA Title III & VII for the fiscal year.

- Number and percentage of rural, older Iowans by AAA planning and service area (PSA), as determined by most recent U.S. Census Bureau estimates.
- Apply percentage to total amount expended for the fiscal year to determine the estimated amount expended for services to older Iowans residing in rural areas.

Estimates will be utilized to determine the amount spent on rural, older Iowans, as the IDA and the AAAs do not currently utilize a standard cost rate for services.

ii. Identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

Refer to tables below for projected costs of providing such services for each year of the plan.

iii. Describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

As noted above, AAA Area Plans include projections related to the total number of individuals to be served and total number of individuals in target populations to be served, including those residing in rural areas. AAAs utilized past results, demographic information provided by the IDA, and the federal and state funding formula. IDA program staff reviewed these estimates to ensure that the budget projections provided the necessary funds to serve estimated consumers.

Please refer to page 2 of "Attachment C: Intrastate Funding Formula Requirements" for details showing weighted allocations for targeted populations.

Projected FFY2022-2025 Costs

Area Agency	All Funding	Elderly Svcs Program	Elder Abuse Prevention	LifeLong Links	B Program	C(1) Program	C(2) Program	D Program	E Program	NSIP
Elderbridge	$3,876,019	$1,207,042	$69,380	$138,042	$635,126	$776,948	$403,400	$63,413	$280,627	$302,041
Northeast Iowa	4,133,948	1,279,732	69,380	236,954	712,186	871,212	452,345	43,564	314,678	153,897
Aging Resources	4,503,059	1,173,540	69,381	136,897	832,069	1,017,863	528,485	14,573	367,645	362,606
Heritage	2,953,985	805,954	69,381	124,328	516,698	632,076	328,181	13,780	228,302	235,285
Milestones	3,844,842	1,112,797	69,380	134,820	692,240	846,813	439,674	43,553	305,861	199,704
Connections	3,084,628	941,379	69,381	128,959	535,143	654,639	339,889	47,763	236,455	131,020
Total	$22,396,481	$6,520,444	$416,283	$900,000	$3,923,462	$4,799,551	$2,491,974	$226,646	$1,733,568	$1,384,553

Estimated Percentage of Rural Population

Area Agency	Estimated Number 60+	Estimated Number 60+ Rural Residents	Rural Percentage
Elderbridge	118,241	60,761	51.38742%
Northeast Iowa	135,647	56,879	41.93163%
Aging Resources	161,334	26,872	16.65613%
Heritage	101,812	27,078	26.59608%
Milestones	127,792	41,067	32.13581%
Connections	98,634	43,287	43.88649%
Total	743,460	255,944	34.42606%

Projected FFY2022-2025 Costs for Services to Older Iowans in Rural Areas

Area Agency	All Funding	Elderly Svcs Program	Elder Abuse Prevention	LifeLong Links	B Program	C(1) Program	C(2) Program	D Program	E Program	NSIP
Elderbridge	1,991,787	620,268	35,653	70,936	326,375	399,254	207,297	32,586	144,207	155,211
Northeast Iowa	2,577,961	798,050	43,266	147,766	444,125	543,294	282,086	27,167	196,236	95,971
Aging Resources	629,093	163,948	9,693	19,125	116,243	142,199	73,831	2,036	51,361	50,657
Heritage	1,755,407	478,938	41,230	73,882	307,048	375,611	195,022	8,189	135,669	139,818
Milestones	2,119,421	613,415	38,245	74,318	381,589	466,795	242,365	24,008	168,602	110,084
Connections	2,770,984	845,660	62,326	115,847	480,730	588,076	305,329	42,906	212,412	117,698
Total	$11,844,653	$3,520,279	$230,413	$501,874	$2,056,110	$2,515,229	$1,305,930	$136,892	$908,487	$669,439

Methods used to meet the needs for services in FFY2021:

As noted above AAA Area Plans include projections related to the total number of individuals to be served and total number of individuals in target populations to be served, including those residing in rural areas. Agencies utilized past results, demographic information provided by IDA, and the federal and state funding formula. IDA program staff reviewed these estimates to ensure that the budget projections provided the necessary funds to serve estimated consumers.

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

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

The Context section of the plan narrative includes an evaluation of service reach and service impact to older Iowans residing in rural areas. To ensure that the special needs of older Iowans residing in rural areas are taken into consideration IDA and AAA staff review and evaluate the number and percentage of rural consumers served by agency and service. Service gaps and trend data trigger policy recommendations and technical assistance to AAAs and stakeholders as needed. Both federal and state formulas are weighted to ensure sufficient funds are available to serve rural populations. Please refer page 3 the Intrastate Funding Formula for details showing weighted allocations for targeted populations.

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

The Context section of the plan narrative includes an evaluation of service reach and impact to low-income minority Iowans, including those with limited English proficiency. Iowa's AAAs utilize a standard reporting system to track those Iowans served who have limited English proficiency. As noted in the plan narrative, agencies must use a targeted and collaborative approach to meet the needs of this small and widely distributed population.

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

According to 2014-2018 American Community Survey (ACS) data, an estimated 0.20 percent of Iowans aged 60 or older self-reported as American Indian or Native Alaskan. In state fiscal year 2020, the AAAs provided services to 262 older Iowans or

caregivers who identified themselves as American Indian or Native Alaskan, which represented 0.56 percent of all older Iowans served.

The Meskwaki Nation/Sac/Fox Tribe of the Mississippi in Iowa provides supportive, nutrition, disease prevention/health promotion, and caregiver services to its members under OAA Title VI. IDA supports collaborative activities between the Title VI program and the AAA whose planning and service areas are shared. In addition, some members of the Ponca Tribe of Nebraska live in Iowa. Connections Area Agency on Aging has partnered with the Ponca Tribe on outreach activities in their region. As with other small target population groups in Iowa, the AAAs use a targeted and collaborative approach to meet the needs of this population and ensure access to services.

Section 307(a)(29-30) State Emergency Preparedness Coordination

In Iowa, the state Homeland Security and Emergency Management Department (HSEMD) and the Department of Administrative Services (DAS), with the assistance of the Office of the Chief Information Officer (OCIO), work together to ensure State agencies have updated Continuity of Operations/Continuity of Government (COOP/COG) plans. These plans detail how an agency's essential functions would be carried out if the facility or resources were damaged or inaccessible in an emergency. State agency Directors are required to formally review and affirm each plan annually and DAS follows each agency's progress to ensure this occurs.

Each COOP/COG plan is tailored to the individual agency's structure and needs, but common elements include:

- Department essential functions
- Key continuity personnel
- Recovery locations
- Identification of vital records and documents
- Required resources (phones, computers, database access)
- Business Impact Analysis (BIA)

In addition to annually reviewing and affirming the COOP/COG plan, the Director is also responsible for implementing the plan should a disaster impacting state operations occur.

Iowa's HSEMD also oversees the State Emergency Operations Center (SEOC) which provides a protected facility from which the State would manage disasters or

emergencies within the state. IDA's standard operating procedures at SEOC include consistent updates to Iowa's Area Agencies on Aging and Long-term Care Ombudsmen regarding impacts in their region and responding to any needs they may have for funding or other resources. Area Agencies on Aging are in contact with their local emergency response agencies and have worked with them in past emergencies (floods, tornadoes). SEOC procedures provide an avenue for AAA's to provide information to the State on local issues or actions during an emergency, as well.

IDA's Emergency Preparedness Coordinator is backed-up by a representative from the Office of the State Long-Term Care Ombudsman who can participate in emergency preparedness events with or in place of the Coordinator if she is not available. This also provides an avenue for communication and sharing of resources between the Department and the OSLTCO. The Department and the OSLTCO have compiled resources for the Ombudsman Department. Additionally, both the Emergency Preparedness Coordinator and the representative from the OSLTCO attend relevant trainings, in person or on-line when possible.

IDA's Emergency Preparedness Coordinator also serves as a member of the advisory group for Iowa's Preparedness Advisory Committee (PAC) that is administered by the state's Department of Public Health. The preparedness advisory committee (PAC) provides technical assistance and makes recommendations for the planning and implementation of the public health emergency preparedness program.

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

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

Title VII of the Older Americans Act mandates programs designated to carry out vulnerable elder rights protection activities. IDA meets this mandate through the services offered by the Office of the State Long-Term Care Ombudsman, the Elder Abuse Prevention and Awareness Program, and the Legal Assistance Program. Together, these services work towards a better environment for all older Iowans, residents/tenants of long-term care facilities, and individuals experiencing or at risk of elder abuse, neglect and financial exploitation.

Following the implementation of the Long-Term Care Ombudsman Program Final Rule, a review was conducted of the requirements for the Office of the State Long-

Term Care Ombudsman and the State agency. A Memorandum of Understanding between the IDA and Iowa's OSLTCO was put in place clarifying the roles and responsibilities of each party, the OSLTCO has completed a thorough and updated policy manual, and the Department is finalizing a formalized monitoring process to ensure the Office is in compliance with regulation.

(2) Methods to Obtain Public Input on Section VII Programs
The IDA utilizes several methods to obtain the views of older Iowans, AAAs, Title VII programs, and other interested persons and organizations. These methods include, but are not limited to:

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

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

Area Plan Public Comment. The AAA's hold public hearings for their Area Plan and report comments received. In addition, the agency's advisory councils offer an avenue for feedback on service implementation. In particular, agency's evaluated their Elder Abuse Prevention and Awareness service reach and impact in determining planning strategies for the next four-year plan period.

State Plan Public Comment. On Monday, March 8, 2021 through Monday, March 29, 2021, a draft of the State Plan on Aging for FFY 2022 – 2025 was published on the IDA website to receive public comment. A public hearing conducting via Zoom and toll-free conference call to obtain direct input was held on March 15, 2021.

Training and Education Activities. The OSLTCO and the AAAs conduct regular outreach activities to impart knowledge, experience, or skills to providers, professionals, families, and the general public about elder rights and elder abuse, neglect and/or exploitation and programs and services to address these issues. Questions and comments that arise during these activities inform staff of local issues or trending topics.

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

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

The IDA works in partnership with the AAA's and other stakeholders to determine the needs of older Iowans and to help in securing and maintaining benefits and rights. The EAPA Program Manager, Legal Assistance Developer, and the Long-Term Care Ombudsmen continually receive feedback through telephone calls, e-mails, and in person dialogues from professionals working in the systems as well as consumers, which helps IDA identify the needs and barriers in accessing benefits and exercising rights. Through these conversations, the IDA staff works with our partners to ensure access to benefits and assistance while ensuring rights are protected. Our partners include such entities as the legal assistance providers, the Legal Hotline for Older Iowans, the Department of Veteran's Affairs, the Attorney General's Office, county attorneys, law enforcement, service providers, Department of Human Services (DHS), Disability Rights Iowa, Department of Inspections and Appeals (DIA), and the Older Iowan Legislature.

Iowa's OSLTCO administers several programs to assist in securing the rights of older individuals across Iowa's 99 counties. Local Long-Term Care Ombudsmen are assigned to nine geographical regions of the state to advocate for residents of Iowa's long-term care facilities. In addition, the Managed Care Ombudsman Program is dedicated to serving long-term care residents on Medicaid and recipients of Medicaid waiver services who need assistance and advocacy navigating Iowa's managed care system. The Office's Discharge Specialist responds to cases of involuntary discharge from facilities, ensuring that resident rights are recognized. To maximize state-wide accessibility with limited resources while also further educating individuals about OSLTCO services and the rights of Iowa's older adults, the Office administers the Volunteer Ombudsman Program (VOP). The VOP

certifies volunteers in the community to assist the OSLTCO in providing advocacy and assistance to nursing facility residents.

Additionally, policies are in place in accordance with the Long-Term Care Ombudsman Program Final Rule, to ensure that Office representatives have access to facilities, residents, and records. Policies set standards for prompt response to complaints, and dictate that the Ombudsman will monitor the performance of Office representatives to ensure these standards are met. The OSLTCO has a comprehensive, up-to-date policy manual that addresses these issues, and access to facilities, residents and records is also mandated by Iowa Code.

The Office of the State Long-Term Care Ombudsman produces an annual report. This report provides recommendations for improving the health, safety, welfare, and rights of residents and tenants of long-term care facilities, assisted living programs, and elder group homes. (Refer to attachment B1 for a copy of the FY2019 Office of the State Long-Term Care Ombudsman Annual Report.)

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

The IDA recognizes and acknowledges the value of the Title VII programs to the older Iowans. In order to ensure funds are available to carry out the mandates of Title VII, the IDA works collaboratively with the AAA's and the OSLTCO to administer the elder rights programs in a fashion that leverages the limited federal funds with state and local resources. In addition, the IDA and the Office of State Long-Term Care Ombudsman certify that the state resources expended to meet the maintenance of effort requirement set forth by Title III of the Older Americans Act are met.

Under federal regulation, the State Long-Term Care Ombudsman is responsible for fiscal administration of the Office, but must work with the fiscal division of the Department to ensure funds are available as required.

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

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

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

(6) Conduct a Program of Services Consistent with State Law and Coordinated with Existing State Adult Protective Service Activities
In carrying out Title VII programs, the IDA and OSLTCO conducts a program of services consistent with relevant state laws and coordinates with existing state adult protective services for the following activities:

Public Education. IDA and OSLTCO utilizes these methods to educate the public on ways to identify and prevent elder abuse: training for service providers, volunteers, facility staff, and the general public, telephone support to private citizens, caregivers and residents/tenants, presentations at resident councils, family councils, financial institutions, and other community events, and distribution of brochures, press releases, and other outreach materials written for the public and media.

Receipt of Reports of Elder Abuse. The IDA does not serve as the adult protective services (APS) entity in Iowa. The OSLTCO does, however, offers counsel to those concerned with abuse and neglect and provides support to individuals through the referral and investigative process. For other reports of abuse, neglect, and exploitation, the IDA works collaboratively with the two agencies that investigate dependent adult abuse, the Dependent Adult Protection Services at the Department of Human Services and the Department of Inspections and Appeals. This collaboration allows for a process of referring elder abuse concerns, which also meet the statutory criteria for dependent adult abuse, to the appropriate investigative agency as identified in Iowa Code 235B and Iowa Code 235E. The EAPA Program Manager oversees the EAPA Program and serves as a resource to the Elder Rights Specialists located in the Area Agencies on Aging. The Elder Rights Specialists respond to reported concerns of older Iowans who are at risk of, or experiencing abuse, neglect or financial exploitation. They also collaborate and are a resource for care managers, physicians, law enforcement, county attorneys, adult protective service workers, and other community service providers. Iowa does not have one comprehensive elder abuse law and instead, utilizes a variety of laws for the legal intervention and protection of older Iowans and their caregivers.

Participation of Older Individuals in Programs. The EAPA Program Manager works with the local Elder Rights Specialists to collaborate with their professional partners as well as older Iowans themselves. Activities such as presentations, booths at local festivities, participating in World Elder Abuse Awareness Day (WEAAD), press releases, fact sheets, etc. have been instrumental in highlighting system barriers, successes and areas for positive change to Iowa's current adult abuse system. IDA has worked with the Older Iowans Legislature to allow for participation and input into the elder abuse, neglect, and exploitation awareness program.

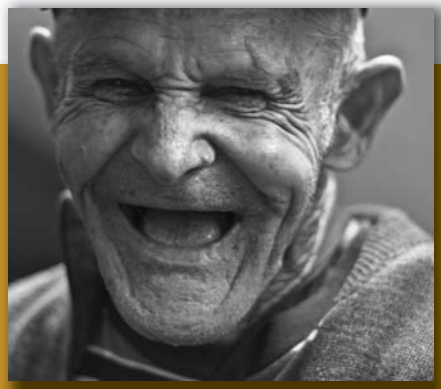
Complaint Referrals. The OSLTCO works closely with residents and tenants to ensure individuals with an elder abuse concern receive prompt attention and assistance. Situations that rise to the level of dependent adult abuse are referred to DHS and DIA as well as other appropriate agencies.

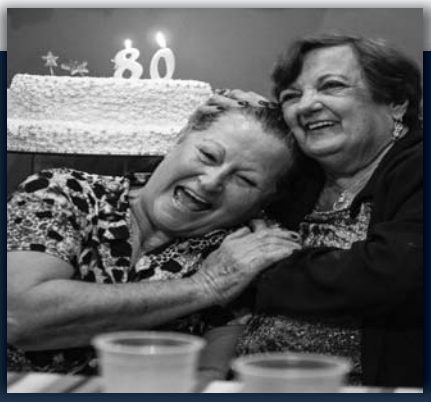
IDA's EAPA Program Manager works closely with the Elder Rights Specialists to ensure individuals with an elder abuse concern receive prompt attention and assistance. Situations that meet the dependent adult abuse criteria are referred to the Department of Human Services and Department of Inspections and Appeals as appropriate. Referrals are also made to law enforcement when instances involve crime as identified in Iowa Code. The Elder Rights Specialists continue to assist the consumer with service and intervention coordination until the situation is resolved.

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

Confidentiality. All information shared is held in the strictest confidence unless the consent to release information is obtained by the client, consumer, resident/tenant, or their legal representative. State law and program policies address the protocol for releasing confidential information for the OLTCO.

Attachment B1





ANNUAL REPORT

Federal Fiscal Year 2019
October 1, 2018 - September 30, 2019

Office of the State Long-Term Care
OMBUDSMAN
Established within the Iowa Department on Aging

LETTER OF SUBMISSION

June 26, 2020

The Honorable Kim Reynolds
Members of the General Assembly

Dear Governor Reynolds and Members of the General Assembly:

Pursuant to Iowa Code 231.42, please accept this annual report of the Office of the State Long-Term Care Ombudsman for Federal Fiscal year 2019. As required by State and Federal Regulations, this report contains information on the activities of this Office. In addition this report contains recommendations for improving the health, safety, welfare and rights of residents and tenants living in Iowa's nursing facilities, residential care facilities, assisted living programs and elder group homes.

Respectfully submitted,

Cynthia Pederson, J.D. State Long-Term Care Ombudsman

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Office of the State Long-Term Care Ombudsman (OSLTCO) is an autonomous entity as required by the federal Older Americans Act and the state Older Iowans Act. The OSLTCO is established within the Iowa Department on Aging. The OSLTCO works to advocate for the rights of residents and tenants in long-term care, and Medicaid managed care members in long-term care facilities or covered by one of the home and community based services (HCBS) waivers.

This report is for Federal Federal Year 2019 (FFY '19) and covers the time frame of October 1, 2018 through September 30, 2019 which is prior to the COVID-19 outbreak in Iowa. There will not be any COVID-19 related information reflected in this report.

During FFY ' 19, the OSLTCO had jurisdiction to advocate for the rights of the more than 56,000 Iowans residing in long-term care settings in Iowa, including those living in nursing facilities, residential care facilities, assisted living programs and elder group homes. In addition, the OSLTCO had jurisdiction to advocate for the rights of the approximately 40,000 Medicaid managed care members who are residents in a long-term care setting or are covered by one of the HCBS waivers. There may be some overlap in Iowans who are counted in the number of residents and tenants of long-term care facilities and the Iowans who are Medicaid Managed Care members receiving the HCBS waiver.

The OSLTCO is headed by the State Long-Term Care Ombudsman and is comprised of three programs: the Local Long-Term Care Ombudsman Program (LLTCOP), the Volunteer Ombudsman Program (VOP) and the Managed Care Ombudsman Program (MCOP).

Local Long-Term Care Ombudsman (LLTCO) provide direct advocacy services to residents and tenants of long-term care facilities, with resident or tenant permission. LLTCO advocate to protect the health, safety, welfare and rights of residents and tenants of long-term care. LLTCO do this by looking into complaints, seeking resolutions to problems and providing advocacy with the goal of enhancing the quality of life for those residing in long-term care.

The OSLTCO utilizes Volunteer Ombudsman (VO) through the VOP. Certified VO are trained to listen, empower, and advocate to serve as a a voice for nursing facility residents. VO are responsible for making unannounced visits to their assigned facility each month to talk with residents and identify concerns.

The OSLTCO also utilizes office volunteers to assist the operations branch by performing office duties in the Des Moines office. The office volunteers complete filing, data entry and mailing tasks.

The OSLTCO MCOP advocates for the rights of nearly 40,000 Medicaid Managed Care members who are residents of long-term care facilities and/or are enrolled in one of Medicaid's HCBS waivers.

During FFY '19 the OSLTCO also participated in the Senior Community Service Employment Program (SCSEP), employing three SCSEP participants and providing them with work experience and skills building.

Table 1. LONG-TERM CARE FACILITIES IN IOWA

Long-Term Care Facility Type	Number of Facilities in Iowa	Number of Bed/Units in Iowa
Nursing Facilities	439	30,448
Residential Care Facilities	58	1,958
Assisted Living Programs	384	23,952
Elder Group Homes	0	0
TOTAL	**881**	**56,358**

STATE LONG-TERM CARE OMBUDSMAN

The OSLTCO is mandated by the Older Americans Act. Each state must establish and operate an OSLTCO. The OSLTCO is headed by the State Long-Term Care Ombudsman (SLTCO).

The OSLTCO in Iowa has an organizational structure defined as a centralized model of an OSLTCO. This means that the SLTCO and the local ombudsman representatives of the office are employees of a single entity, in this case the State of Iowa.

The OSLTCO does not perform regulatory or survey duties. The OSLTCO and its representatives are not mandatory reporters.

Per federal regulations the SLTCO establishes policies, procedures and standards for the administration of the OSLTCO. In addition, federal regulations define that the SLTCO shall determine the use of fiscal resources for the operation of the OSLTCO.

The SLTCO supervises all staff of the OSLTCO and is responsible for designating and de-designating LLTCO and VO.

In FFY ’19 the SLTCO watched numerous items of federal and state legislation. This included bills regarding:

- Dependent Adult Abuse
- Medicaid
- Managed Care
- Community Spouse Resource Allowance
- Certificate Of Need
- Appeal Rights for Denial of Admission to Iowa Veterans Home

The SLTCO also provided comment on federal action including:

- Opposing CMS Roll Back of Federal Protections for Nursing Facilities
- Supporting the extension of Spousal Impoverishment Protection
- Supporting the extension of Money Follows the Person Program

In FFY ’19 the SLTCO participated in the Geriatric Patient Housing work group and the Elder Abuse work group.

*Resident (R) on hospice care didn't feel that the family or facility staff fully understood what R wishes were for end of life. LLTCO coordinated facility staff, hospice staff, and R to clearly devise a plan so that wishes could be met. R stated that it improved R situation greatly and was much more comfortable knowing that family and staff knew what R wanted.**

SCSEP Participation

During FFY '19 the OSLTCO was honored to again work with SCSEP. SCSEP is an Older Americans Act program overseen by the Iowa Department on Aging. The purpose is to help foster individual economic self-sufficiency among older Iowans and promote useful opportunities in community service activities. The OSLTCO worked with three SCSEP employees during FFY '19.

OSLTCO BY THE NUMBERS

All Iowans living in long-term care facilities for which the OSLTCO has jurisdiction have equal access to the services provided by the Office.

One of the ways the OSLTCO serves those living in long-term care settings is via program activities. Program activities are tasks performed by the OSLTCO that are related to advocating for and improving the quality of life for individuals residing in long-term care facilities, but do not rise to the level of cases. Instances of program activities performed in FFY '19 are listed in Table 2.

Table 3. OSLTCO FUNDING

Revenue	Amount
Federal	$115,125.00
State	$1,166,562.00
Medicaid Claiming	$22,811.72
TOTAL	**$1,304,498.72**

Additional information including recorded presentations and resources may be found on our website at https://www.iowaaging.gov/state-long-term-care-ombudsman.

Table 2. INSTANCES OF PROGRAM ACTIVITES IN FFY 2019:

Visiting residents/tenants (non-complaint related)	1,602
Consulting with facilities/providers	1,197
Providing information to individuals	1,175
Providing technical assistance	477
Visiting residents/tenants (complaint-related)	163
Working with resident councils	60
Participating in facility surveys	46
Training Ombudsmen/Volunteers	23
Providing community education	9
Training facility staff	3

OSLTCO BY THE NUMBERS

Table 4. COMPLAINTS RECEIVED BY FACILITY TYPE

Long-Term Care Facility Type	Number of Complaints Received	Percentage of Total Complaints Received
Nursing Facilities	898	78.84
Residential Care Facilities	56	4.92
Assisted Living Programs	185	16.24
Elder Group Homes	0	0
TOTAL	**1,139**	**100%**

Table 5. RESOLUTION OF COMPLAINTS

Complaint Outcome	Number of Complaints	Percent of Total Complaints
Resolved to satisfaction of complaint	504	44%
Partially resolved, but some problem remained	280	25%
Not resolved to satisfaction of complaint	137	12%
No action needed	101	9%
Withdrawn before final outcome of investigation	67	6%
Referred to another agency	49	4%
Government policy or regulatory change or legislative action is requred to resolve	1	0%

Chart 1. SOURCE OF COMPLAINTS RECEIVED

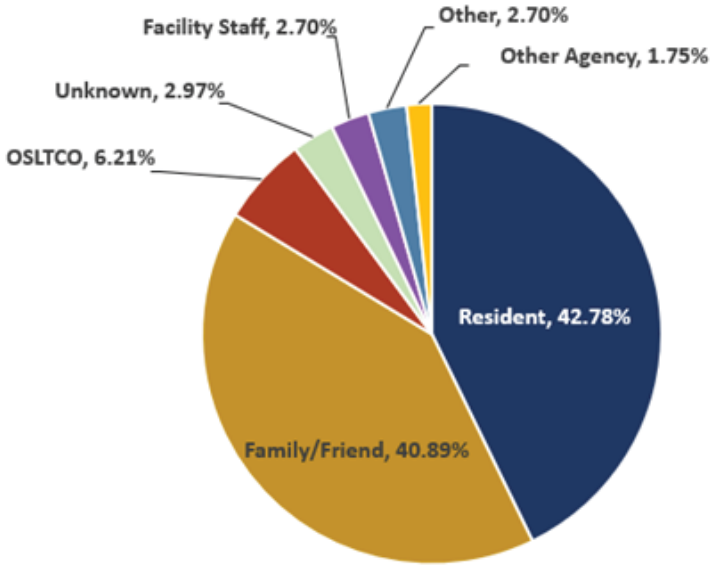
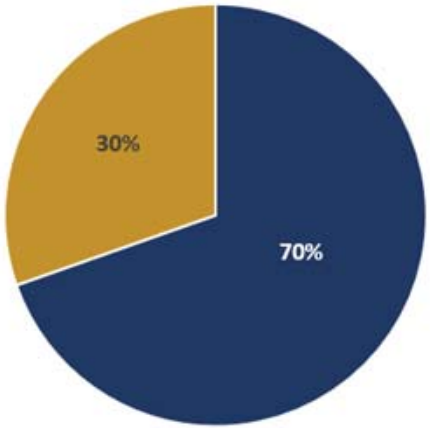


Chart 2. TOP FIVE COMPLAINTS RECEIVED

The top five complaints received by the OSLTCO include the following:

- Discharge/eviction - planning, notice, procedure, implementation, including abandonment
- Medications - administration, organization
- Exercise preference/choice and/or civil/ religious rights, individual's right to smoke
- Failure to respond to requests for assistance
- Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)

These five complaints account for 30% of all complaints received by this Office.



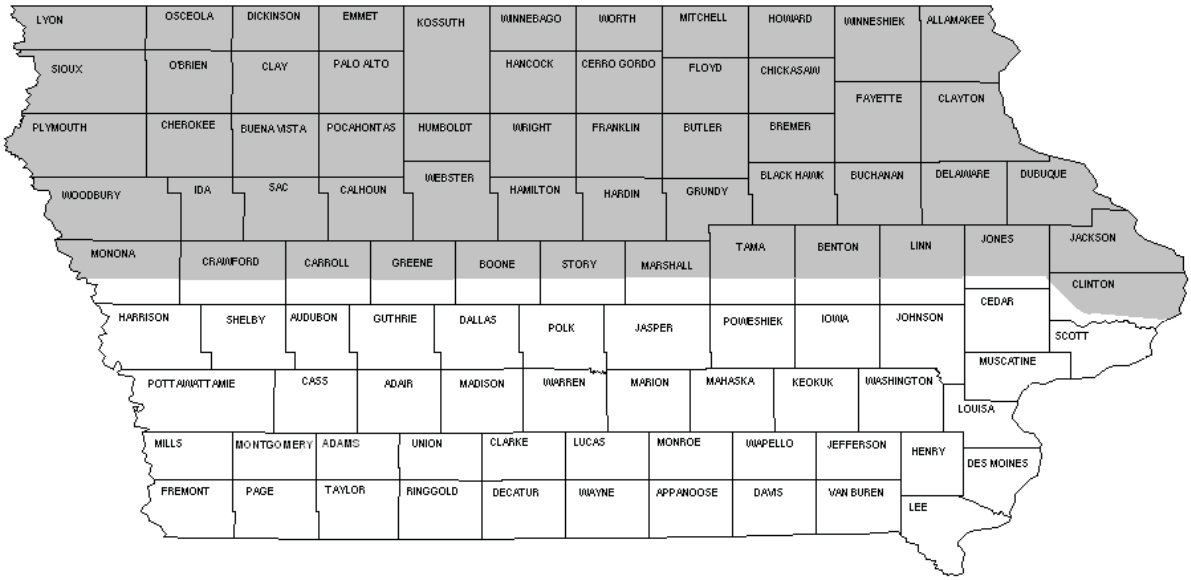
In FFY '19 the OSLTCO responded to 1,139 complaints on behalf of long-term care residents/tenants. Complaints are reflected as cases in OSLTCO data. A case for purposes of the OSLTCO involves a complaint made by or on behalf of a resident/tenant of a long-term care facility. The complaint is looked into by a LLTCO or VO. With resident/tenant permission, strategy is developed to resolve the complaint. The solution to the complaint is proposed and with resident/tenant permission, brought to the the party complained against for proposed implementation. Lastly, the matter is followed up to determine the resident/tenant satisfaction with the resolution. The OSLTCO opened 653 cases and closed 741 cases for long-term care resident/tenant issues in FFY '19. Resolution of those cases is reflected in Table 5.

LOCAL LONG-TERM CARE OMBUDSMAN PROGRAM

Local Long-Term Care Ombudsman serve the advocacy needs of Iowans living in long-term care as reflected in the program activities and cases explained in the OSLTCO By The Numbers section. In addition to cases and program activities, in FFY '19 LLTCO participated in education of groups such as social workers, health care administration, facility staff, and VO with presentations on topics including the OSLTCO, resident rights, and involuntary discharges. In FFY '19 LLTCO also put together resources for residents contemplating self-harm and those who care for them. The SLTCO and a LLTCO also worked with Telligen to develop information on how to recognize drug diversion in long-term care settings.

In February 2019, the OSLTCO implemented a redesign of the LLTCOP portion of the OSLTCO. In an ongoing effort to move the OSLTCO to a more effective, efficient advocacy organization, the State of Iowa is now divided into two districts with each district staffed by LLTCO. The LLTCO for each district are divided into stationed LLTCO and mobile LLTCO. The mobile LLTCO for each district are assigned a state car and make unannounced monitoring visits to long-term care facilities in the state. Stationed LLTCO provide advocacy via technology and telephone and are allotted mileage each month to allow for in-person complaint related visits.

The districts are depicted on the map below.



Local Long-Term Care Ombudsman Shaded area- Northern District

Melanie Kempf Jennifer Golle Kim Weaver

Stacia Timmer resigned March 2019

Local Long-Term Care Ombudsman Non-shaded area-Southern District

Kim Cooper Julie Pollock Pam Railsback

Tonya Amos resigned May 2019

VOLUNTEER OMBUDSMAN PROGRAM

Volunteer Ombudsman Program:
Lisa Van Klavern, VOP Coordinator

The VOP is an essential component of the advocacy provided to residents of nursing facilities by the OSLTCO. The VOP consists of trained and certified VO who spend a minimum of three hours per month in unannounced visits to residents at nursing facilities helping to serve as a voice for residents. The VO observe, listen to, interact with and empower residents of nursing facilities. The VO identify concerns and monitor progress toward resolution. The VO advocate for the rights and quality of life for residents when requested, observe general conditions of a long-term care facility, attend resident and family council meetings at the request of council members and provide general information to residents and families.

Not having a volunteer ombudsman program coordinator on staff proved to be a barrier that needed to be addressed in order to provide optimal operation of the OSLTCO. In FFY '19 the OSLTCO hired a volunteer ombudsman program coordinator to manage the VOP. The position had been vacant as a result of budget issues since August of 2017 when the previous volunteer ombudsman program coordinator resigned. The duties of the volunteer ombudsman program coordinator include recruiting, training and managing VO. The OSLTCO was fortunate to find a candidate with long-term care experience as well as volunteer management experience who was able to hit the ground running.

For FFY '19, the most frequent complaints brought to the attention of VOP were:

- Residents' requests for call lights/assistance are not being answered and responded to in a timely manner (under 15 minutes)
- Activities not posted and legibly written
- The facility not employing sufficient number of staff to meet residents' needs

*Resident (R) with many concerns about care and follow up. Through LLTCO intervention and follow through, appointments with wound nurses and lymphedema therapy appointments began, showers and new wound care schedules were created, retraining of staff occurred, doctor's planning for physical and occupational therapy and discharge planning occurred. R was ultimately able to improve and move to an apartment where R has been successful!**

*While LLTCO visited with nursing facility resident (R), R mentioned that R had been sleeping in recliner as R's bed was too short for R. R did not want to bother the staff about matter, but gave LLTCO permission to look into getting a longer bed. The staff was able to not only get R a longer bed but also a wheelchair that better suited R and R was very happy with these changes.**

MANAGED CARE OMBUDSMAN PROGRAM

Managed Care Ombudsman Program:
Pamela Heagle, Managed Care Ombudsman

*An Elderly Waiver Member (M) experienced a gap with homemaking and in-home nursing services being set up after being assigned a managed care organization (MCO). The M had a legal guardian to assist with communicating needs, yet the MCO did not have M guardianship papers on file. The MCOP worked with the M's guardian and their prospective MCO to ensure that IME and the MCO received the guardianship documents necessary to establish in-home services and a new case manager right away. The M and guardian reported they were happy with the staff assigned to M and felt health care needs were being met.**

The most frequent reasons that managed care members, or someone acting on the managed care member's behalf, contacted the MCOP, or requested assistance from the MCOP involved:

- Services reduced, denied or terminated
- Access to Services/Benefits
- Case Management

The waiver programs that most frequently resulted in a managed care member or someone acting on the managed care member's behalf, contacting the MCOP or requesting assistance from the MCOP were:

- Intellectual Disability Waiver
- Elderly Waiver
- Health and Disability Waiver

The MCOP advocates for the rights of Medicaid managed care members who receive care in a long-term care facility, assisted living program or elder group home, as well as members who are enrolled in one of the HCBS waiver programs. The MCOP looks into complaints made by or on behalf of these Medicaid manged care members and advocates for the members' desired resolution. The MCOP also serves as a resource for answers regarding Medicaid managed care rules and Medicaid managed care members' options and rights.

The MCOP performs monthly analysis of problems faced by these members, and issues monthly and quarterly reports on situations brought to the attention of the program. Reports may be found on our website: https://www.iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program.

*MCOP advocated for a Medicaid member (M) receiving benefits under the Elderly Waiver (EW) Program. The M had been approved for the EW yet waited several weeks to hear from an MCO. M and the guardian had not received their MCO materials and did not know who to contact to establish a care plan and receive in-home services. Due to the advocacy of a Managed Care Ombudsman, the M was contacted by a MCO and their case manager. Level of care and care planning meetings were then completed.**

** Used with Residents'/Members' permission*

RECOMMENDATIONS

The following recommendations are made by the OSTLCO to improve the quality of life for those living in long-term care settings.

Care issues including problems with medications and failure to respond to requests for assistance are two of the top five complaints for which residents/tenants requested assistance from the OSLTCO. As a general rule care issues boil down to one basic problem, insufficient staffing in long-term care facilities. When nursing staff hurry through their tasks because there are too many people who need medications and treatments, errors occur. Not only do errors occur, unfortunately, sometimes medications and treatments get skipped. Not only is understaffing an issue when it comes to medication and treatment, it is also a problem in the provision of activities of daily living by others providing direct care such as nursing assistants. In facilities that keep their staffing margins too narrow, showers and baths are not provided as scheduled. Staffing shortages also cause those living in long-term care settings to suffer long wait times for assistance with something as basic as help with bathroom needs. Sometimes the residents/tenants tire of waiting and try to assist themselves with the potential for disastrous results if the resident/tenant falls and suffers injuries or worse. Staff shortages have been discussed in one form or fashion in Recommendations in the past five OSLTCO annual reports. Rules should be implemented that require a predetermined staff to resident ratio, based on the current needs of the residents/tenants in the long-term care setting, instead of the sufficient staffing requirement currently in the Iowa Administrative Code.

For several years, involuntary discharges/transfers from long-term care settings have remained a top issue impacting residents/tenants of long-term care. This year that unfortunate pattern has continued. The involuntary discharge/transfer issue includes emergency involuntary discharges, and “hospital dumps”. There are any number of reasons that a resident/tenant of long-term care may find themselves in an involuntary discharge/transfer situation. The long-term care facility may make the allegation that the resident/tenant exceeds the level of care the facility can provide. The long-term care facility may allege that they are concerned about the behaviors of the resident/tenant. There may even be issues with payment to the facility that are out of the control of the residents/tenants of long-term care. The OSLTCO provides advocacy for those residents/tenants living in long-term care settings that request OSLTCO assistance. However, the OSLTCO cannot provide legal services to these residents/tenants. The OSLTCO recommends that funding sources be instituted to cover the costs of legal representation for long-term care residents and tenants that are facing involuntary discharges/transfers. This would put residents/tenants facing dislocation from their homes on an even footing with facilities that frequently retain council to represent facilities during these types of proceedings. These funding sources could be established through an annual per long-term care bed or unit fee for each long-term care bed/unit licensed in the state.

Residents/tenants living in long-term care settings retain all the same rights as those not living in long-term care settings unless a judge has determined they do not have a given right. Unfortunately, concerns brought to the attention of the OSLTCO prove that not all facilities fully understand that residents and tenants have not surrendered their rights upon admission to a long-term care facility. This annual report is for FFY ’19 and is prior to COVID-19 public health emergency declarations and the restrictions imposed for resident/tenant safety. Respect for residents'/tenants' rights needs to be taught at the most introductory levels of interaction with, and care for, residents/tenants of long-term care settings. Each facility needs to promote an environment where any infringement of the right of a resident/tenant to exercise their freedom of association, right to express preferences, right to worship, right to vote, right to smoke, right to refuse medications or treatments, and their right to make choices is reported and resolved. The OSLTCO recommends that every certification course for nursing assistants, every licensing course for nurses and administrators, and every orientation provided to anyone employed in a long-term care setting needs to include a resident/tenant rights component.

C – Intrastate Funding Formula Requirements

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Attachment C: Intrastate (IFF) Funding Formula Requirements

Iowa Department on Aging

Intrastate Funding Formula and Resource Allocation Plan

Revision Effective July 1, 2017

Funding Formulas: Older Americans Act Allocations

Available Federal Older Americans Act Title III funds are allocated to the Department and passed on to Area Agencies on Aging on the basis of the number of persons 60 and older, number of 60+ minorities, and double-weighted for persons 60+ at or below the poverty level in each planning and service area.

State Aging Programs. Available resources from State Aging Programs are allocated to each Area Agency on Aging utilizing a formula that triple weights individuals (a) 75 years of age and older; (b) 60 and older who are members of a racial minority; (c) 60 years of age and older who reside in rural areas; (d) 60 years of age and older who have incomes at or below the official poverty guideline as defined each year by the federal Office of Management and Budget and adjusted by the Secretary of the U.S. Department of Health and Human Services; and (e) single weights individuals 60 years of age and older.

NSIP Allotments. Area Agencies on Aging will receive a portion of the NSIP allotment to the state based on the proportion that an area's eligible meals bear to the total of NSIP eligible meals for all area agencies.

Rural Cost. Iowa is a rural state and its rural status is addressed in Iowa's Intrastate funding formula. There are only 10 counties of Iowa's 99 that are considered to be a Statistical Metropolitan Area. State Aging Programs, established in July of 2011, addresses the needs of persons living in rural areas.
The Funding Allocation Formulas appear in Table 1 on the page below as well as tables for the following information:

Table 2	FY 2018 Title III Funding Allotments to Area Agencies on Aging
Table 3	FY 2018 AAA Federal Title III Funding Allotment Planning Projections
Table 4	FY 2018 AAA Nutrition Services Incentive Program Funding Allotment Planning Projections
Table 5	FY 2018 AAA State Appropriations Funding Allotment Planning Projections

Table 1. Funding Allocation Formulas

Intrastate Funding Formula	Factor	Weight
Title IIIB, C(1), C(2), and E	Persons aged 60 & older	1
	Minority persons aged 60 & older	1
	Persons aged 60 & older living at or below the poverty level of income	2
*Title III Admin incl. in Alloc.	AAA Block [greater of $24K/AAA or .25% of Total Title III Alloc./AAA]	
	AAA Block [greater of $4K/County or .04% of Total Title III Alloc./County]	
Title IIID	Persons aged 60 & older living at or below the poverty level of income	1
	Medically underserved persons aged 60 & older	1
Nutrition Service Incentive Program	**Factor**	**Weight**
NSIP	Meals Served	1
State Aging Programs Funding Formula	**Factor**	**Weight**
	Persons aged 60 & older	1
	Rural persons aged 60 & older	3
	Persons aged 60 & older living below the poverty level of income	3
	Minority persons aged 60 & older	3
	Persons aged 75 & older	3

Data Sources: Population data used in funding formula from
2014-2018 American Community Survey, Special Tabulation on Aging – Population Characteristics _https://agid.acl.gov/ - population and minority estimates
2010 Decennial Census. U.S. Census Bureau - Rural Population
2014-2018 American Community Survey, ACSST5Y2018.S1701_metadata_2020-07-23T115057 - poverty estimates

Table 2. FY 2022 Title III Funding Allotments to Area Agencies on Aging

	TITLE IIIB	TITLE IIIC-1	TITLE IIIC-2	TITLE IIID	TITLE IIIE	TOTAL ALL
Estimated 2022 Federal Allocation	$ 4,146,805	$ 5,072,768	$ 2,633,829	$ 239,548	$ 1,832,251	$ 13,925,201
State Administration (5.00% of Federal Allocation)	223,344	273,214	141,856	12,902	98,684	750,000
Ombudsman						
Estimated SFY 2022 AAA Plan Allotments to AAAs	$ 3,239,461	$ 4,799,554	$ 2,491,973	$ 226,646	$ 1,733,567	$ 13,175,201

Table 3. FY 2022 AAA Federal Title III Funding Allotment Planning Projections

Area Agency	Administration Funding: Total Admin	Title III B	Title III C(1)	Title III C(2)	Title E
Elderbridge	$ 279,212	$ 84,602	$ 103,495	$ 53,734	$ 37,381
Northeast Iowa	236,512	71,664	87,665	45,519	31,664
Aging Resources	205,736	62,339	76,258	39,595	27,544
Heritage	149,817	45,395	55,532	28,832	20,058
Milestones	228,284	69,172	84,617	43,933	30,562
Connections	217,959	66,042	80,789	41,946	29,182
Total Allocation	$ 1,317,520	$ 399,214	$ 488,356	$ 253,559	$ 176,391

Area Agency	Administration & Services Funding: Total Title III	Title III B Supportive Services	Title III C(1) Nutrition Congregate	Title III C(2) Nutrition HD	Title III D Preventive Health	Title III E Caregiver/ Grandparent
Elderbridge	$ 2,159,514	$ 635,126	$ 776,948	$ 403,400	$ 63,413	$ 280,627
Northeast Iowa	2,393,985	712,186	871,212	452,345	43,564	314,678
Aging Resources	2,760,635	832,069	1,017,863	528,485	14,573	367,645
Heritage	1,719,037	516,698	632,076	328,181	13,780	228,302
Milestones	2,328,141	692,240	846,813	439,674	43,553	305,861
Connections	1,813,889	535,143	654,639	339,88	47,763	236,455
Total Allocation	$ 13,175,201	$ 3,923,462	$ 4,799,551	$ 2,491,974	$ 226,646	$ 1,733,568

Table 4. FY 2022 AAA Federal Nutrition Svcs Incentive Pgm Funding Allotment Planning Projections

Area Agency	FFY'19 Proportion	FFY'22 Total NSIP	FY'22 Commodity Election	FY'22 Cash
Elderbridge	21.8151%	$ 302,041	$ 0	$ 302,041
Northeast Iowa	11.1153%	153,897	0	153,897
Aging Resources	26.1894%	362,606	0	362,606
Heritage	16.9935%	235,285	0	235,285
Milestones	14.4237%	199,704	0	199,704
Connections	9.4630%	131,020	0	131,020
Total Allocation	100.0000%	$ 1,384,553	$ 0	$ 1,384,553

Table 5. FY 2022 AAA State Appropriations Funding Allotment Planning Projections

Area Agency	Total State Aging Programs	Administration & Services Funding: Total Admin	Administration & Services Funding: Total Services
Elderbridge	$ 1,207,042	$ 90,528	$ 1,116,514
Northeast Iowa	1,279,732	95,979	1,183,753
Aging Resources	1,173,540	88,016	1,085,524
Heritage	805,954	60,447	745,507
Milestones	1,112,797	83,461	1,029,336
Connections	941,379	70,602	870,777
Total Allocation	$ 6,520,444	$ 489,033	$ 6,031,411

Table 6. FY 2022 AAA State Appropriations Funding Allotment Planning Projections

Area Agency	Total Elder Abuse Pgm	Administration & Services Funding	
		Total Admin	Total Services
Elderbridge	$ 69,380	$ 5,204	$ 64,176
Northeast Iowa	69,380	5,204	64,176
Aging Resources	69,381	5,204	64,177
Heritage	69,381	5,204	64,177
Milestones	69,380	5,204	64,176
Connections	69,381	5,204	64,177
Total Allocation	$ 416,283	$ 31,224	$ 385,059

Table 7. FY 2022 AAA State Appropriations Funding Allotment Planning Projections

Area Agency	Total LifeLong Links	Administration & Services Funding	
		Total Admin	Total Services
Elderbridge	$ 138,042	$ 10,353	$ 127,689
Northeast Iowa	140,528	10,540	129,988
Aging Resources	136,897	10,267	126,630
Heritage	124,328	9,324	115,004
Milestones	134,820	10,111	124,709
Connections	128,959	9,672	119,287
Total Allocation	$ 803,574	$ 60,267	$ 743,307

D – Iowa's Aging Network Organizational Structure

D1 – Area Agency on Aging Map – April 2021

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Iowa's Aging Network Organizational Structure

In Iowa, the Commission on Aging, the Iowa Department on Aging (IDA), and the Area Agencies on Aging (AAA) form the backbone of the aging network.

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

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

IDA' responsibilities as the state unit on aging include:

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

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

Iowa Area Agencies on Aging. The IDA works in partnership with the AAAs. The AAAs serve older Iowans and Iowans with disabilities within the community by monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions that will affect these individuals. The AAAs work with hundreds of community organizations whose social and nutritional services are delivered at more than [400] sites. Each area agency utilizes a "Request for Proposal" process as needed so that service delivery procurement is competitive and to assure quality, access, and cost control.

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

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

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

The Iowa Association of Area Agencies on Aging (i4a) is a non-profit organization, comprised of Iowa's six AAAs. See Attachment D-1 for a listing of the Area Agencies on Aging and a map of the planning and services areas in the state.

Funding Sources. Funding for aging services through the IDA comes mainly from state and federal sources, as shown in the chart below. The Administration on Aging (AoA) funding accounts for 50.59 percent of the IDA's budget, and 45.14 percent comes from state general funds. Remaining funds come from the U.S. Department of Labor (3.68 percent) and numerous other sources (0.59 percent).

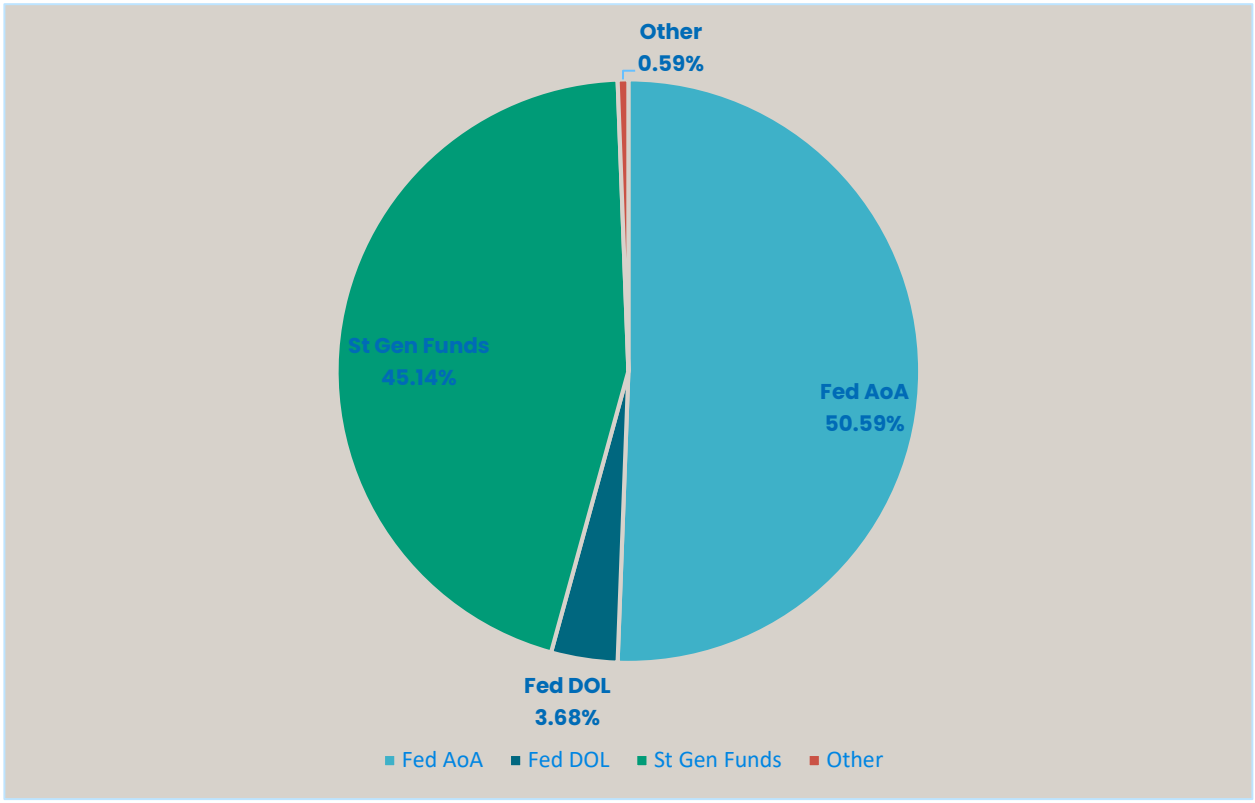
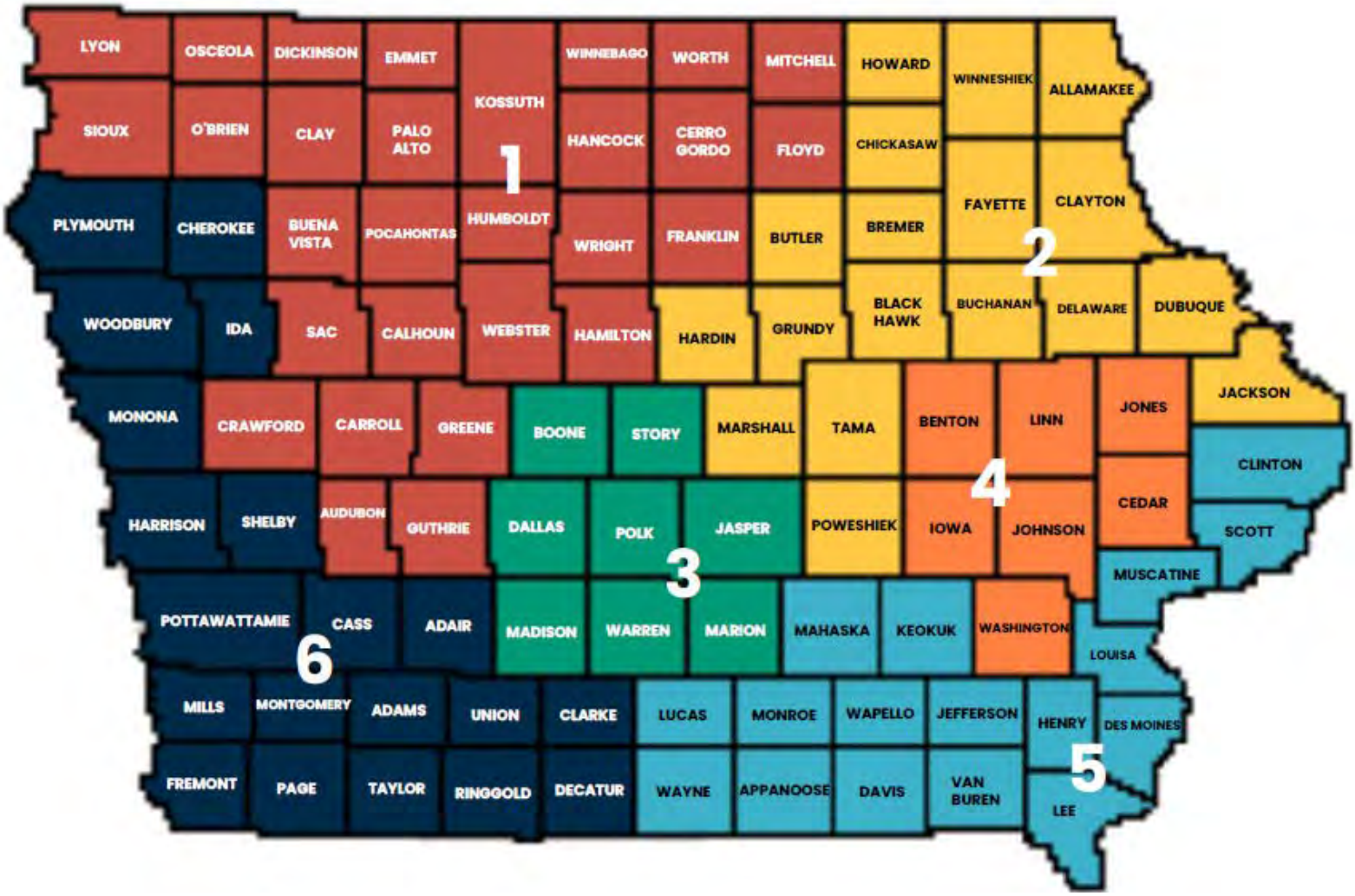


Figure 1: SFY2022 Funding Sources from SFY2022/23 Budget Submission [10/1/2020]

Iowa Area Agencies on Aging



PLANNING & SERVICE AREA 1: Elderbridge Agency on Aging				
Counties Served:	Audubon, Buena Vista, Calhoun, Carroll, Cerro Gordo, Clay, Crawford, Dickinson, Emmet, Floyd, Franklin, Greene, Guthrie, Hamilton, Hancock, Humboldt, Kossuth, Lyon, Mitchell, O'Brien, Osceola, Palo Alto, Pocahontas, Sac, Sioux, Webster, Winnebago, Worth and Wright			
Director:	Shelly Sindt			
Contact Information:	**Mason City Office** 1190 Briarstone Dr, #Ste. 3 Mason City, IA 50401 (641) 424-0678 (800) 243-0678 Fax: (641) 424-2927	**Carroll Office** 603 N West St. Carroll, IA 51404 (712) 792-3512 (800) 243-0678 Fax: (712) 792-3534	**Fort Dodge Office** 308 Central Ave Fort Dodge, IA 50501 (515) 955-5244 (800) 243-0678 Fax: (515) 955-5245	**Spencer Office** 714 10th Ave. E, Ste. 1 Spencer, IA 51301 (712) 262-1775 (800) 243-0678 Fax: (712) 262-7520
Website:	www.elderbridge.org			

PLANNING & SERVICE AREA 2: Northeast Iowa Area Agency on Aging (NEI3A)		
Counties Served:	Allamakee, Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Clayton, Delaware, Dubuque, Fayette, Grundy, Hardin, Howard, Jackson, Marshall, Poweshiek, Tama and Winneshiek	
Director:	Mike Donohue	
Contact Information:	**Waterloo Office** 3840 W. 9th Street Waterloo, IA 50702 (319) 874-6840 (800) 779-8707 Fax: (319) 272-2455	**Marshalltown Office** New site TBD (641) 753-4648
Email:	nei3a@nei3a.org	
Website:	www.nei3a.org	

PLANNING & SERVICE AREA 3: Aging Resources of Central Iowa	
Counties Served:	Boone, Dallas, Jasper, Madison, Marion, Polk, Story and Warren
Director:	Joel Olah
Contact Information:	5835 Grand Ave., Ste. 106 Des Moines, IA 50312-1444 (515) 255-1310 (800)747-5352 Fax: (515) 255-9442
Email:	info@agingresources.com
Website:	www.agingresources.com

PLANNING & SERVICE AREA 4: The Heritage Area Agency on Aging	
Counties Served:	Benton, Cedar, Iowa, Johnson, Jones, Linn and Washington
Director:	Barb Werning
Contact Information:	6301 Kirkwood Blvd. SW Cedar Rapids, IA 52404 (319) 398-5559 (800) 332-5934 Fax: (319) 398-5533
Email:	barb.werning@kirkwood.edu
Website:	www.heritageaaa.org

PLANNING & SERVICE AREA 5: Milestones Area Agency on Aging			
Counties Served:	Appanoose, Clinton, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Monroe, Muscatine, Scott, Van Buren, Wapello and Wayne		
Director:	Becky Passman		
Contact Information:	**Davenport Office** 935 E 53rd St. Davenport, IA 52807-2664 (563) 324-9085 (855) 410-6222 Fax: (563) 324-9384	**Ottumwa Office** 623 Pennsylvania Ave. Ottumwa, IA 52501 (641) 682-2270 (855) 410-6222 Fax: (641) 682-2445	**Burlington Office** 509 Jefferson St. Burlington, IA 52601-5427 (319) 752-5433 (855) 410-6222 Fax: (319) 754-7030
Email:	info@milestonesaaa.org		
Website:	www.milestonesaaa.org		

PLANNING & SERVICE AREA 6: Connections Area Agency on Aging			
Counties Served:	Adair, Adams, Cass, Cherokee, Clarke, Decatur, Fremont, Harrison, Ida, Mills, Monona, Montgomery, Page, Plymouth, Pottawattamie, Ringgold, Shelby, Taylor, Union and Woodbury		
Director:	Kelly Butts-Elston		
Contact Information:	**Council Bluffs Office** 231 S. Main Street Council Bluffs, IA 51503 (712) 328-2540 (800) 432-9209 Fax: (712) 328-6899	**Creston Office** 109 N Elm St. Creston, IA 50801 (641) 782-4040 (800) 432-9209 Fax: (641) 782-4519	**Sioux City Office** 2301 Pierce St. Sioux City, IA 51104 (712) 279-6900 (800) 432-9209 Fax: (712) 233-3415
Email:	info@connectionsaaa.org		
Website:	www.connectionsaaa.org		

E – Older Iowans Profile 2020

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Older Iowans: 2020

May 2020

A meeting with the National Council of Senior Citizens resulted in President John F. Kennedy designating May 1963 as Senior Citizens Month, encouraging the nation to pay tribute in some way to older people across the country. In 1980, President Jimmy Carter's proclamation changed the name to Older Americans Month, a time to celebrate those 65 and older through ceremonies, events and public recognition.

539,830

The estimated number of people age 65 and over in Iowa in 2018. This age group accounted for 17.1 percent of the total population. In 2018 Iowa ranked 17th nationwide in the percentage of population age 65 and older.

297,878

The estimated number of women age 65 and over in Iowa in 2018. This accounted for 55.2 percent of the age group 65 and over. The estimated number of women age 85 and was 52,325. This was 66.2 percent of Iowans 85 and over.

687,787

The projected population age 65 and older in Iowa in the year 2050. According to Woods & Poole Economics Inc., this age group will constitute 20.3 percent of the states's total population at that time.

Households and Families

28.7%

Percent of Iowans age 65 and over who lived alone in 2018.

13,828

The number of children under 18 who are being cared for by a grandparent in Iowa in 2018.

23,825

Number of Iowans age 65 and older in 2018 who lived in group quarters. Group quarters include nursing facilities; military quarters, correctional facilities as well as college student housing. This age group is 25.6% of the total group quarter population.

Marital Status

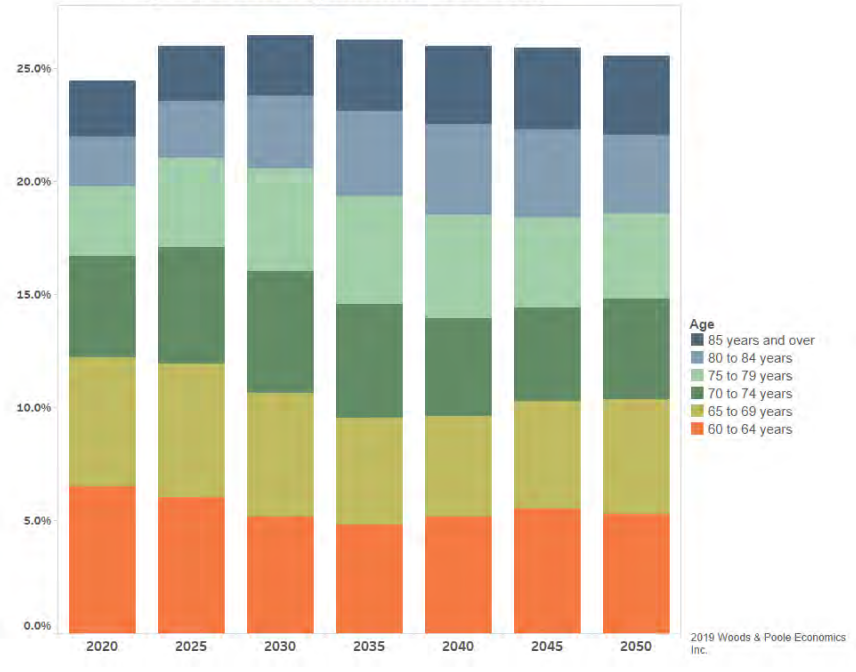
59.5%

Percentage of people in Iowa age 65 and older in 2018 who were married.

24.1%

Percentage of Iowans age 65 and older in 2018 who were widowed.

Projected Iowa Population: 2020-2050



Income, Poverty, and Health Insurance

$42,995

Median household income in 2018 with householders 65 and over. The median income for all households in Iowa in 2018 was $59,955.

7.1%

Poverty rate for people 65 and older in 2018, compared to 11.2% for all Iowans.

1,205

The number of Iowans 65 years and over without health insurance coverage in 2018. That is 0.2% of that population without health insurance coverage. The percentage of the total population in Iowa without health insurance coverage was 4.7%.

504,073

The number of 2018 social security beneficiaries aged 65 or older in Iowa. This group collected $731,746,000 total benefits.

Data provided by the Social Security Administration publication "OASDI Beneficiaries by State and County"
http://www.ssa.gov/policy/docs/statcomps/

Voting

78.5%

Percentage of Iowans age 65 and older who were citizens and registered to vote in the 2018 general election, the highest rate of any age group.

30.1%

Percent of the votes cast by citizens age 65 and older in the 2018 election.

Data provided by the Iowa Secretary of State

Education

90.5%

Percent of people age 65 and older in 2018 with at least a high school diploma. The percent of all Iowans age 25 and over with at least a high school diploma was 92.3%.

22.7%

Percentage of the population age 65 and older in 2018 who had earned a bachelor's degree or higher education. The percent of all Iowans age 25 and over who had earned a bachelor's degree or higher was 29.0%.

Migration

93.9%

Percent of Iowans age 65 and over who did not move between 2017 and 2018. This can be compared to 85.4% for the state as a whole.

73.1%

Percent of Iowans age 65 and over in 2018 who were born in Iowa. The percent of all Iowans born in the state was 69.9%.

4,583

The number of people age 65 and over who moved into the state of Iowa between 2017 and 2018. This represented only 5.4% of all the people who moved into the state during that time.

Serving Our Nation
19.1%

Percentage of people in 2018 age 65 and older in Iowa who are military veterans.

Disability

160,426

The number of Iowans in 2018 age 65 and over with at least one type of disability.

37.9%

The percent of Iowa veterans in 2018 age 65 and over with a disability.

160,418

The number of people 65 & over in 2018 with a disability that have private as well as public insurance.

Type of Disability: 2018
Population 65 and over

Hearing difficulty	76,951
Vision difficulty	25,479
Cognitive difficulty	31,589
Ambulatory difficulty	90,951
Self-care difficulty	29,653
Independent living difficulty	57,375

Employment

19.4%

Labor force participation rate for Iowans age 65 and older in 2018. There were 104,100 Iowans age 65 and over in the labor force.

1.6%

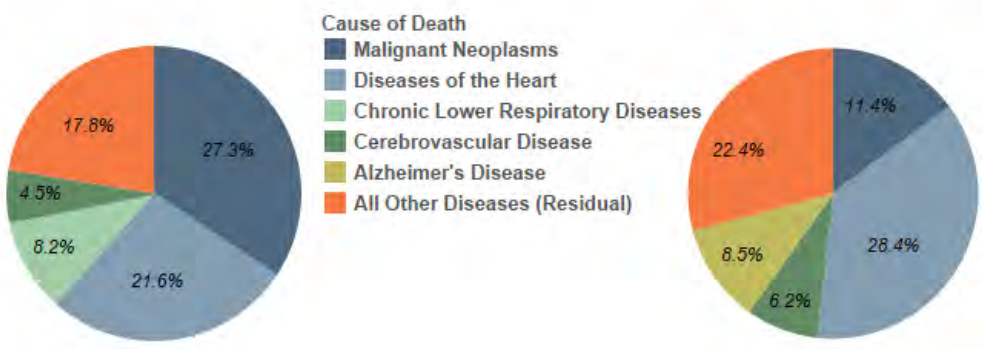
The unemployment rate in 2018 for Iowans age 65 and over.

Vital Statistics

Leading causes of death by age group:

Age 65 to 84 years of age

85 years of age and over



Leading causes of death for all Iowans: *2018*

Disease of the heart:
23.4%

Malignant Neoplasms:
20.9%

Chronic lower Respiratory:
6.1%

Alzheimer's Disease:
4.7%

Unintentional injuries:
4.7%

Cerebrovascular Diseases :
4.7%

Other:
35.5%

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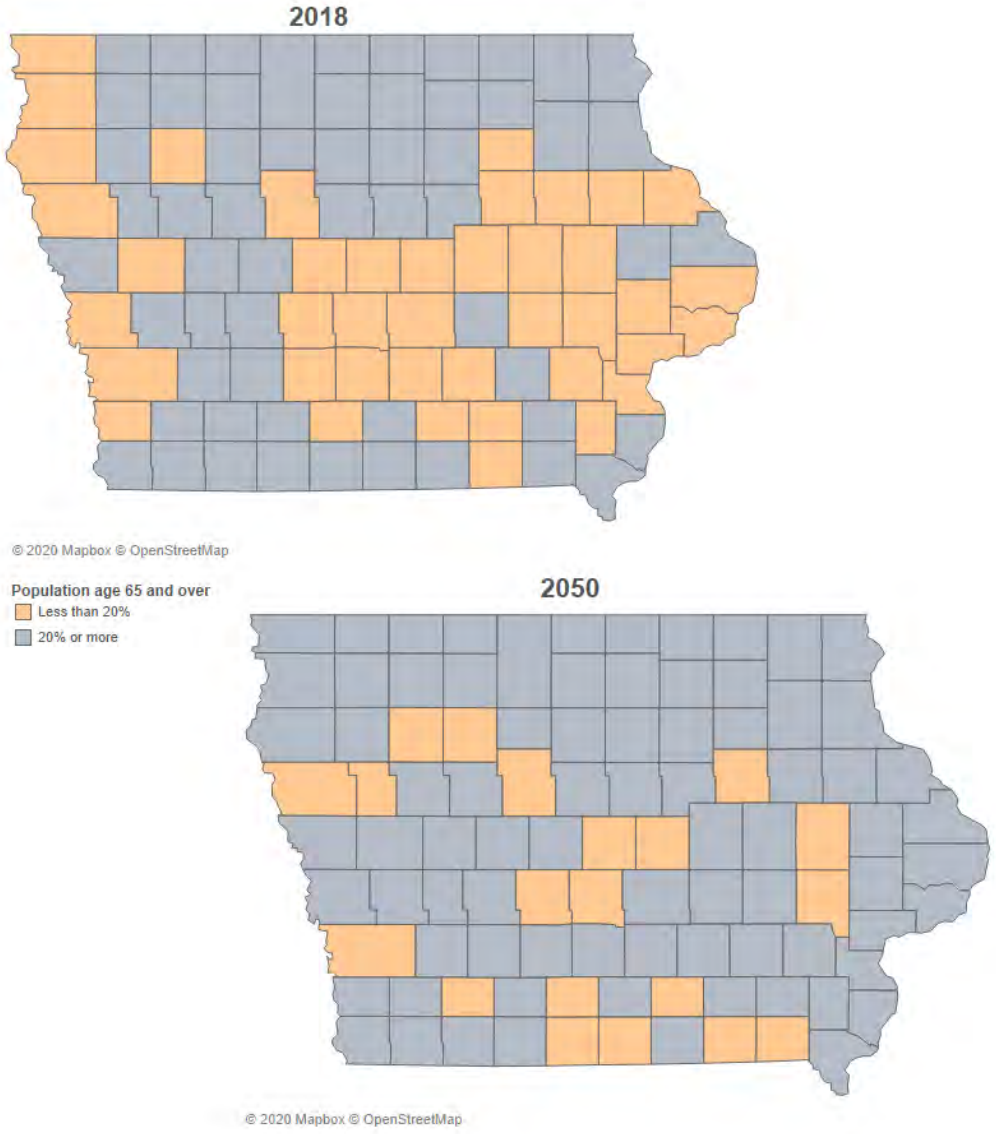


Counties and Cities

Data Source (unless otherwise noted) :
U.S. Census Bureau,
American Community Survey, 2018
Woods & Poole Economics, Inc. 2019

Photos by the U.S. Census Bureau

63,631

The number of people age 65 and over in Polk County, making it the largest population of this age group in any county in 2018.

26.1%

The percent of total population in Dickinson county who are age 65 and over in 2018. Other Iowa counties with a high percentage in this age group are Audubon (24.7%), Monona (24.6%), Ringgold (24.5%), and Cherokee (24.0%).

43.8%

Over a third of Iowans age 65 and over in 2017 lived in these 10 counties: Polk, Linn, Scott, Black Hawk, Dubuque, Johnson, Pottawattamie, Woodbury, Story, and Dallas.

11

The number of Iowa counties with a decrease in the population age 65 and over between 2010 and 2018.

79

The number of Iowa counties in 2050 in which at least 20% of the residents will be age 65 and over according to Woods & Pool Economics, Inc. In 2000 that number was 30.

25,251

The number of people age 65 and over in Des Moines, making it largest population of this age group in any Iowa city.

75.6%

The percent of total population in Wahpeton who were age 65 and over. Other Iowa cities with a high percentage in this age group were Clayton (71.7%), Carbon (62.2%), West Okoboji (52.9%) and Harper's Ferry (50.2%).

17.8%

The percent of the total population age 65 and over who lived in Des Moines, Cedar Rapids, Davenport, Sioux City, Waterloo, and Dubuque.

Source: 2014- 2018 American Community Survey

F – IDA Vision Mission Service Categories & Taxonomies

Older Americans Act Services

Vision: Iowa Department on Aging supports accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety, and economic well-being.

Mission: The Iowa Department on Aging will provide resources, tools, and support to enable Iowa Area Agencies on Aging (AAAs) and partners with common goals to effectively deliver core services—Information & Service Assistance, Nutrition & Health Promotions, and Services to Promote Independence—to our consumers.

Information & Service Assistance (Mandatory)

- **Case Management**
  - FC Case Management
  - ORC Case Management – Optional
  - EAPA Assessment & Intervention
- **FC Counseling**
  - ORC Counseling - Optional
- **Information & Assistance**
  - FC Information & Assistance
  - ORC Information & Assistance - Optional
  - EAPA Consultation
- **Legal Assistance**
- **Options Counseling**
  - FC Options Counseling
  - ORC Options Counseling - Optional

Nutrition & Health Promotion (Mandatory)

- **Congregate Nutrition**
  - FC Congregate Nutrition - Optional
  - ORC Congregate Nutrition - Optional
- **Health Promotion: Evidence-Based**
- **Health Promotion: Non Evidence-Based**
- **Home Delivered Nutrition**
  - FC Home Delivered Nutrition - Optional
  - ORC Home Delivered Nutrition - Optional
- **Nutrition Counseling**
- **Nutrition Education**

Services to Promote Independence (Optional)

- **Adult Day Care/Health**
- **Assisted Transportation**
- **Behavioral Health Supports**
- **Chore**
- **Emergency Response Systems**
  - FC Emergency Response System
  - ORC Emergency Response System
- **Homemaker**
- **FC Information Services**
  - ORC Information Services
- **Material Aid**
  - FC Supplemental Services
  - ORC Supplemental Services
- **Outreach**
- **Personal Care**
- **FC Respite Care**
  - ORC Respite Care
- **FC Support Groups**
  - ORC Support Groups
- **Training & Education**
  - FC Training
  - ORC Training
  - EAPA Training & Education – Mandatory
- **Transportation**

System Planning, Evaluation & Administration

- **Administration**
- **Compliance & Monitoring**
- **Continuous Improvement**
- **Data Reporting, Analysis & Evaluation**
- **Fiscal**
- **Planning**

Additional Supports & Services

- **Employment Programs**
  - Senior Community Service Employment
  - Older Worker Employment Program
- **Office of Public Guardian**

Service Taxonomy

Information & Service Assistance – Service Funding Sources & Requirements

MANDATORY SERVICES	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority Service	Registered Service?	Direct Service Waiver Required?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Case Management													
60+ Case Management	X			X						6	Y	Y	N
FC Case Management	X							X		CG9	N/A	Y	N
ORC Case Management – Optional	X							X		GO9	N/A	Y	N
EAPA Assessment & Intervention	X		X	X						CO8	N	Y	N
Caregiver Counseling													
FC Counseling	X							X		CG3	N/A	Y	Y
ORC Counseling – Optional	X							X		GO3	N/A	Y	Y
Information & Assistance													
Information & Assistance (general)	X	X		X						13	Y	Y	N
FC Information & Assistance	X	X						X		CG10	N/A	Y	N
ORC Information & Assistance Optional	X							X		GO10	N/A	Y	N
EAPA Consultation	X		X	X						C07	N	Y	N
IRTC Information & Assistance Optional	X									GO10	N	N	N
Legal Assistance	X			X						11	Y	N	Y
Options Counseling													
60+ Options Counseling	X	X		X						E05	N	Y	N
FC Options Counseling	X	X						X		CG8	N/A	Y	N
ORC Options Counseling – Optional	X							X		GO8	N/A	Y	N
IRTC Options Counseling – Optional	X									GO8	N	N	N

Information & Service Assistance – Definitions and Unit Measures

CASE MANAGEMENT Subservices: General Aging 60+ Case Management - Mandatory Family Caregiver Case Management - Mandatory Older Relative Caregiver Case Management -Optional EAPA Assessment & Intervention –Mandatory	
General Aging 60+ Case Management – Mandatory	**Unit Measure**
A service provided to an older individual, at the direction of the older individual or a family member of the individual: by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph; and to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and Includes services and coordination such as— • comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual); development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services— • with any other plans that exist for various formal services, such as hospital discharge plans; and • with the information and assistance services provided under the Older Americans Act; • coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that servicesspecified in the plan are being provided; • periodic reassessment and revision of the status of the older individual with— • the older individual; or if necessary, a primary caregiver or family member of the older individual; and • in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources. (Source: OAA) In situations where an hour or more of preparation time + face-to-face time with the consumer equals one hour or more and the consumer declines the service, this activity is considered Options Counseling. (Source: IDA)	Hour - Partial hour may be reported to two decimal places, e.g. 0.25 hours

Family Caregiver Case Management – Mandatory Older Relative Caregiver Case Management – Optional	Unit Measure
A service provided to a caregiver, at the direction of the caregiver: by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph; and to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the caregiver; and Includes services and coordination such as — comprehensive assessment of the caregiver (including the physical, psychological, and social needs of the individual); development and implementation of a service plan with the caregiver to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the caregiver, including coordination of the resources and services— • with any other plans that exist for various formal services; and • with the information and assistance services provided under the Older Americans Act; • coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided; • periodic reassessment and revision of the status of the caregiver; and • in accordance with the wishes of the caregiver, advocacy on behalf of the caregiver for needed services or resources. (Source: OAA) In situations where an hour or more of preparation time + face-to-face time with the consumer equals one hour or more and the consumer declines the service, this activity is considered Options Counseling. (Source: IDA)	Hour – Partial hour may be reported to two decimal places, e.g. 0.25 hours

EAPA Assessment & Intervention – Mandatory	Unit Measure
Provision of service to an EAPA program consumer that is either at risk of or experiencing abuse, neglect or financial exploitation and entails: (a) One-on-one discussions identifying what is important to the person and for the person with the consideration of dignity of risk; (b) Administration of a standardized assessment tool to identify existing impairments, situations, and to balance the identified service and resource options to achieve healthier and safer outcomes; (c) Advocacy, counseling, case documentation, and person centered intervention plan that defines services and assistance to address identified needs, timelines, and providers; (d) Inter-agency case coordination and service provision; (e) Ongoing follow-up and reassessment; (f) Evaluation of outcomes; and (g) Case closure planning. In situations where an hour or more of preparation time + face-to-face time with the consumer equals one hour or more and the consumer declines the service, this activity is considered EAPA Assessment & Intervention. (Source: IDA)	Hour - Partial hour may be reported to two decimal places, e.g. 0.25 hours.

CAREGIVER COUNSELING Subservices: Family Caregiver Counseling - Mandatory Older Relative Caregiver Counseling – Optional	
Family Caregiver Counseling – Mandatory Older Relative Caregiver Counseling – Optional	Unit Measure
A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training (see definitions for these services). (Source: ACT committee)	1 session per consumer

INFORMATION & ASSISTANCE Subservices: Information & Assistance (general) - Mandatory Family Caregiver Information & Assistance - Mandatory Older Relative Caregiver Information & Assistance -Optional EAPA Consultation – Mandatory IRTC Information & Assistance – Optional (This service is only available in the IRTC pilot areas)	
Information & Assistance (general) – Mandatory	**Unit Measure**
A service that: • provides the individual with current information on opportunities and services available within the communities, including information relating to assistive technology; • identifies the problems and capacities of the individual; links the individual to the opportunities and services that are available; • to the maximum extent practicable, ensures that the individual receive the services needed and is aware of the opportunities available, by establishing adequate follow-up procedures; and • serves the entire community of older individuals, particularly— o older individuals with greatest social need; o older individuals with greatest economic need; and o older individuals at risk for institutional placement. (Source: OAA)	1 Contact

Family Caregiver Information & Assistance – Mandatory Older Relative Caregiver Information & Assistance – Optional	Unit Measure
A service that: • provides the caregiver with current information on opportunities and services available within the community, including information relating to assistive technology; • identifies the problems and capacities of the caregiver; • links the caregiver to the opportunities and services that are available; • to the maximum extent practicable, ensures that the caregiver receives the services needed and is aware of the opportunities available by establishing adequate follow-up procedures; and • serves the entire community of older individuals, particularly— o caregivers who are older individuals with greatest social need; o older individuals with greatest economic need; o older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities; o Family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and o caregivers of "frail" individuals defined as: unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; and/or cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to anotherindividual. (Source: OAA)	1 Contact
EAPA Consultation – Mandatory	**Unit Measure**
Provision of service to a consumer or non-consumer who is calling on their own behalf or on behalf of a consumer, who is either at risk of, or experiencing abuse, neglect or financial exploitation through one-on-one discussion(s) identifying what is important to the person and for the person with the consideration of dignity of risk that may occur in person, by phone, or electronically, and results in: (a) An understanding of the EAPA consumer's situations and capacities; (b) Linking the EAPA consumer/non consumer to available community resources and services; and (c) To the maximum extent practicable, follow-up to ensure that the EAPA consumer/non consumer received services and is aware of the available resource options. (Source: IDA) (Source: IDA)	1 Contact

IRTC Information & Assistance – Optional (This service is only available in the IRTC pilot areas)	Unit Measure
A service that: • provides the individual with current information on opportunities and services available within the communities, including information relating to assistive technology; • assesses (identifies) the problems and capacities of the individual; • links the individual to the opportunities and services that are available; • to the maximum extent practicable, ensures that the individual receive the services needed and is aware of the opportunities available, by establishing adequate follow-up procedures; and o serves the entire community of older individuals, particularly— older individuals with greatest social need; o older individuals with greatest economic need; and o older individuals at risk for institutional placement. (Source: OAA) • Note: An individual is anyone age 60 or older, 18 or older living with a disability, caregiver, veteran or anyone calling on their behalf.	1 Contact

LEGAL ASSISTANCE Subservices: None	
Legal Assistance – Mandatory	**Unit Measure**
Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the Older Americans Act, Sections 102(23) and (24), paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law (Source: OAA).	Hour - Partial hour may be reported to two decimal places, e.g. 0.25 hours

OPTIONS COUNSELING Subservices: General Aging 60+ Options Counseling - Mandatory Family Caregiver Options Counseling - Mandatory Older Relative Caregiver Options Counseling –Optional IRTC Options Counseling – Optional (This service is only available in the IRTC pilot areas)	
General Aging 60+ Options Counseling – Mandatory	**Unit Measure**
Service of providing an interactive process whereby individuals receive guidance in their deliberations to make informed choices about long-term supports. The process is directed by the individual and may include others whom the individual chooses or those who are legally authorized to represent the individual. Options counseling includes the following: (1) a personal, face-to- face interview and assessment to discover strengths, values, and preference of the individual and screenings for entitlement program eligibility, (2) a facilitated decision-making process which explores resources and service options and supports the individual in weighing pros and cons, (3) developing action steps toward a goal or a long-term support plan and assistance in applying for and accessing support options, and (4) follow-up to ensure supports and decisions are assisting the individual. The Options Counseling enrollment period for a consumer shall not exceed 90 days. A consumer may have more than 1 enrollment period in a fiscal year. In situations where an hour or more of preparation time + face-to-face time with the consumer equals one hour or more and the consumer declines the service, this activity is considered Options Counseling. (Source: IDA)	Hour - Partial hour may be reported to two decimal places, e.g. 0.25 hours. (no smaller than 15 min increments)

Family Caregiver Options Counseling – Mandatory Older Relative Caregiver Options Counseling – Optional	Unit Measure
Service of providing an interactive process whereby caregivers receive guidance in their deliberations to make informed choices about long-term supports. The process is directed by the caregiver and may include others whom the individual chooses or those who are legally authorized to represent the individual. Options counseling includes the following: (1) a personal, face-to-face interview and assessment to discover strengths, values, and preference of the caregiver and screenings for entitlement program eligibility, (2) a facilitated decision-making process which explores resources and service options and supports the caregiver in weighing pros and cons, (3) developing action steps toward a goal or a long-term support plan and assistance in applying for and accessing support options, and (4) follow-up to ensure supports and decisions are assisting the caregiver. • The Options Counseling enrollment period for a consumer shall not exceed 90 days. A consumer may have more than 1 enrollment period in a fiscal year	Hour - Partial hour may be reported to two decimal places, e.g. 0.25 hours. (no smaller than 15 min increments)
IRTC Options Counseling – Optional (This service is only available in the IRTC pilot areas)	**Unit Measure**
Service of providing an interactive process whereby individuals receive guidance in their deliberations to make informed choices about long-term supports. The process is directed by the individual and may include others whom the individual chooses or those who are legally authorized to represent the individual. Options counseling includes the following: (1) a personal, face-to-face interview and assessment to discover strengths, values, and preference of the individual and screenings for entitlement program eligibility, (2) a facilitated decision-making process which explores resources and service options and supports the individual in weighing pros and cons, (3) developing action steps toward a goal or a long-term support plan and assistance in applying for and accessing support options, and (4) follow-up to ensure supports and decisions are assisting the individual. The Options Counseling enrollment period for a consumer shall not exceed 90 days. A consumer may have more than 1 enrollment period in a fiscal year. (Source: IDA)	Hour - Partial hour may be reported to two decimal places, e.g. 0.25 hours.

Nutrition & Health Promotion – Service Funding Sources & Requirements

MANDATORY SERVICES	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority Service	Registered Service?	Direct Service Waiver Required?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Congregate Nutrition	X				X				X	07	N/A	Y	Y
FC Congregate Nutrition Optional	X							X		CG13	N/A	Y	Y
ORC Congregate Nutrition Optional	X							X		GO13	N/A	Y	Y
Health Promotion: Evidence-Based	X			X			X			B07	N	Y	Y
Health Promotion: Non Evidence-Based Optional	X			X						B02	N	Y	Y
Home Delivered Nutrition	X					X			X	04	N/A	Y	Y
FC Home Delivered Nutrition Optional	X							X		CG7	N/A	Y	Y
ORC Home Delivered Nutrition Optional	X							X		G07	N/A	Y	Y
Nutrition Counseling	X			X	X	X				08	N	Y	Y
Nutrition Education	X			X	X	X				12	N	Y	N

Nutrition & Health Promotion – Service Definitions & Unit Measures

CONGREGATE NUTRITION Subservices: General Aging 60+ Congregate Nutrition- Mandatory Family Caregiver Congregate Nutrition -Optional Older Relative Caregiver Congregate Nutrition -Optional	
General Aging 60+ Congregate Nutrition – Mandatory	**Unit Measure**
A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. (Source: OAA) "National Services Incentive Program "shall only be used by such recipients of grants or contracts to purchase domestically produced foods for their nutrition projects." (42 USC 3030a(d)(4)) NSIP Qualified Meal: Meal count used to determine a states allotment under the OAA Title III, Part A (Section 311). A meal provided to a qualified individual in a congregate or group setting through a program that meets all of the criteria for payment using OAA funds (see OAA Title III-C): • Food source is domestically produced; and • Served to an eligible individual, i.e. a person who is qualified to receive services under the OAA as defined in Title III; and • Served to an eligible person who has NOT been means-tested for participation; and • Compliant with the nutrition requirements; and • Served by an eligible agency, i.e. has a grant or contract with a SUA or AAA; and • Served to a person who has an opportunity to contribute toward the cost of the meal.	1 Meal

Family Caregiver Congregate Nutrition – Optional Older Relative Caregiver Congregate Nutrition – Optional	Unit Measure
A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means- tested programs may be included. (Source: OAA) "[NSIP] shall only be used by such recipients of grants or contracts to purchase domestically produced foods…" (42 USC 3030a(d)(4)) Title III-E qualified individual. A Title III-E eligible individual is a caregiver who is 60 years of age or older or is the participant's spouse. NSIP Qualified Meal: Meal count used to determine a states allotment under the OAA Title III, Part A (Section 311). A meal provided to a qualified individual in a congregate or group setting through a program that meets all of the criteria for payment using OAA funds (see OAA Title III-C): • Food source is domestically produced; and • Served to an eligible individual, i.e. a person who is qualified to receive services under the OAA as defined in Title III; and • Served to an eligible person who has NOT been means-tested for participation; and • Compliant with the nutrition requirements; and • Served by an eligible agency, i.e. has a grant or contract with a SUA or AAA; and • Served to a person who has an opportunity to contribute toward the cost of the meal.	1 Meal

HEALTH PROMOTION – EVIDENCE BASED Subservices: None	
Health Promotion – Evidence Based – Mandatory	Unit Measure
Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition). Activities must meet ACL/AoA's definition for an evidence-based program, as presented on ACL's website. (Source: OAA)	1 consumer per program.

HEALTH PROMOTION – NON-EVIDENCE BASED Subservices: None	
Health Promotion – Non-Evidence Based – Optional	**Unit Measure**
Health promotion and disease prevention activities that do not meet ACL/AoA's definition for an evidence-based program as defined at ACL's website. Activities may include those defined in the OAA (Section 102(14)) for example: (A) health risk assessments; (B) routine health screening; (C) nutritional counseling and educational services for individuals and their primary caregivers**; (E) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance- movement therapy; (F) home injury control services; (G) screening for the prevention of depression, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services; (H) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.); (I) medication management screening and education; (J) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions; (K) Gerontological counseling; and (L) counseling regarding social services and follow-up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.). (Source: OAA) **Nutrition counseling and education shall be captured under those specific service categories rather than under Health Promotion.	Unit = Program: 1 Program Service: 1 Contact. Assessment: 1 Assessment Session: 1 Session

HOME DELIVERED NUTRITION Subservices: General Aging 60+ Home Delivered Nutrition - Mandatory Family Caregiver Home Delivered Nutrition - Optional Older Relative Caregiver Home Delivered Nutrition – Optional	
General Aging 60+ Home Delivered Nutrition – Mandatory	**Unit Measure**
A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means-tested programs may be included. (Source: OAA) NSIP Qualified Meal: Meal count used to determine a states allotment under the OAA Title III, Part A (Section 311). A meal provided to a qualified individual in his/her place of residence through a program that meets all of the criteria for payment using OAA funds (see OAA Title III-C): • Served to an eligible individual, i.e. a person who is qualified to receive services under the OAA as defined in Title III; and • Served to an eligible person who has NOT been means-tested for participation; and • Compliant with the nutrition requirements; and • Served by an eligible agency, i.e. has a grant or contract with a SUA or AAA; and • Served to a person who has an opportunity to contribute toward the cost of the meal.	1 Meal
Family Caregiver Home Delivered Nutrition – Optional **Older Relative Caregiver Home Delivered Nutrition – Optional**	**Unit Measure**
A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws (Source: OAA). Title III-E qualified individual. A Title III-E eligible individual is a caregiver who is 60 years of age or older or is the Home Delivered Meal participant's spouse. NSIP Qualified Meal: Meal count used to determine a states allotment under the OAA Title III, Part A (Section 311). A meal provided to a qualified individual in his/her place of residence through a program that meets all of the criteria for payment using OAA funds (see OAA Title III-C): • Served to an eligible individual, i.e. a person who is qualified to receive services under the OAA as defined in Title III; and • Served to an eligible person who has NOT been means-tested for participation; and • Compliant with the nutrition requirements; and • Served by an eligible agency, i.e. has a grant or contract with a SUA or AAA; and • Served to a person who has an opportunity to contribute toward the cost of the meal.	1 Meal

Nutrition Counseling Subservices: None	
Nutrition Counseling	**Unit Measure**
A standardized service as defined by the Academy of Nutrition & Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian, and addresses the options and methods for improving nutrition status with a measurable goal. (Source: Input Committee)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours)

Nutrition Education Subservices: None	
Nutrition Education	**Unit Measure**
A targeted program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information that is consistent with the current Dietary Guidelines for Americans and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. (Source: National Nutrition Monitoring and Related Research Act of 1990 and Input Committee)	Sessions (a session is typically 15 minutes to 1 hour)

Services to Promote Independence – Service Funding Sources & Requirements

Optional Services	Allowable IDA Funding Source (IAFRS Funding Line)									IAFRS Service Code	Title 3B Priority Service	Registered Service?	Direct Service Waiver Required?
	Elderly Services (110)	LifeLong Links (116)	EAPA (123)	T3B (180)	T3C1 (190)	T3C2 (200)	T3D (220)	T3E (215)	NSIP (250)				
Adult Day Care/Health	X			X						05	Y	Y	Y
Assisted Transportation	X			X						09	Y	Y	Y
Behavioral Health Supports	X			X						B05	N	N	N
Chore	X			X						03	Y	Y	Y
Emergency Response System	X			X						B04	N	Y	Y
FC Emergency Response System	X							X		CG14	N/A	Y	Y
ORC Emergency Response System	X							X		GO14	N/A	Y	Y
Homemaker	X			X						02	Y	Y	Y
FC Information Services	X							X		CG4	N/A	N	N
ORC Information Services	X							X		GO4	N/A	N	N
Material Aid													
60+ Material Aid – Types:													
Assistive Tech/Durable Equip	X	X		X						F06	N	Y	Y
Consumable Supplies	X	X		X						F07	N	Y	Y
Home Modification/Repairs	X	X		X						A01	N	Y	Y
Other	X	X		X						F08	N	Y	Y
FC Supplemental Services – Types:													
Asst Tech/Durable Med Equipment	X							X		CG27	N/A	Y	Y
Consumable Supplies	X							X		CG15	N/A	Y	Y
Other	X							X		CG22	N/A	Y	Y

ORC Supplemental Services – Types:													
Asst Tech/Durable Med Equipment	X							X		GO27	N/A	Y	Y
Consumable Supplies	X							X		GO15	N/A	Y	Y
Other	X							X		GO22	N/A	Y	Y
Outreach	X			X						14	Y	N	N
Personal Care	X			X						01	Y	Y	Y
Caregiver Respite	X												
FC Respite Care: In-Home	X							X		CG23	N/A	Y	Y
ORC Respite Care: In-Home	X							X		GO23	N/A	Y	Y
FC Respite Care: Out-of-Home (Day)	X							X		CG24	N/A	Y	Y
ORC Respite Care: Out-of-Home (Day)	X							X		GO24	N/A	Y	Y
FC Respite Care: Out-of-Home (Overnight)	X							X		CG25	N/A	Y	Y
ORC Respite Care: Out-of-Home (Overnight)	X							X		GO25	N/A	Y	Y
FC Respite Care: Other	X							X		CG26	N/A	Y	Y
ORC Respite Care: Other	X							X		GO26	N/A	Y	Y
Caregiver Support Group	X							X		CG11	N/A	Y	Y
ORC Support Group	X							X		GO11	N/A	Y	Y
Training & Education	X			X				X		DO1	N	N	N
FC Training	X							X		CG12	N/A	Y	Y
ORC Training	X							X		GO12	N/A	Y	Y
EAPA Training Mandatory	X		X	X						CO9	N/A	N	N
Transportation	X			X						10	Y	Y	Y

Services to Promote Independence – Service Definitions and Unit Measures

ADULT DAY CARE / HEALTH Subservices: None	
Adult Day Care / Health – Optional	**Unit Measure**
Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs. (Source: NAMRS) UNIT MEASURE EXAMPLE: 1 means 1 eight (8) hour day; 0.5 means a four (4) hour half day.	Day - One (1) day is equal to eight (8) hours. Four (4) hours is a half day.
ASSISTED TRANSPORTATION Subservices: None	
Assisted Transportation – Optional	**Unit Measure**
Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escort or other appropriate assistance for a person who has difficulties (physical or cognitive) using regular vehicular transportation. Does not include any other activity. (Source: NAMRS/HCBS Taxonomy)	One-way trip
BEHAVIORAL HEALTH SUPPORTS Subservices: None	
Behavioral Health Supports – Optional	**Unit Measure**
Mental health outreach services to an older individual provided directly by an AAA or subcontracted to a recognized behavioral health provider within the community.	1 Consumer Contact

CHORE Subservices: None	
Chore – Optional	**Unit Measure**
Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yardwork or sidewalk maintenance in addition to heavy housework. (Source: HCBS Taxonomy)	Hour – Partial hour may be reported to two decimal places, e.g. 0.25
EMERGENCY RESPONSE SYSTEM Subservices: General Aging 60+ Emergency Response System - Optional Family Caregiver Emergency Response System - Optional Older Relative Caregiver Emergency Response System – Optional	
General Aging 60+ Emergency Response System- Optional	**Unit Measure**
A service provided to a consumer that includes the installation and monthly fee for an emergency response system. (Source: IDA)	1 month payment
Family Caregiver Emergency Response System- Optional – Optional **Older Relative Caregiver Emergency Response System- Optional – Optional**	**Unit Measure**
A service provided to a caregiver's care recipient that includes the installation and monthly fee for an emergency response system. (Source: IDA)	1 month payment
HOMEMAKER Subservices: None	
Homemaker – Optional	**Unit Measure**
Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework. (Source: HCBS Taxonomy)	Hour – Partial hour may be reported to two decimal places e.g. 0.25 hours

CAREGIVER INFORMATION SERVICES Subservices: Family Caregiver Information Services - Optional Older Relative Caregiver Information Services -Optional	
Family Caregiver Information Services – Optional Older Relative Caregiver Information Services -Optional	Unit Measure
A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Website event. (Source: SHIP) Unlike Information and Assistance, this service is not tailored to the needs of the individual.	1 Activity

MATERIAL AID Subservices: General Aging 60+ Material Aid Family Caregiver Supplemental Services Older Relative Caregiver Supplemental Services	
General Aging 60+ Material Aid – Optional	**Unit Measure**
Provision of aid on a limited basis in the form of goods or services such as food (not meals), smoke detectors, eyeglasses, medical equipment and supplies and security devices that support safety (excluding emergency response system). Prior to authorizing and delivering rental assistance or housing support, the AAA must ensure the benefit supports sustainable housing and directly supports the consumer and not supporting another household. No dollars should be paid directly to a consumer, family member other caregiver. Prior to use of this service, verify no other funding mechanism is available such as Medicare, private insurance, etc. (Source: IDA) TYPES: Material Aid provided to individuals aged 60 or older must be recorded by one of these types:	Refer to measure by type below.
Assistive Tech/ Durable Equip: Includes grab bars, smoke detectors, eyeglasses, medical equipment and supplies	1 Item
Consumable Supplies: Includes incontinence supplies, emergency food (not meals), etc.	1 Item
Home Modification/Repairs: Includes ramps, structural repairs, etc.	1 Item
Other: Other goods and services provided using OAA funds in whole or in part, that does not fall into the previously defined material aid categories.	1 consumer/ contact/activity / supply
Family Caregiver Supplemental Services – Optional **Older Relative Caregiver Supplemental Services -Optional**	**Unit Measure**
TYPES: Supplemental Services provided to a Family Caregiver or an Older Relative Caregiver must be recorded by one of these types:	
Assistive Tech/ Durable Equip: Includes grab bars, smoke detectors, eyeglasses, medical equipment and supplies	1 Item
Consumable Supplies: Includes incontinence supplies, emergency food (not meals), etc.	1 Item
Home Modification/Repairs: Includes ramps, structural repairs, etc.	1 Item
Other: Other goods and services provided using OAA funds in whole or in part, that does not fall into the previously defined supplemental service categories.	1 consumer/ contact/activity / supply

OUTREACH Subservices: None	
Outreach – Optional	**Unit Measure**
Provision of one-on-one interventions initiated by an agency or organization for the purpose of identifying potential consumers and encouraging their use of existing services and benefits. (Source: ACL) Outreach does not include social media posts, presentations, panel discussions, etc. Refer to Behavioral Health Support Service for mental health outreach.	1 Consumer contact
PERSONAL CARE Subservices: None	
Personal Care – Optional	**Unit Measure**
Assistance (personal assistance, stand-by assistance, supervision or cues) with Activities of Daily Living (ADLs) and/or health- related tasks provided in a person's home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs). (Source: HCBS taxonomy)	Hour – Partial hour may be reported to two decimal places, e.g. 0.25 hours.

CAREGIVER RESPITE Subservices: Family Caregiver Respite - Optional Older Relative Caregiver – Optional	
Family Caregiver Respite – Optional	**Unit Measure**
Service which offers temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. (Source: Current SPR) TYPES: Respite provided to a Family Caregiver or an Older Relative Caregiver must be recorded by one of these types:	
Respite (in-home): A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or the care receiver, including homemaker or personal care services. (Source: ACT committee)	Hour – Partial hour may be reported to two decimal places, e.g. 0.25 hours
Respite (out-of-home, day): A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities. (Source: ACT committee)	Hour – Partial hour may be reported to two decimal places, e.g. 0.25 hours
Respite (out-of-home, overnight): A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24 hour period of time. The service provides the caregiver with time away to do other activities. (Source: ACTcommittee)	Hour – Partial hour may be reported to two decimal places, e.g. 0.25 hours
Respite (other): A respite service provided using OAA funds in whole or in part, that does not fall into the previously defined respite service categories	Hour – Partial hour may be reported to two decimal places, e.g. 0.25 hours

CAREGIVER SUPPORT GROUP Subservices: Family Caregiver Support Group -Optional Older Relative Caregiver Support Group -Optional	
Family Caregiver Support Group – Optional Older Relative Caregiver Support Group – Optional	Unit Measure
A service that is led by a trained individual, moderator, or professional, as required by state policy, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III-E funding, caregiver support groups would not include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state policy. (See also definitions for training and counseling). (Source: ACT committee)	Session – 1 session is typically 30 minutes to 1 hour

TRAINING & EDUCATION Subservices: EAPA Training & Education - Mandatory General Aging Training & Education - Optional Family Caregiver Training – Optional Older Relative Caregiver Training – Optional	
EAPA Training & Education – Mandatory	**Unit Measure**
Provision of activities meant to impart knowledge, experience, or skills to an individual or group. Topics may include: Information about and assistance in obtaining rights or benefits for individuals 60+; Activities may include forums, outreach events, articles (electronic or print), newsletters, webinars, group training, speaking engagements, or media outreach. (Source: IDA)	1 Activity
General Aging Training & Education- Optional	**Unit Measure**
Provision of activities meant to impart knowledge, experience, or skills to an individual or group. Topics may include: Information about and assistance in obtaining rights or benefits for individuals 60+; Aging policies, trends, programs, services, laws. Activities may include forums, outreach events, articles (electronic or print), newsletters, webinars, group training, speaking engagements, or media outreach. (Source: IDA)	1 Activity
Family Caregiver Training – Optional Older Relative Caregiver Training- Optional – Optional	**Unit Measure**
A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence – based programs; be conducted in-person or on-line, and be provided in individual or on-line, and be provided in individual or group settings (Source: ACT committee)	Hour – Partial hour maybe reported to two decimal places, e.g. 0.25 hours (no smaller than 15 min. increments)

TRANSPORTATION Subservices: None	
Transportation – Optional	**Unit Measure**
Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. Does not include any other activity. (Source: NAMRS/HCBS)	One-way trip

G – IDA Collaborative Councils and Boards

Attachment G "IDA Collaborative Efforts with Health Care and Social Service Systems

Falls Prevention Activities 	In 2020, IDA received an ACL Empowering Communities to Reduce Falls Risk grant to improve the health and independence of Iowans at risk for falls. In partnership with the League of Human Dignity/Centers for Independent Living and other key partners, the project will offer the evidence based CAPABLE program in Dallas, Cass, Mills and Pottawatomie counties to reduce in-home falls risk. The project will also implement sustainable practices to continue the program beyond the grant period.
Iowa Return to Community 	IDA implemented an Iowa Return to Community project for high risk, non-Medicaid older Iowans. The project, which involves partnerships with local hospital and public health systems, will expand statewide using evidence-informed interventions to provide long-term care support planning to assist non-Medicaid eligible seniors who want to return to their community following a nursing facility or hospital stay.
ADRC Collaboration 	**COVID-19 Response.** IDA received emergency funding to assist the ADRC network response to increased demand for services as a result of the pandemic. This funding supports capacity and resource allocation to ensure interagency coordination to address urgent needs. To ensure critical access to populations most at risk of COVID-19 and mitigate adverse effects, IDA is working with Central Iowa Center For Independent Living, EveryStep Senior Companion Program, and Elderbridge Agency on Aging. **Federal Financial Participation - ADRC Medicaid Administrative Claiming.** Medicaid Administrative Claiming is an IDA / Iowa Medicaid Enterprises collaborative process to identify the cost of providing allowable Medicaid administrative activities through the ADRC and to claim Federal Financial Participation (FFP) 50% matching funds to support those activities. IDA initiated Medicaid Administrative Claiming in July, 2020 and views this activity as a sustainable funding source to support the ADRC in Iowa.
RSVP 	In 2021, IDA was awarded 12 federal RSVP grants from AmeriCorps. An estimated 75 volunteers age 55 and over will serve in each of 12 Iowa counties to provide telephonic befriending and companionship to seniors at risk of social isolation.
Livable Homes Coalition 	In 2019, the IDA began working with the Livable Homes Coalition with the shared goal of supporting home modifications programs for older Iowans with disabilities, and those with serious health conditions. The Livable Homes Coalition consists of multiple organizations working together to advocate for statewide home modifications services. IDA is leading an effort to develop a single resource for Iowans seeking information or assistance on completing home modifications that may allow them to remain safely in their home longer.

Innovations in Nutrition 	In 2020, IDA was awarded an Innovations in Nutrition Programs and Services grant. The three-year grant, in partnership with the Elderbridge Area Agency on Aging, will modernize Iowa's congregate nutrition service infrastructure, delivery mechanisms, and outreach to increase the number of consumers and meals served. A foodservice establishment partnership infrastructure will be developed in 16 target counties, and technology will be used to streamline registration processes and nutrition education.

Collaborative Councils and Boards

- Olmstead Consumer Taskforce;
- Iowa Vocational Rehabilitation Services - State Rehabilitation Council;
- Iowa Department for the Blind's Independent Living Advisory Council;
- Iowa Developmental Disabilities Council;
- Iowa Transportation Coordination Council;
- Statewide Independent Living Council;
- Iowa Council on Homelessness;
- Iowa Violent Death Reporting System Advisory Committee;
- Dependent Adult Protection Advisory Council;
- Coordinated Community Response Teams;
- Regional Workforce Investment Boards; and
- 988 Coalition Meeting (Crisis Services for Mental & Behavioral Health

H – Activities to Identify Needs, Develop Goals, Service Gaps & Objectifies

Attachment H "Activities to Identify Needs, Develop Goals, Service Gaps & Objectives"

- Reviewed and commented on the Area Plans on Aging submitted by the state's six AAAs. The Area Plans provide valuable insight on trends and service needs at the local level. Collaboration among the IDA and the AAAs provide an opportunity to alert all on emerging trends, share best practices, and impart consistency in service delivery for older Iowans and Iowans with disabilities.

- Published a draft of the State Plan on the IDA website to receive public comment and held a public hearing on the plan March 15, 2021.

- Sought feedback from a select group of stakeholders and partners on the following four questions 1) Are the objectives and strategies well aligned? 2) What strengths do you see and what areas could be strengthened? 3) Which do you think should be prioritized? and 4) Which do you think would be the most successful?

- Staff worked with the State of Iowa's Data Center and reviewed published U.S. Census Bureau tables to obtain current demographic statistics related to older Iowans and Iowans with disabilities. The IDA's data team analyzed consumer and service delivery trend data to identify changes and potentially unserved or underserved Iowans. Staff also utilized the Governor's goals to create alignment and the annual Performance Results Reports to inform plan content.

- Other important sources of information included results from discretionary grant activities and other special initiatives and published reports on issues and trends impacting older individuals, individuals with disabilities, and caregivers.

I - Evidenced-Based Programs
Statewide Evaluation

Evidence-Based Programs Landscape Analysis-Iowa

The Iowa Department on Aging is collaborating with the Iowa Department of Public Health to gather information regarding Evidence-Based Programs throughout Iowa. This will give the state a general idea of the evidence-based programs that are offered before and during the pandemic, and the partnerships you utilize. This will also ensure sustainability of the evidence based programs offered by the Area Agencies on Aging and other organizations.

1. Name

2. Email Address

3. Which organization are you affiliated with?

4. Which of these Evidence-Based Programs are currently offered at your organization? (Either directly from your organization or in partnership with another organization) Please select all that apply.

Check all that apply.

- [ ] Walk with Ease
- [ ] Matter of Balance
- [ ] Active Choices
- [ ] Active Living Every Day
- [ ] Better Choices, Better Health
- [ ] Chronic Disease Self Management
- [ ] Diabetes Self Management Program
- [ ] Bingocize
- [ ] CAPABLE
- [ ] Eat Smart, Move More, Weigh Less
- [ ] Healthy Moves for Aging Well
- [ ] Healthy Steps for Older Adults
- [ ] Home Meds
- [ ] National Diabetes Prevention Program
- [ ] On the Move
- [ ] The Otago Exercise Program
- [ ] Powerful Tools for Caregivers
- [ ] REACH
- [ ] SHARE
- [ ] SAIL
- [ ] Stepping On
- [ ] Tai Chi for Arthritis

Other: [ ]

5. Which of these Evidence-Based Programs has your organization offered in the past, but they are no longer offered? Please select all that apply.

Check all that apply.

- [ ] Walk with Ease
- [ ] Matter of Balance
- [ ] Active Choices
- [ ] Active Living Every Day
- [ ] Better Choices, Better Health
- [ ] Chronic Disease Self Management
- [ ] Diabetes Self Management Program
- [ ] Bingocize
- [ ] CAPABLE
- [ ] Eat Smart, Move More, Weigh Less
- [ ] Healthy Moves for Aging Well
- [ ] Healthy Steps for Older Adults
- [ ] Home Meds
- [ ] National Diabetes Prevention Program
- [ ] On the Move
- [ ] The Otago Exercise Program
- [ ] Powerful Tools for Caregivers
- [ ] REACH
- [ ] SHARE
- [ ] SAIL
- [ ] Stepping On
- [ ] Tai Chi for Arthritis

Other: [ ] _____

6. For the programs you are no longer offering, please explain why they are no longer offered.

_____

_____

_____

_____

_____

7. Are there any programs you are exploring offering in the future? Please list.

8. Who is your contact person(s) for Evidence-Based Programs? This includes all health & wellness activities, powerful tools for caregivers, care transitions, etc. Please include name, title, and email.

9. Do you, or the organization you partner with, claim for Medicare, Medicaid, or other insurance funding for Evidence-Based Programs reimbursement? If yes, please provide additional details.

10. Which programs do you see as the most successful and effective for your participants? Please list 1-2 programs and why.

11. Which programs do you see as the least successful and effective for your participants? Please list 1-2 programs and why.

Questions about Individual Evidence-Based Programs

12. The following questions will be based on each program you choose. Choose the first program offered to discuss.

Mark only one oval.

- ( ) Walk with Ease
- ( ) Matter of Balance
- ( ) Active Choices
- ( ) Active Living Every Day
- ( ) Better Choices, Better Health
- ( ) Chronic Disease Self Management
- ( ) Diabetes Self Management Program
- ( ) Bingocize
- ( ) CAPABLE
- ( ) Eat Smart, Move More, Weigh Less
- ( ) Healthy Moves for Aging Well
- ( ) Healthy Steps for Older Adults
- ( ) Home Meds
- ( ) National Diabetes Prevention Program
- ( ) On the Move
- ( ) The Otago Exercise Program
- ( ) Powerful Tools for Caregivers
- ( ) REACH
- ( ) SHARE
- ( ) SAIL
- ( ) Stepping On
- ( ) Tai Chi for Arthritis
- ( ) Other

13. If Other, please list here:

14. How many classes of this program do you offer every year, on average?

15. Do you have any master trainers for this program? If so, please list their name and email.

16. Who are your leaders for this program? Please list their names, emails; and whether they are a volunteer, employee, or contractor.

17. Did the number of classes increase, decrease or stay the same after COVID?

Mark only one oval.

- ◯ Decrease
- ◯ Increase
- ◯ Stay the same

18. How are these classes delivered? (In person, virtual, both). Please include numbers of each class.

19. Tell us about the virtual offerings of this class. Was there a virtual option Pre-COVID, During COVID, and plans to continue Post-COVID?

Check all that apply.

- [ ] Pre-COVID
- [ ] During COVID
- [ ] Plan to after COVID

20. Do you partner with any organizations to conduct this program? Which ones?

21. Who's license is this class being taught under?

22. Is the program funded through OAA Title IIID dollars, private donations, grants, insurance, other? Please provide details so we can help brainstorm sustainability.

23. What are your plans post-COVID for this program? Will there be anything that will be changed?

24. Did COVID change anything else about the delivery of this program?

25. Do you have more programs to discuss?

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 166*

Questions about Individual Evidence-Based Programs

J – Continuous Improvement Activities & Visuals

Attachment J "Continuous Improvement Activities & Visuals"

Internal Lean Events – 3 to 5 day session to deeply explore a process to create optimization.

- The *OSLTCO completed a Value Stream Mapping (VSM)* event to identify major staff functions and interactions and find opportunities that exist for increased efficiency, effectiveness, and value for the office and customer. (2015)
- *IDA and AAA representatives participated in a Design Lean Event* to revise the Area Plan on Aging process. The resulting planning process was implemented for the four-year Area Plans on Aging (2015).

IDA and the AAA held a VSM Lean Event to develop a standard process and criteria for a consistent delivery of referrals, admission, and discharge for quality family caregiver services. Outcomes included defining caregiver, identifying barriers and gaps in caregiver services, establishing a criteria for high-risk caregivers and respite service, and creating standard operating procedures for statewide consistency. (2019)

Continuous Improvement Projects (CIPs) – Half to one and a half day meetings to map out processes to create clarity in roles and responsibilities and provide a visual of the process flow.

- Administrative Rules Process (2015)
- Monitoring Process (2017)
- LTCO Fiscal Process (2017)
- OAA Budget Process Mapping (2017)
- OAA Services Value Stream Mapping (2019)
- Administrative Functions Processes (2021)

Facilitated Lean Events for the Area Agencies on Aging - 3 to 5 day session to deeply explore a process to create optimization.

- ***Elderbridge Data Flow Kaizen Event*** mapped out how information was collected and flowed through each program/service areas from the initial point of consumer contact to the point when data is finalized and submitted to the end user. Outcomes included identifying required data to be collected, identified roles and responsibilities, and established a clear connection between the consumer units and expenses incurred. (2015)
- ***NEI3A & County Social Services LifeLong Links Call Center Design Event*** created a standardized process for the LifeLong Links (LLL) Call Center beginning at the time a call was received to the point an appropriate/accurate

referral was made and identify efficiencies such as where resources may be shared and similar functions aligned between Northeast Iowa Area Agency on Aging (NEI3A) and County Social Services (CSS) in their overlapping regions with other AAAs functioning in collaboration. (2017)

- ***NEI3A Accessing NWD Services Lean Kaizen Event*** examined the process from the time a consumer contacts NEI3A to the point the consumer is referred to other NEI3A staff for service(s). Outcomes included establishing consistency within and throughout NEI3A offices with consumer contacts by phone and in person, reducing delays in connecting consumer to appropriate NEI3A Program Staff, and evaluated existing Standard Operating Procedures and policies to streamline the process so it was more efficient. (2019)
- ***Connections Value Stream Organizational Mapping Event*** reviewed the organizational structure and determine current roles and responsibilities, who they support and where opportunities existed for improved collaboration and improvement in processes and tasks. Outcomes included identifying opportunities to better align responsibilities with processes and tasks, identify opportunities for improvement of processes and tasks across divisions, and list current priorities and division leads of these priority tasks. (2020)

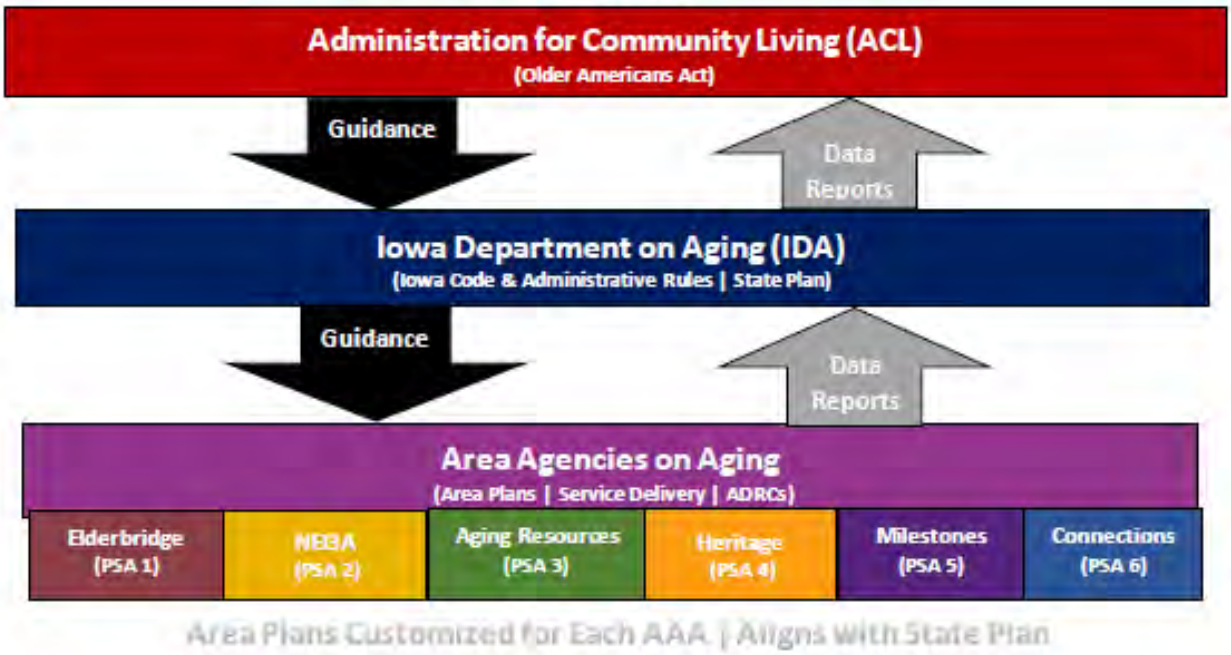
Additional visual tools utilized to establish clarity, guidance and standardized process include the following attached visuals:

- IDA Strategic Planning Process
- AAA Strategic Planning Process
- ADRC Service Coordination Bubble Diagram
- ADRC Community Navigation & System Coordination System
- ADRC Service Coordination Process Maps for OAA Services

The IDA will continue to look internally as well as work with the AAAs to identify processes or service areas that may benefit from facilitation of continuous improvement analysis or a Lean event in the upcoming years

IDA State Plan Strategic Planning System Overview

June 15, 2020



Area Plans Customized for Each AAA | Aligns with State Plan

Process

Plan

- Develop / Update State Plan with Applicable Staff
  1. Define Consumers to be Served
  2. Identify Goals
  3. For Each Goal Identify
     a. Trends and Service Gaps
     b. Create Objectives and Strategies to Address Service Gaps
     c. Establish Targets, Performance Measure(s), Standards, and Outcomes
- Develop Road Map Including Timeline

Do

- Communicate State Plan & Performance Plan Road Map with Staff
- Communicate the AAA Area Plans with Staff
- Implement the State Plan Road Map
- Provide AAA Technical Assistance or Training as Needed
- Document Issues and Observations

Check / Study

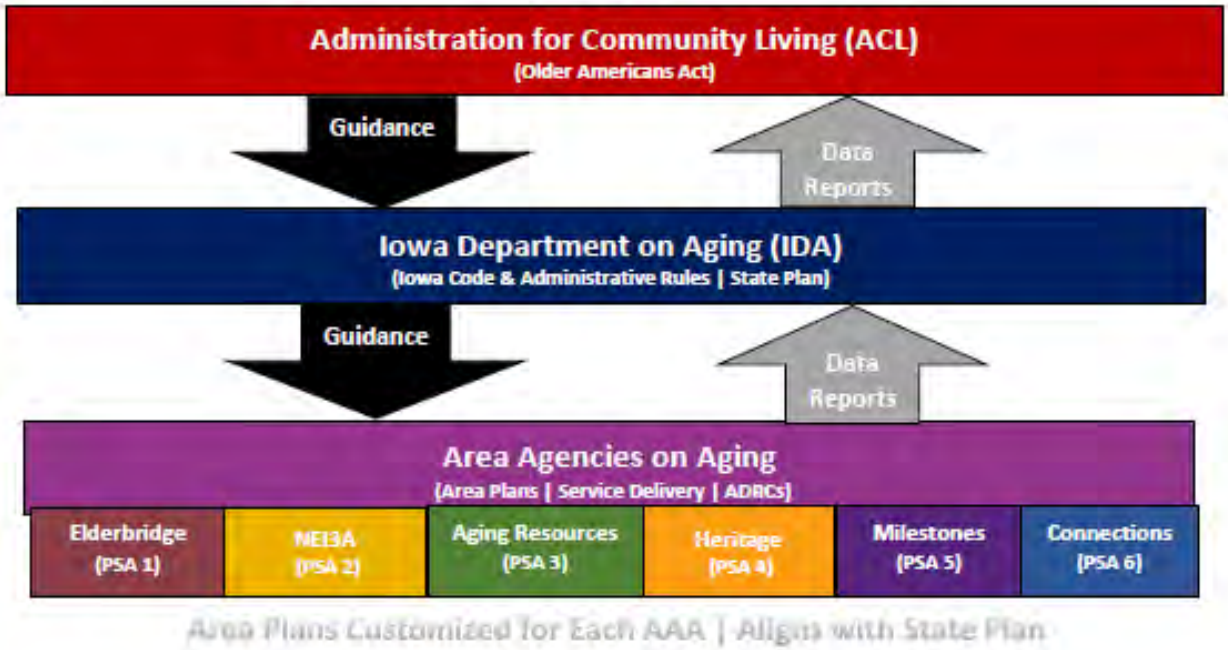
- Review Quarterly Dashboards & Financials Provided by IDA Data Administrator
- Analyze & Compare State Plan Data and AAA Area Plan Data & Progress Reviews
  -Targets -Measures -Standards -Outcomes
- Evaluate Service Categories
- Summarize Observations
- Share Dashboards, Evaluation Observations, and Compliance Items with the IDA Management Team
- Provide AAA Technical Assistance or Training as Needed

Adjust / Act

- Adopt, Adapt or Abandon Strategies / Recommendations
- Build Knowledge into Performance Plan and Road Map for the Next Cycle
- Communicate and Educate Applicable Staff & Management Team
- Identify Any Policy Changes (Iowa Code, Admin Code, Reporting Manual)
- Provide AAA Technical Assistance or Training as Needed

Area Agency on Aging Strategic Planning System Overview

June 15, 2020



Area Plans Customized for Each AAA | Aligns with State Plan

Process

Plan

- Develop / Update Area Plan with Applicable Staff
  1. Define Consumers to be Served
  2. Identify Goals
  3. For Each Goal Identify
     a. Targets, Performance Measure(s), Standards, and Outcomes
     b. Identify non OAA funding sources
     c. Identify Collaborative Partners
- List Service Gaps & Create Strategies to Address the Gaps
- Connect Services to Outcomes
- Develop Road Map Including Timeline
- Request IDA Technical Assistance or Training as Needed

Do

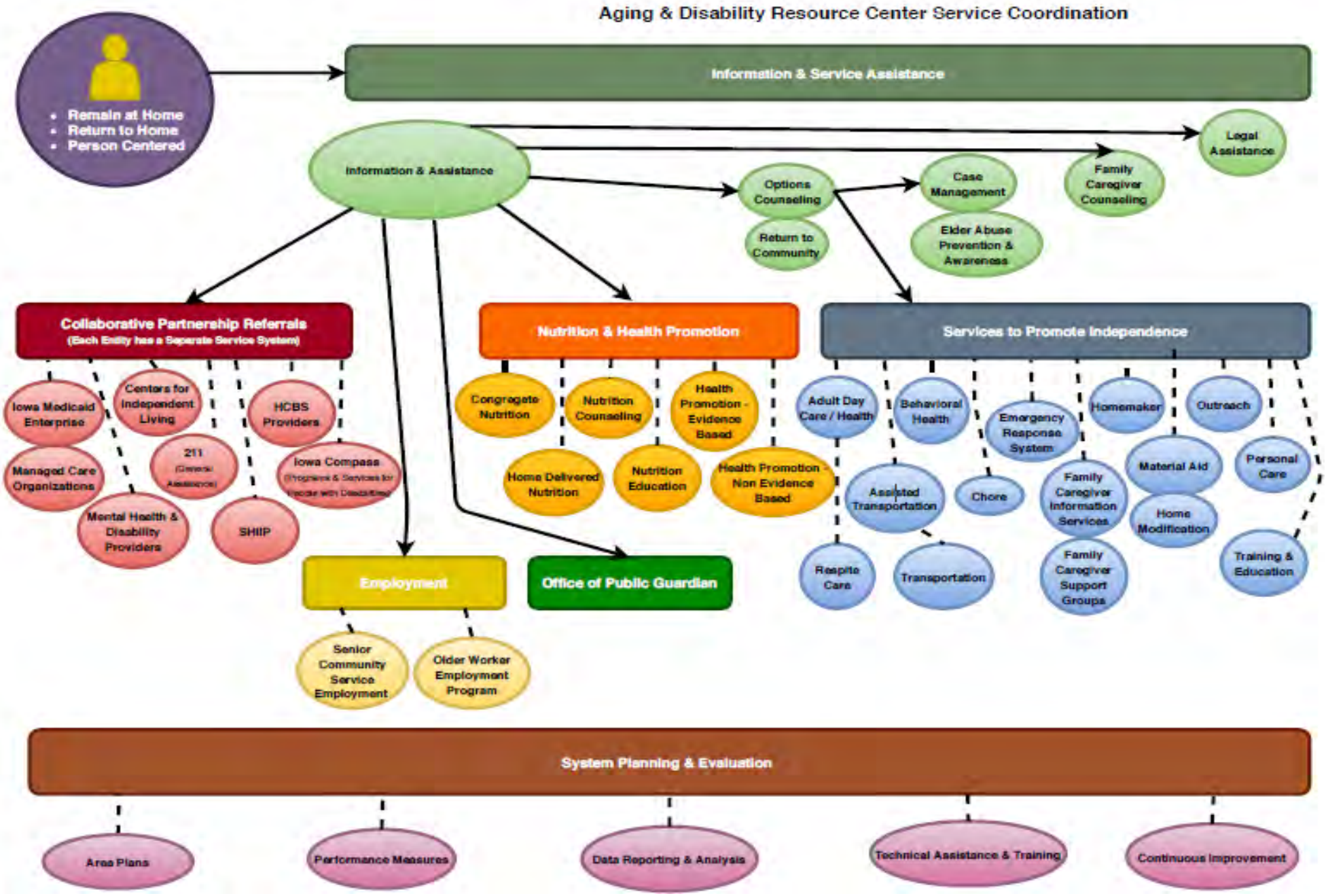
- Communicate Area Plan and Road Map with Staff
- Implement the Area Plan Road Map
- Provide Service(s) Following the ADRC NWD Process Flow Map in the Reporting Manual
- Enter Documentation and Data in WellSky
- Document Issues and Observations
- Request IDA Technical Assistance or Training as Needed

Check / Study

- Review Monthly Reports Created by AAA Data Administrator
- Review Quarterly Dashboards & Financials Provided by IDA with AAA Director, Program Managers and Applicable Staff
- Analyze & Compare Area Plan Data & Progress Reviews
  -Targets -Measures -Standards - Outcomes
- Evaluate Service Categories
- Summarize Observations and Develop Strategies / Recommendations
- Request IDA Technical Assistance or Training as Needed

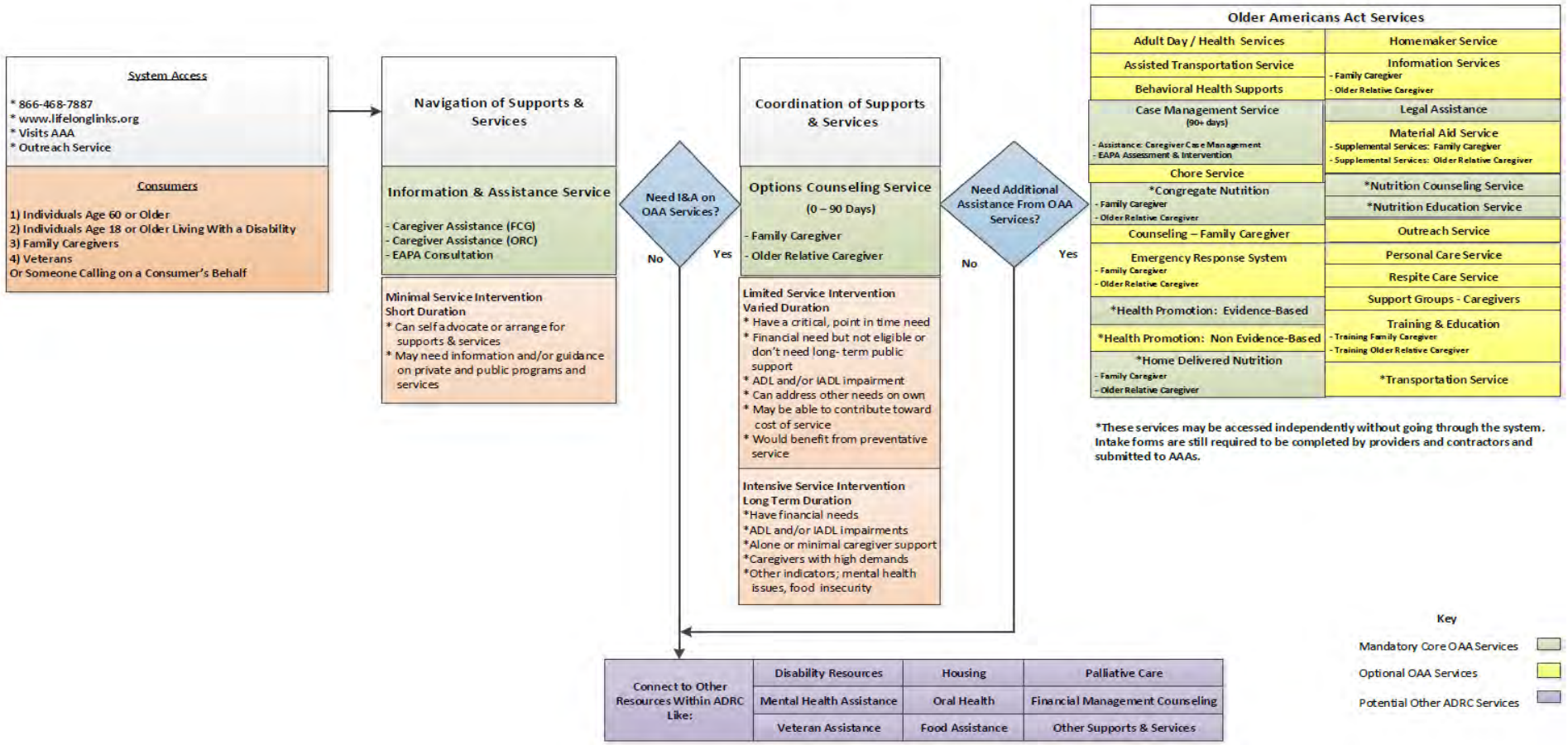
Adjust / Act

- Adopt, Adapt or Abandon Strategies / Recommendations
- Identify Any Compliance Issues & Provide Recommendations to AAA Management
- Build Knowledge into Area Plan Road Map for the Next Cycle
- Communicate and Educate Applicable AAA Staff
- Identify Any Recommended Policy Changes
- Request IDA Technical Assistance or Training as Needed

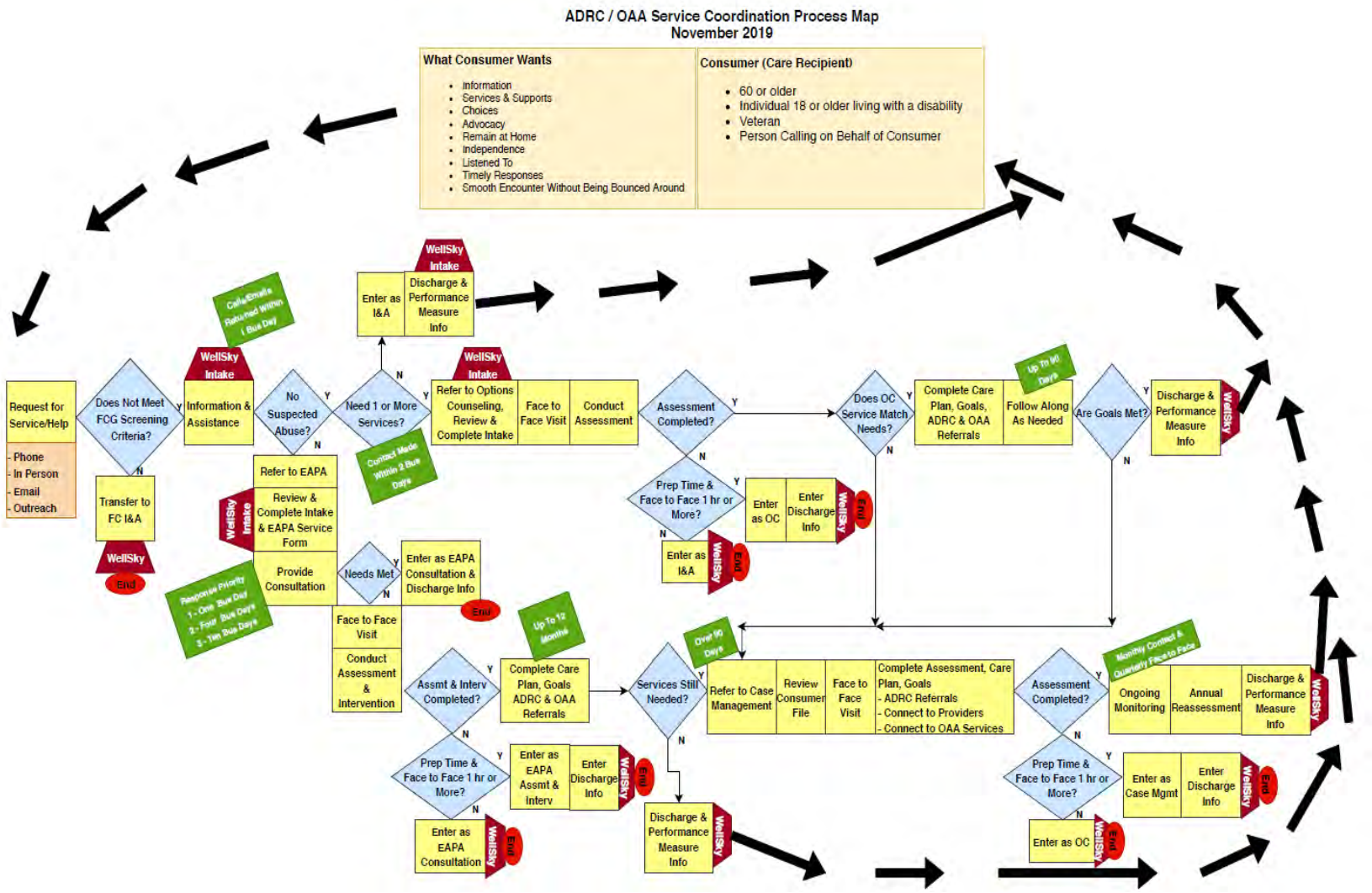

Aging & Disability Resource Center Service Coordination
Remain at Home
Return to Home
Person Centered
Information & Service Assistance
Information & Assistance
Legal Assistance
Options Counseling
Case Management
Family Caregiver Counseling
Return to Community
Elder Abuse Prevention & Awareness
Collaborative Partnership Referrals
(Each Entity has a Separate Service System)
Iowa Medicaid Enterprise
Centers for Independent Living
HCBS Providers
211
Iowa Compass
Managed Care Organizations
Mental Health & Disability Providers
SHIIP
Nutrition & Health Promotion
Congregate Nutrition
Nutrition Counseling
Health Promotion - Evidence Based
Home Delivered Nutrition
Nutrition Education
Health Promotion - Non Evidence Based
Services to Promote Independence
Adult Day Care / Health
Behavioral Health
Emergency Response System
Homemaker
Outreach
Material Aid
Personal Care
Assisted Transportation
Chore
Family Caregiver Information Services
Home Modification
Respite Care
Transportation
Family Caregiver Support Groups
Training & Education
Employment
Office of Public Guardian
Senior Community Service Employment
Older Worker Employment Program
System Planning & Evaluation
Area Plans
Performance Measures
Data Reporting & Analysis
Technical Assistance & Training
Continuous Improvement

Aging & Disability Resource Center:
Community Navigation & Coordination System

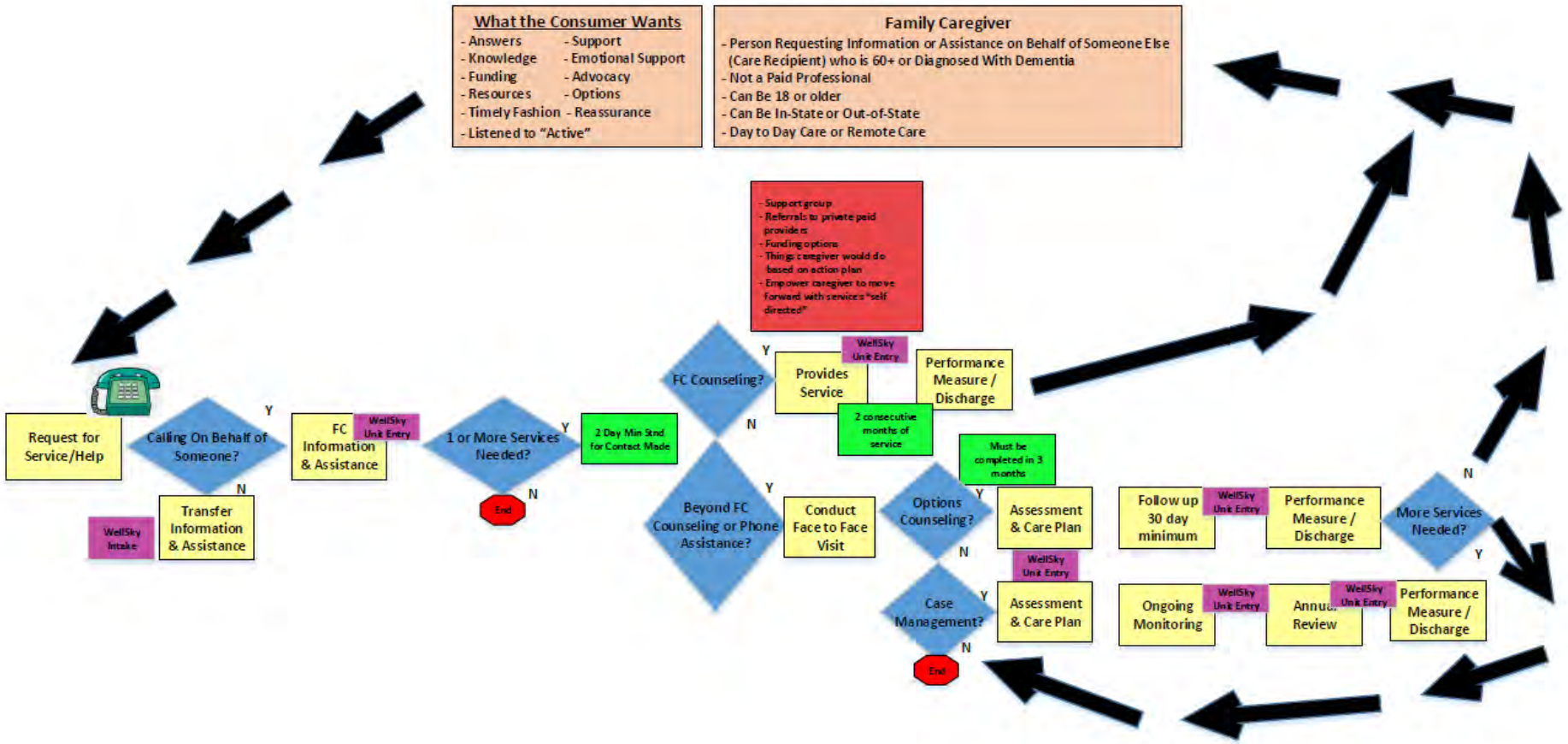
January 2019



ADRC / OAA Service Coordination Process Map
November 2019



Family Caregiver Services Process Flow Map
December 2019



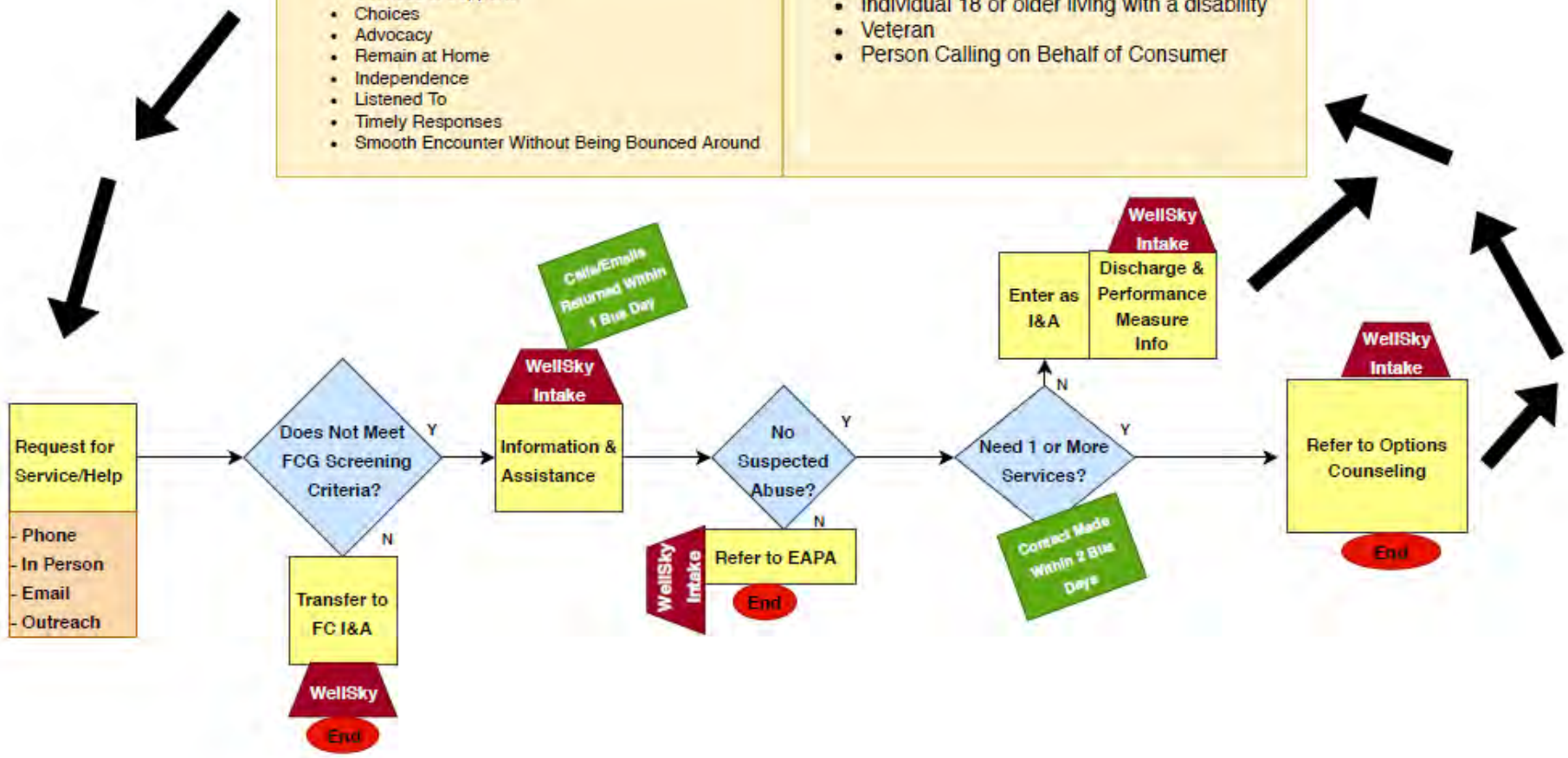
Information & Assistance Process Map
December 2019

What Consumer Wants

- Information
- Services & Supports
- Choices
- Advocacy
- Remain at Home
- Independence
- Listened To
- Timely Responses
- Smooth Encounter Without Being Bounced Around

Consumer

- 60 or older
- Individual 18 or older living with a disability
- Veteran
- Person Calling on Behalf of Consumer



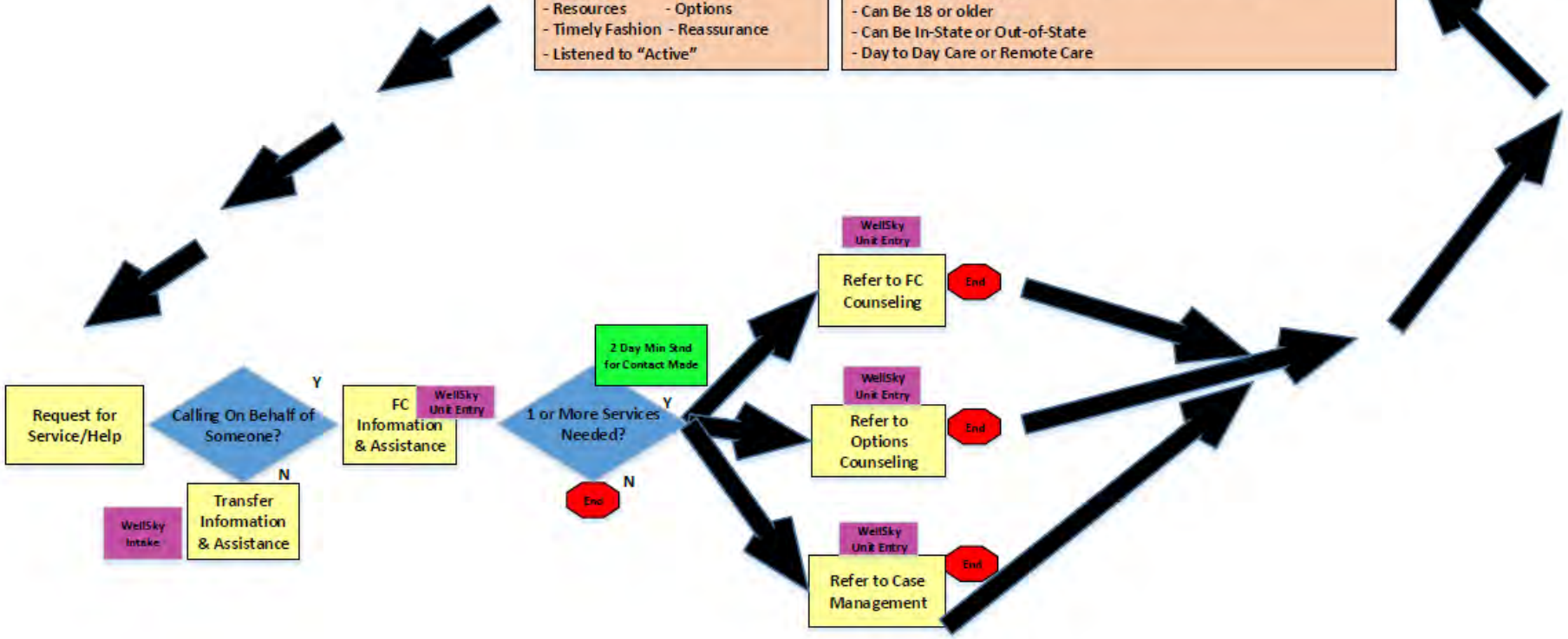
Family Caregiver Information & Assistance Service Process Flow Map
December 2019

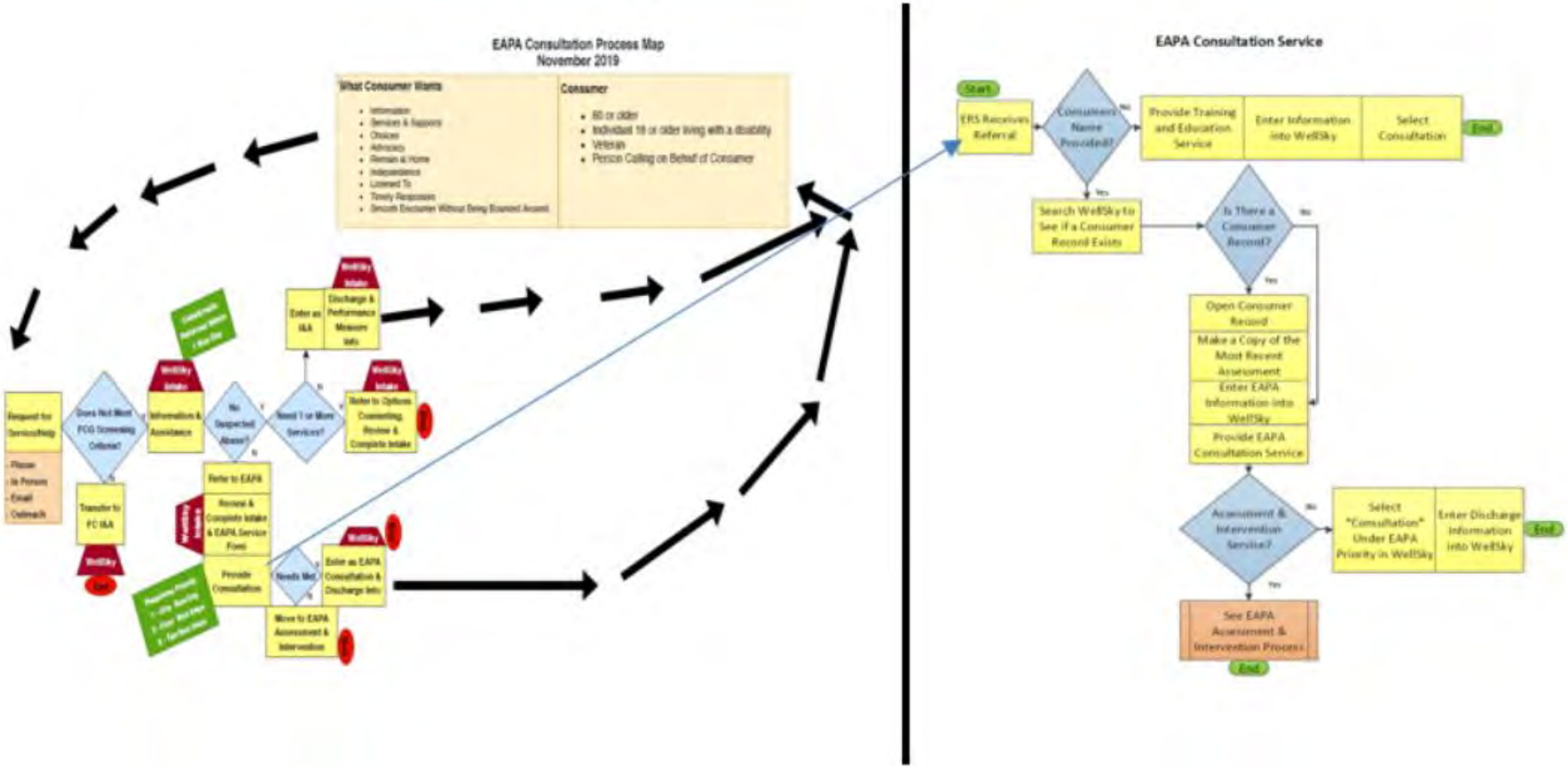
What the Consumer Wants

- Answers
- Knowledge
- Funding
- Resources
- Timely Fashion
- Listened to "Active"
- Support
- Emotional Support
- Advocacy
- Options
- Reassurance

Family Caregiver

- Person Requesting Information or Assistance on Behalf of Someone Else (Care Recipient) who is 60+ or Diagnosed With Dementia
- Not a Paid Professional
- Can Be 18 or older
- Can Be In-State or Out-of-State
- Day to Day Care or Remote Care




EAPA Consultation Process Map
November 2019
What Consumer Wants
Consumer
60 or older
Individual 18 or older living with a disability
Veteran
Person Calling on Behalf of Consumer
Transfer to FC I&A
Refer to EAPA
Provide Consultation
Move to EAPA Assessment & Intervention
EAPA Consultation Service
Start
ERS Receives Referral
Consumers Name Provided?
Provide Training and Education Service
Enter Information into WellSky
Select Consultation
End
Search WellSky to See if a Consumer Record Exists
Is There a Consumer Record?
Open Consumer Record
Make a Copy of the Most Recent Assessment
Enter EAPA Information into WellSky
Provide EAPA Consultation Service
Assessment & Intervention Service?
Select "Consultation" Under EAPA Priority in WellSky
Enter Discharge Information into WellSky
See EAPA Assessment & Intervention Process

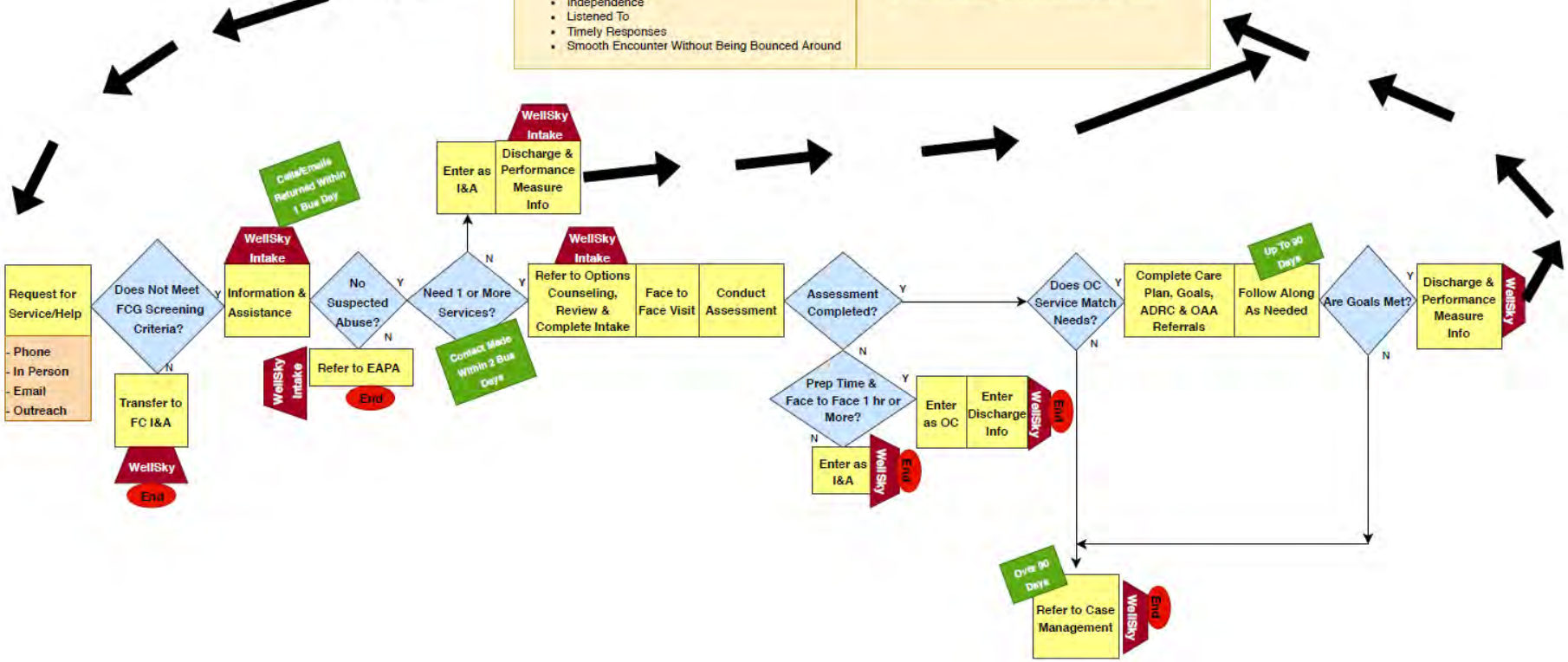
Options Counseling Process Flow
November 2019

What Consumer Wants

- Information
- Services & Supports
- Choices
- Advocacy
- Remain at Home
- Independence
- Listened To
- Timely Responses
- Smooth Encounter Without Being Bounced Around

Consumer (Care Recipient)

- 60 or older
- Individual 18 or older living with a disability
- Veteran
- Person Calling on Behalf of Consumer



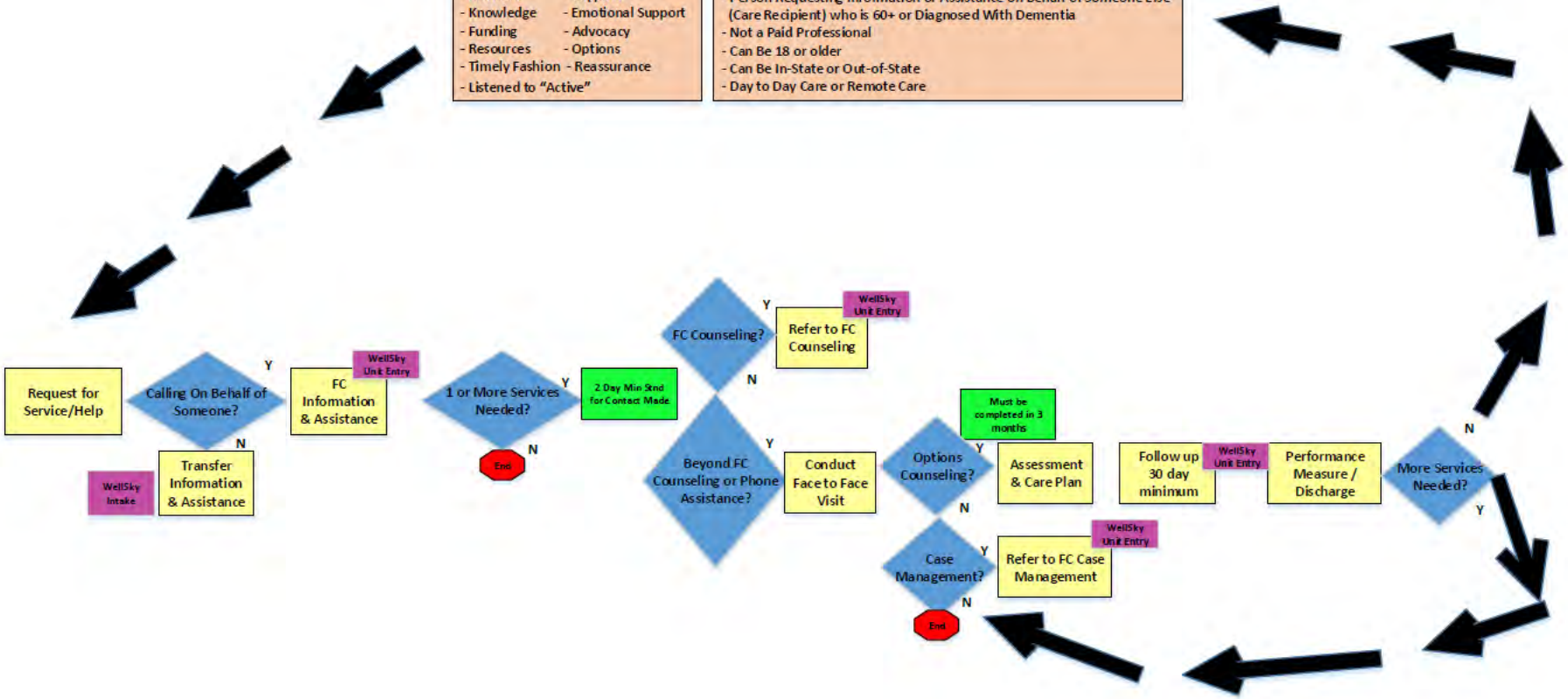
Family Caregiver Options Counseling Service Process Flow Map
December 2019

What the Consumer Wants

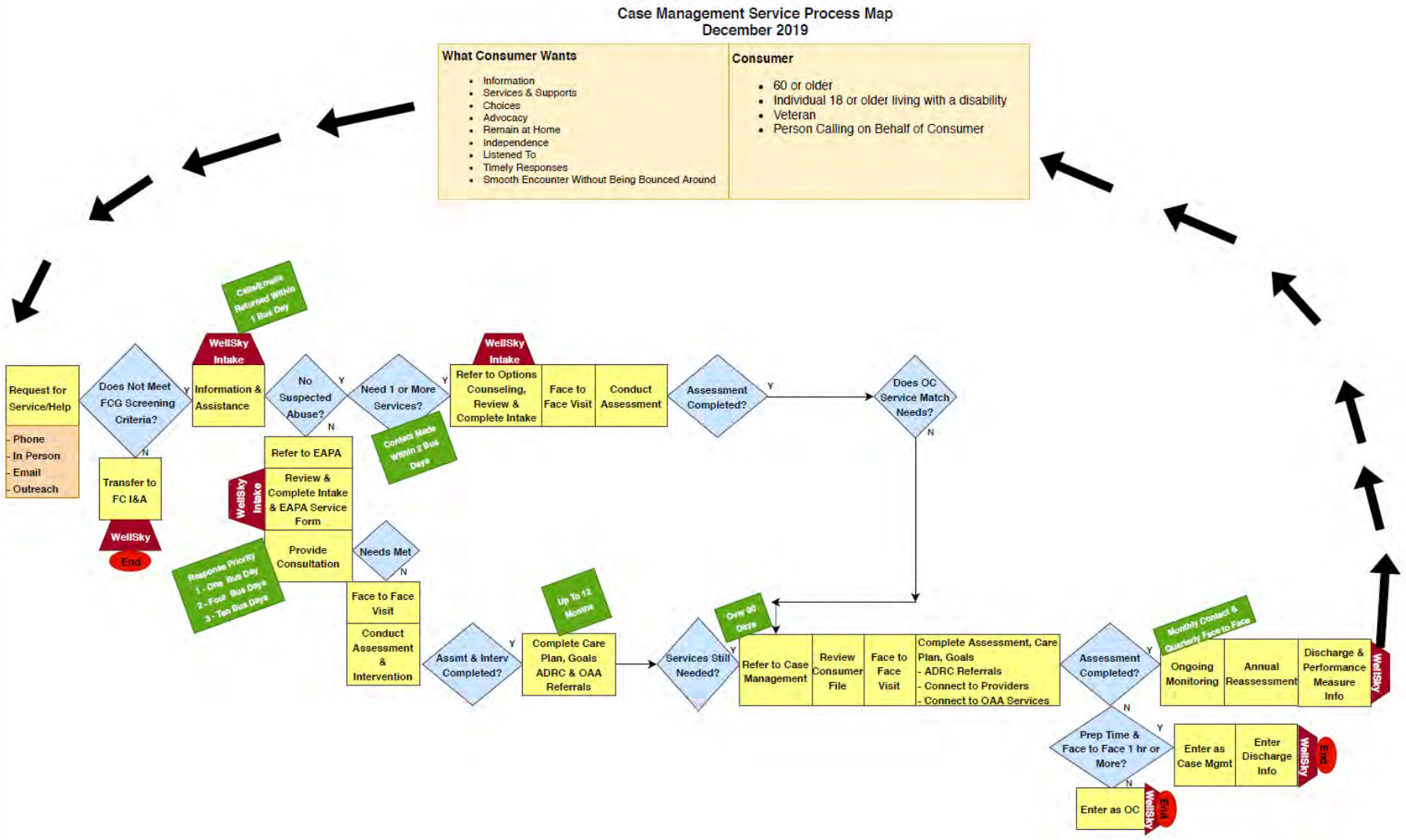
- Answers
- Knowledge
- Funding
- Resources
- Timely Fashion
- Listened to "Active"
- Support
- Emotional Support
- Advocacy
- Options
- Reassurance

Family Caregiver

- Person Requesting Information or Assistance on Behalf of Someone Else (Care Recipient) who is 60+ or Diagnosed With Dementia
- Not a Paid Professional
- Can Be 18 or older
- Can Be In-State or Out-of-State
- Day to Day Care or Remote Care



Case Management Service Process Map
December 2019



Family Caregiver Case Management Service Process Flow Map
December 2019

What the Consumer Wants

- Answers
- Knowledge
- Funding
- Resources
- Timely Fashion
- Listened to "Active"
- Support
- Emotional Support
- Advocacy
- Options
- Reassurance

Family Caregiver

- Person Requesting Information or Assistance on Behalf of Someone Else (Care Recipient) who is 60+ or Diagnosed With Dementia
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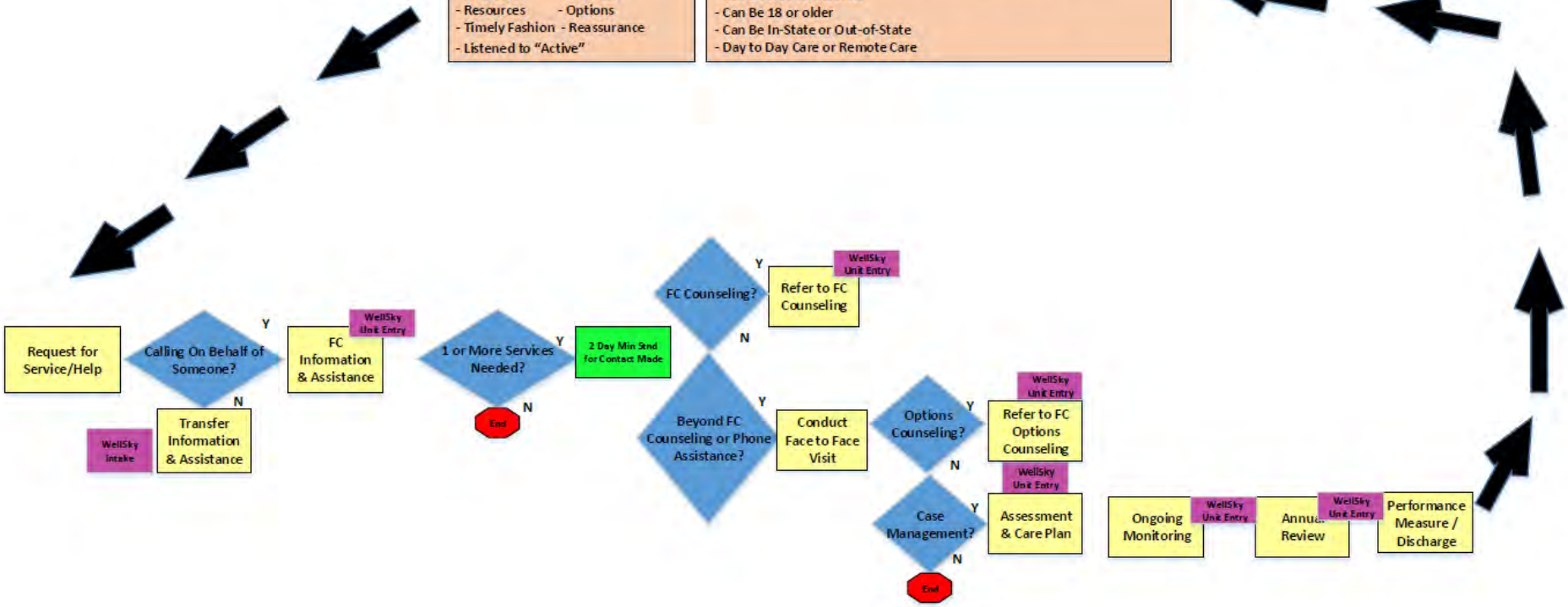


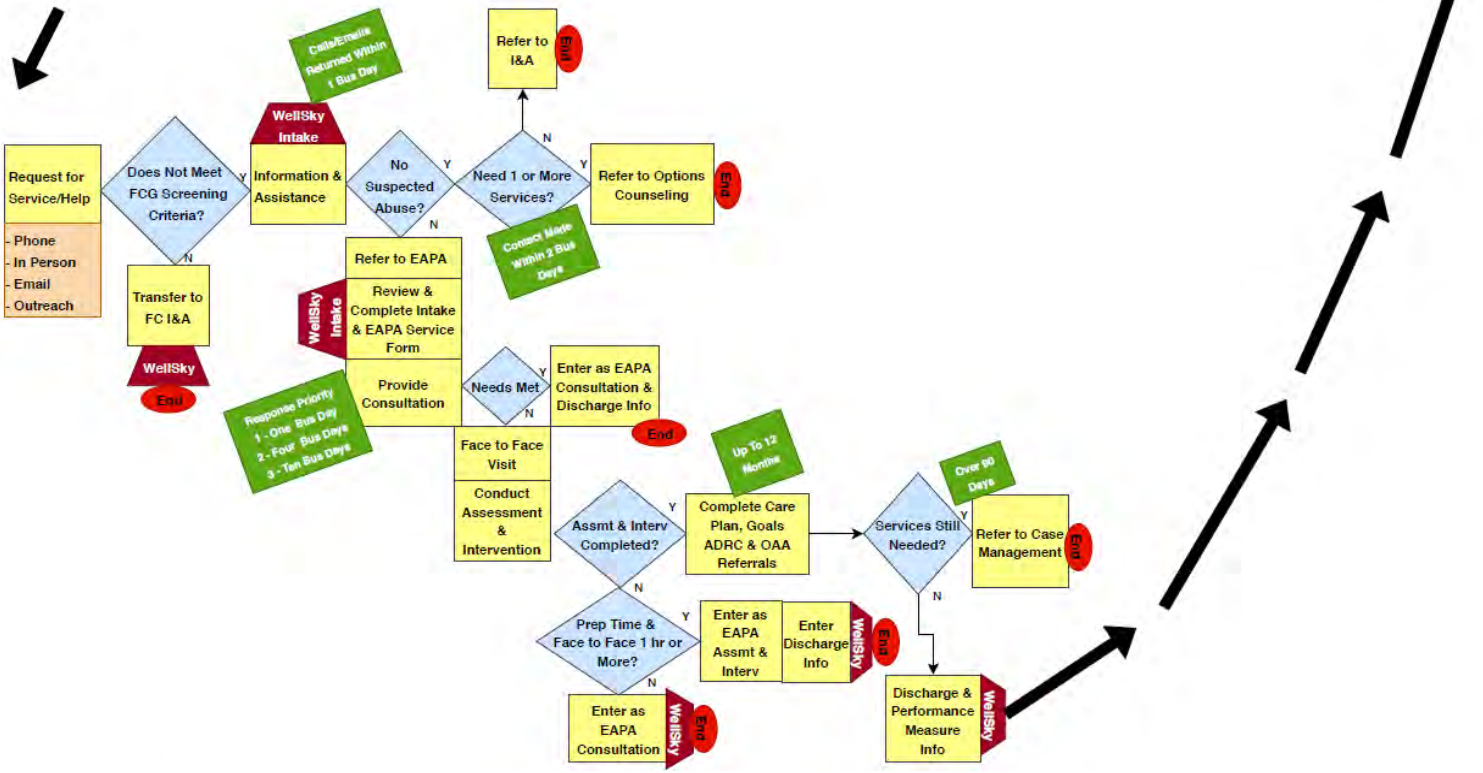
EAPA Assessment & Intervention Process Map
November 2019

What Consumer Wants

- Information
- Services & Supports
- Choices
- Advocacy
- Remain at Home
- Independence
- Listened To
- Timely Responses
- Smooth Encounter Without Being Bounced Around

Consumer

- 60 or older
- Individual 18 or older living with a disability
- Veteran
- Person Calling on Behalf of Consumer



Family Caregiver Counseling Process Flow
December 2019

What the Consumer Wants

- Answers
- Knowledge
- Funding
- Resources
- Timely Fashion
- Listened to "Active"
- Support
- Emotional Support
- Advocacy
- Options
- Reassurance

Family Caregiver

- Person Requesting Information or Assistance on Behalf of Someone Else (Care Recipient) who is 60+ or Diagnosed With Dementia
- Not a Paid Professional
- Can Be 18 or older
- Can Be In-State or Out-of-State
- Day to Day Care or Remote Care

Request for Service/Help

Calling On Behalf of Someone? Y / N

WellSky Intake

Transfer Information & Assistance

FC Information & Assistance — WellSky Unit Entry

1 or More Services Needed? Y / N — End

2 Day Min Std for Contact Made

FC Counseling? Y / N

Provides Service — WellSky Unit Entry — 2 consecutive months of service

Performance Measure / Discharge

- Support group
- Referrals to private paid providers
- Funding options
- Things caregiver would do based on action plan
- Empower caregiver to move forward with services "self directed"

Beyond FC Counseling or Phone Assistance? Y

Refer to Options Counseling — End