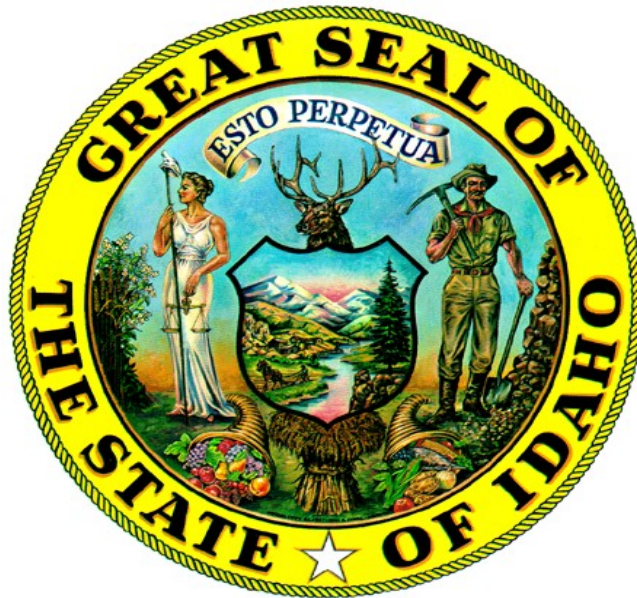Area Agency on Aging serving Eastern Idaho
Planning and Service Area VI
Eastern Idaho Community Action Partnership

Area Plan

**October 1, 2017 –
September 30, 2021**

AREA PLANS. (IDAPA 15.01.20.052) Each AAA shall submit a four (4) year area plan to the Idaho Commission on Aging (ICOA) by close of business October 15, 2017. Annual updates shall be submitted by October 15 of each following year. The area plan and annual updates shall be submitted in a uniform format prescribed by ICOA to meet the requirements of the Older Americans Act and all pertinent state and federal regulations.

VERIFICATION OF INTENT

This Area Plan is hereby submitted for the four-year period beginning October 1, 2017 and ending September 30, 2021, pending approval by the Idaho Commission on Aging.

On behalf of all older persons in the Planning and Service Area VI, the Area Agency on Aging serving Eastern Idaho assumes the lead role relative to aging issues. In accordance with the Older Americans Act (OAA) and all pertinent federal and state regulations, the AAA serves as the public advocate for the development and enhancement of comprehensive, coordinated community-based service systems within each community throughout the PSA. IDAPA 15.01.20.041.

This Area Plan becomes part of ICOA's Annual Performance Agreement. It incorporates all assurances pertaining to the AAA required under the OAA, Idaho's State Senior Services Act, the Civil Rights Act, and other applicable federal or state statutes.

This Area Plan has been reviewed and approved by the AAA's governing body. The Area Council has had an opportunity to review and comment on the Plan; their remarks have been incorporated in Attachment J with the public comments.

GOVERNING BODY

Eastern Idaho Community Action Partnership
Jay Doman, Executive Director

Signature: _____   Date: 6/15/17

AREA VI ADVISORY COUNCIL CHAIRPERSON

Valisa Say

Signature: _____   Date: 6/15/17

AREA AGENCY ON AGING

Area VI Agency on Aging serving Eastern Idaho
Morgan Nield, AAA Director

Signature: _____   Date: 6/15/17

Idaho Commission on Aging

C.L. "Butch" Otter, Governor   Judy B. Taylor, Administrator

October 16, 2017

Morgan Nield
Area Agency on Aging, Planning and Service Area VI
935 Lincoln Road
Idaho Falls, ID 83405

Dear Director Nield,

I am pleased to inform you that the Area Agency on Aging's (AAA) Area Plan under the Older Americans Act and the Idaho Senior Services Act for the period of October 2017 through September 2021 has been approved.

The Area Plan is the culmination of local coordination and collaboration, planning and surveying, and in-depth consideration of specific areas, including the Aging and Disability Resource Center, caregiver needs, senior legal assistance and comprehensive state and local assessments. The Area Plan addresses the needs of your specific planning and service area, clearly identifies the available services as well as advances the Idaho Commission on Aging's (ICOA) Senior Services State Plan for Idaho.

I would like to congratulate you for establishing leadership, quality expectations, and incorporating guidance from community partners in the development of the Area Plan and the on-going delivery of services. ICOA encourages the AAA to continue collaboration and coordination efforts with the local aging network, and advocating for the best in Long Term Services and Supports (LTSS) for older Idahoans and Idahoans with disabilities.

The ICOA staff looks forward to working with you to implement the Area Plan, address issues and make any changes necessary to provide the most effective and efficient services as possible. If you have questions or concerns, please do not hesitate to contact, Kevin Bittner, Administrative Services Manager, at 208-577-2857. I appreciate your dedication and commitment to improving the lives of seniors and people with disabilities in Idaho.

Sincerely,

JB Taylor

Judy Taylor
ICOA Administrator

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Attachments Continued:

Other Attachments:

Executive Summary

Every four years, with annual updates thereafter, the Area VI Agency on Aging serving Eastern Idaho submits an Area Plan to the Idaho Commission on Aging (ICOA) for approval. This Area Plan is required to continue to receive federal and state funding allocations through ICOA.

The Area Plan establishes a "Single Access Point" for all consumers to access aging and disability resources and services available to Idahoans over the age of 60, their families, and vulnerable adults aged 18 and older living in the nine counties of Planning and Service Area (PSA) VI: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton counties. It provides opportunities for individuals to access private and public pay, Long-Term Care services and resources.

The AAA contracts with the Idaho Commission on Aging (ICOA) which is the agency of state government designated by the Governor as Idaho's State Unit on Aging. The ICOA monitors the AAA's compliance with all state and federal requirements pertaining to programs funded under the Federal Act or the Idaho Senior Services Act ("State Act"). Under the guidance of the ICOA, the AAA plans and coordinates funds, monitors a regional program of services to address the present and future needs of older Idahoans residing within the PSA, and serves as a catalyst for improvement in the delivery of services to the elderly within all the counties which make up the PSA.

The AAA has the authority to develop and manage budgets and programs to meet the needs and specific conditions and circumstances of service recipients within its geographic jurisdiction. To accomplish this, the AAA is required to periodically re-evaluate, through needs assessments, what clients' needs, conditions and circumstances currently are. The Federal Act authorizes the AAA to develop a four-year Area Plan to address the specific needs, conditions and circumstances of older Idahoans and vulnerable adults residing within the PSA. The period covered by this Area Plan is October 1, 2017 through September 30, 2021.

The Area Agency on Aging's vision statement is: The Area Agency on Aging ensures that all residents of eastern Idaho retain their autonomy to determine their own life course as they age.

This vision is supported as a division of EICAP. EICAP's vision statement was approved by its Board of Directors in 2013. The statement is: Eastern Idaho Community Action Partnership creates opportunities for individuals and families to reach their highest level of independence and self-sufficiency. EICAP is widely recognized and respected by the public as a community asset that makes a difference in peoples' lives. EICAP's Board of Directors, staff and volunteers work efficiently with community partners to expand our role and impact in the community by responding to local needs.

The Area Agency on Aging's mission statement is: The Area Agency on Aging improves quality of life for older and vulnerable adults and their families through a single access point to provide education, advocacy, accountability and service.

This mission is supported as a division of EICAP. EICAP's mission statement was approved by its Board of Directors in 2013. The statement is: Eastern Idaho Community Action Partnership helps and empowers at risk individuals and families meet their basic needs and increase their independence through support and education.

The ICOA receives an annual allocation of federal funds under Title III and VII of the Older Americans Act (OAA), as amended, from the Administration for Community Living (ACL). The federal funds are allocated to the six AAAs based on a federally approved intrastate funding formula. A copy of the funding formula is attached: Attachment B.

The funding formula takes into account the best available statistics on the geographical distribution of individuals aged 60 and older residing in Idaho, with particular attention to the number of individuals in greatest social or economic need. The formula projects anticipated demand for services by weighing in each PSA those population segments most likely to be vulnerable and frail, i.e., those who are over 75 or over 85, those who are over 60 living in rural county , and are a racial or ethnic minority, and those who are over 65 living alone and /or in poverty. Under the formula, regions of Idaho having a higher percentage of residents who are very old, poor, living alone, etc., receive a higher proportion of funding to offset their expected higher service demands.

Currently, Area VI uses OAA and SSA funds to implement the following services in our 9 county PSA:
- Information and Assistance
- Home-Delivered Meals
- Congregate Meals
- Transportation
- Homemaker
- Chore
- Case Management
- Adult Protection
- Long-Term Care Ombudsman Assistance
- Disease Prevention and Health Promotion
- Caregiver Support and Respite
- Legal Assistance
- Outreach

This Area Plan establishes performance data, baselines, and benchmarks to ensure that OAA and SSA services are delivered efficiently and effectively with the best available quality. This plan also identifies those partners who through coordination and collaboration will help us to

reach the benchmarks that we have set, identify needed changes, and help us to overcome service barriers.

Summary of Planning Process

In developing the Area Plan, Area VI utilized ICOA's statewide goals and objectives approved by the Administration for Community Living (ACL). The Area Plan serves as a road map for the AAA in its PSA. The Area VI's planning activities involved the input of a steering committee, consumers, and the public. Through a qualitative and quantitative analysis of the PSA, the AAA determined strategies, established baselines, and set measures through the use of following data and methodology:

- Idaho Commission on Aging Needs Assessment Survey Results, published in February 2016, as conducted by the Institute of Rural Health at Idaho State University
- PSA VI Older Adults Needs Assessment administered in March 2017
- Analysis of Census Data to determine population trends for PSA VI
- Analysis of service delivery trends during SFY 2015-2016
- FY 2013 Report to Congress: Older Americans Act –Administration for Community Living (ACL)
- Idaho Commission on Aging Joint Finance-Appropriations Committee (JFAC) FY 2017 Budget Hearing

The ICOA Statewide Needs Assessment as well as the PSA VI Older Adults Needs Assessment provided data regarding gaps between existing services and community need. We utilized both needs assessment data to quantify service need as well as to identify areas where programs may need to be developed and assist in identifying service levels for existing programs.
Census data was used to quantify targeted population segments. Specifically, we used Census data to quantify the need for Outreach and Aging and Disabilities Resource Center.

The ACL FY 2013 Report to Congress and the ICOA JFAC FY 2017 Budget Hearing provided national and statewide data that was instrumental in performing the qualitative analysis of services provided.

As a final note regarding service delivery, some service levels have been dictated by funding. The Idaho Commission on Aging has mandated minimum percentages for funding allocation among various service categories. We are required to budget at least 37% of our total funding to Home Delivered/Congregate Meals, 15% to Homemaker/Respite/Transportation (with a 2% minimum to each of those categories), and 3% of IIIB funds to Legal Assistance. Refer to Attachment C. This has caused us to expand the delivery of some services and restrict the delivery of other services, as compared to previous trends. The data sets described above, assisted us in determining how funding should be distributed within those bands. The Area VI Agency on Aging (AAA), located in

Idaho Falls, Idaho, is responsible for serving older residents of Planning and Service Area (PSA) VI. It operates as a part of the Eastern Idaho Community Action Partnership (EICAP) and serves the geographic region commonly known as eastern Idaho. This region includes nine counties: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton.

Area VI coordinated and collaborated with the ICOA, consumers, and the five other AAA's statewide to develop assessments, reports, and area wide plans. Additional involvement included the development of an Area Plan Steering Committee (Attachment G) as well as input and approval from the Area VI Agency on Aging Advisory Council (Attachment H) and Governing Body. The Area Plan was put out for public comment prior to being submitted to the ICOA for approval. The comments received are provided in Attachment J.

This section summarizes issues identified and provides a reference to the four areas identified in the State Plan (which the Area Plan is patterned after) along with the corresponding Objectives. The majority of this data comes from assessments that were coordinated by ICOA and were outlined in the State Plan.

- Focus Area A: Older American's Act (OAA) Core Programs
- Focus Area B: OAA Discretionary Programs
- Focus Area C: Participant-Directed/Person-Centered Planning
- Focus Area D: Elder Justice

1. Idaho State University Needs Assessment (Final Report, April 2016): ICOA coordinated with the Institute of Rural Health at Idaho State University to complete this needs assessment and the overall goal was to gain information on the current and future long-term care needs of Idahoans. There were 1,800 surveys mailed to Idaho residents age 50 and older based on target population demographics (greatest economic and social needs). Additional surveys were made available online as well as hardcopies provided to Senior Centers. There were 626 respondents across Idaho. Only 34 respondents (which equaled 5% of the total statewide responses) were from Area VI's 9 county service area.

Identified Issues and Results:
- The top three current needs most often identified were Information and Assistance (61%) Disease Prevention & Health Promotion Programs (37%), and Transportation (34%). **Focus Area A:** Objective 3: Information and Assistance (I&A) and Objective 2: Outreach, Objective 11: Disease Prevention and Health Promotion, Objective 1: Transportation.
- When asked about specific long-term care services and supports, the need identified was formal Chore services (11%), Disease Prevention & Health Promotion (10%) and Legal Assistance (8%). Respondents had the most problems, both major and minor, with home maintenance (52%), housework (42%), and finding information about services (39%). Feeling lonely, sad, or isolated was also a problem for more than a third of

respondents (37%). **Focus Area A:** Objective 6: Chore, Objective 11: Disease Prevention and Health Promotion, Objective 8: Legal Assistance, Objective 7: Minor Home Modification, Objective 6: Chore and Objective 5: Homemaker.

- For future needs, Information & Assistance (I&A) (46%), Transportation (46%) and Home Delivered Meals (34%) were identified as most needed. **Focus Area A:** Objective 3: I&A, Objective 1: Transportation, Objective 10: Home Delivered Meals.
- 47% of respondents were not aware of services provided by the listed agencies and organizations. **Focus Area A:** Objective 2: Outreach

2. PSA VI Older Adults Needs Assessment (Refer to Attachment S: PSA VI Older Adults Needs Assessment) administered in March 2017: Area VI gathered additional data from those living in our 9 county service area to help us better understand the current and future needs of the aging population. This was an effort to help supplement the data that we received from our Statewide Needs Assessment. Our Older Adults Needs Assessment was available by hard copy and on-line via Survey Monkey from March 4th through March 31th, 2017. We also mailed copies of our Needs Assessment to each of the 12 Senior Centers in our PSA. In addition we hand-delivered several hard copies to home health agencies, Eastern Idaho Public Health, senior housing complexes, Idaho Legal Aid, and several other community partners. We received 164 completed Needs Assessments. The majority of them were done via hard copy.

Identified Issues and Results:
- The top three current needs most often identified were: Personal care such as bathing, dressing, toileting (67%), Chore or yard care (29%), and Dental, Vision, or Hearing (27%).
- 43% of respondents indicated that they do not need any assistance. **Focus Area A**: Objective 5: Homemaker, Objective 6: Chore, Objective 11: Disease Prevention and Health Promotion.
- 53% of respondents indicated that they do not know what assistance is available in our community and 57% reported that they do not have enough money to pay for help. The overwhelming majority of respondents indicated that they could call a family member (75%) or a friend or neighbor (16%) for help. **Focus Area A:** Objective 2: Outreach, **Focus Area B:** Objective 2: MIPPA.
- The top three needs that caregivers reported were: Formal advise or emotional support (from a therapist, psychologist, psychiatrist or primary care physician) on issues such as caring for grandchildren and other caregiver issues (47%), Organized support groups (29%), and Equipment (such as assistive devices, ramps, rails, etc.) (29%). **Focus Area A:** Objective 12: National Family Caregiver Support Program (NSFP) Objective 7: Minor Home Modification, **Focus Area C**: Objective 1: Participant-Directed/Person-Centered Planning.
- Respondents reported that their top 3 ways of finding out about available community resources are: Family, friends, neighbors, church (74%), Newspaper (56%), and TV News

(44%). **Focus Area A:** Objective 2: Outreach, **Focus Area C**: Objective 1: Participant-Directed/Person-Centered Planning.

- 68% of respondents indicated that they are driving themselves to needed appointments, social activities, shopping, etc. and an additional 25% reported that they get a ride with a family member or friend. Over 75% reported that they never have difficulty arranging transportation for themselves. **Focus Area A:** Objective 1: Transportation.

3. Aging and Disability Resource Center (ADRC) No Wrong Door (NWD) Assessment (Final Report, April 2015). This report presents the findings from a two-part needs assessment of Idaho's system of long-term services and supports. The first part gathered feedback from stakeholders. The second part surveyed 2,605 individuals over 60 and between the age of 18 and 60 with disabilities.

Identified Issues and Results:
- Long-term services and supports information was not reaching the people who needed it. **Focus Area A:** Objective 12: NFCSP, **Focus Area B:** Objective 2: MIPPA.
- Senior Centers are not being used as information hubs to the extent possible. **Focus Area A:** Objective 2: Outreach and 11: Disease Prevention and Health Promotions, **Focus Area B:** Objective 1: Senior Medicare Patrol (SMP) and Objective 2: MIPPA.
- Organizations operate in silos. **Focus Area A:** Objective 2: Outreach and Objective 3: I&A.
- ADRC is an unfinished product.
- The pressure on the long-term care system will continue to grow. **Focus Area A:** Objective 2: Outreach and Objective 3: I&A.
- The transformation of practice within the primary care system includes the prospect of enhancing the health care community's awareness and understanding of person-centered counseling practice. It also provides the possibility of creating linkages at the regional and local level among public health districts, behavioral health boards, long-term service providers, AAAs, CILs, and others. **Focus Area A:** Objective 2: Outreach, Objective 3: I&A, **Focus Area C:** Objective 1: Participating-Directed/Person-Centered Planning.
- Streamlining access to care requires collaboration and innovation. **Focus Area A:** Objective 3: I&A, and **Focus Area B**: Objective 2: MIPPA.
- Need for public outreach, coordinated applications for service, staff training, and service plan management (including quality assurance) **Focus Area A:** Objectives 2: Outreach, **Focus Area C:** Objective 1: Participating-Directed/Person-Centered Planning.
- People are open and interested in the ADRC, but know there are costs, benefits and challenges to change the existing system, so there needs to be a clear direction. **Focus Area C:** Objective 1: Participating-Directed/Person-Centered Planning.

4. Senior Capacity (Legal) Assessment (Final Report, April 2015): Data and information was collected on existing legal delivery system for low-income older adults. A focus group was created, which consisted of elder law attorneys, legal aid attorneys, administrators of aging services programs, and representatives from community organizations. A research team also conducted interviews including AAA directors, AAA information and referral specialists, AP supervisors, county government and Idaho Legal Aid staff, and individuals involved with local boards of the community guardian (BOCG).

Identified Issues and Results:

- Need to further coordinate existing informational legal resources. **Focus Area A:** Objective 3: I&A, and Objective 8: Legal Assistance.
- Need to develop additional educational materials related to planning for less restrictive guardianship alternatives and Medicaid/government benefits. **Focus Area A:** Objective 3: I&A, and Objective 8: Legal Assistance.
- Work with health care providers to facilitate an additional point of contact through which to promote and distribute aging and Medicaid/government benefits planning educational materials. **Focus Area A:** Objective 2: Outreach, **Focus Area B:** Objective 2: MIPPA , **Focus Area D:** Objective 1: Ombudsman, Objective 2. State Adult Protection.
- Make the sustainability of the Senior Legal Hotline a priority. **Focus Areas A:** Objective 8: Legal Assistance.
- Capitalize on national efforts to implement person-centered and family-centered strategies in promoting less restrictive alternatives to full guardianship, including durable powers of attorney, care coordination, and limited guardianship. **Focus Area D:** Objective 1: Ombudsman, Objective 2. State Adult Protection. **Focus Area C:** Objective 1: Participating-Directed/Person-Centered Planning.
- Proactively pursue partnerships with hospitals, health care delivery systems, and other health care providers to address legal issues seniors face. **Focus Areas A:** Objective 8: Legal Assistance, Objective 3: I&A, and Objective 2: Outreach.
- Resources are not available to fully implement Idaho's protections for vulnerable adults, including the use of limited guardianships whereby the protected individual continues to retain some rights. **Focus Area D:** Objective 1: Ombudsman, Objective 2: State Adult Protection. **Focus Areas A:** Objective 8: Legal Assistance.
- Increase coordination between services for older adults and younger vulnerable adults at the state level to mirror such coordination at the federal level through the Administration for Community Living. **Focus Area D:** Objective 1: Ombudsman, Objective 2: State Adult Protection. **Focus Area C:** Objective 1: Participating-Directed/Person-Centered Planning.

Focus Area A: Older Americans Act (OAA) Core Programs

ICOA Goal: Increase OAA core services by:
- Utilizing financial and operational data to increase services to older individuals and standardizing proven best practices for service delivery throughout the Planning and Service Area.
- Coordinating with health and social service partners to broaden access for long-term care services.

1: Transportation Objective: To utilize best available data and resources from current transportation systems to maximize available services to older individuals.

Service Description: Transportation funds are used for operating expenses only and are designed to transport older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or otherwise promoting independent living. The funds need to be used in conjunction with local transportation service providers, public transportation agencies, and other local government agencies, that result in increased provision. Service is provided to: congregate meal sites, supportive services (health services, programs that promote physical and mental well-being and shopping) community facilities and resources for the purpose of applying for and receiving services, which include comprehensive counseling and legal assistance.

Service Eligibility: Individual 60 years of age or older.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Ashton Senior Center	522 Main Street, Ashton, ID 83420	208-652-3594	Thurs. & Fri. (Times are based on demand)
Challis Senior Center	695 Challis Creek Rd., Challis, ID 83226	208-879-6338	Mon., Wed., Fri. (Times are based on demand)
Lemhi Co. Economic Development Association (LECDA)	803 Monroe St. Salmon, ID 83467	208-756-1875	Mon.-Fri. 9am-5pm
Mackay Senior Center	301 Cedar Ave., Mackay, ID 83251	208-588-2105	Mon. & Fri. (Times are based on demand)
Madison Co. Senior Center	41 S 2nd W. / PO Box 361 Rexburg, ID 83440	208-356-0080	Mon.-Fri. (Times are based on demand)
Salmon Nutrition Site, Inc.	200 Main Street, Salmon, ID 83467	208-756-3556	Mon., Wed., Fri. (Times are based on demand)
South Fremont Senior Citizens, Inc.	420 N. Bridge St. Ste. D., Saint Anthony, ID 83445	208-624-3458	Mon.-Thurs. (Times are based on demand)
Targhee Regional Public Transportation Authority (TRPTA)	1810 W. Broadway #7 Idaho Falls, ID 83402	208-524-0216	Mon.-Fri. 7am-5pm

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total	

SFY 2016 (July 2015 – June 2016) Actual	$60,088	$4,929	$65,017
SFY 2017 (July 2016 – June 2017) Actual	$66,528	$0	$66,528
SFY 2018 (July 2017 – June 2018) Budget	$50,411	$0	$50,411
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Transportation Service Delivery Strategy: Identify best practices in conjunction with local transportation service providers, public transportation agencies, and other local government agencies that result in increased service provision in our 9 county PSA.

Performance Measure:
- Effectiveness = Number of boardings.
- Efficiencies = Total cost, cost per boarding.
- Quality = Consumer satisfaction (use ACL's POMP-Performance Outcome Management Project).

Baseline:

State Fiscal Year (SFY)	Annual Boardings	Average Cost per Boarding	Consumer Satisfaction %
SFY 2016 (July 2015 – June 2016) Actual	28,419	$2.29	Not Available
SFY 2017 (July 2016 – June 2017) Actual	25,148	$2.65	Not Available
SFY 2018 (July 2017 – June 2018) Actual			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Benchmark:
- Increase total number of boardings by 2% annually and specifically focus on increasing boardings in our rural and underserved counties.
- Using standardized consumer satisfaction will be at 85% or higher.

B. Transportation Coordination Strategy: Coordinate with local transportation service providers, senior centers, public transportation agencies, and other local government agencies to identify ways to improve access to senior transportation information and resources.

Performance Measure: Transportation information access points for seniors located in each of the 9 counties in our PSA.

Baseline:

County	Current Senior Transportation Providers/Transportation Information Access Points
Bonneville	TRPTA
Butte	NONE
Clark	NONE
Custer	Challis Senior Center, Mackay Senior Center
Fremont	Ashton Senior Center, South Fremont Senior Center, TRPTA
Jefferson	TRPTA
Madison	Madison Senior Center, TRPTA

Lemhi	Lemhi Co Economic Development Association (LECDA), Salmon Senior Center
Teton	TRPTA

Benchmark: Identify additional senior transportation information/resource access points to counties that are currently underserved.

2: Outreach Objective: To target outreach efforts that increase OAA core services.

Service Description: Outreach funds are used to seek out older persons, identify their service needs, and provide them with information and assistance to link them with appropriate services. Outreach efforts must emphasize the following: *(i) older individuals residing in rural areas. (ii)&(iii) older individuals with greatest economic and 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; (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).*

Service Eligibility: General public needing long-term care services and supports.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Area VI Agency on Aging	935 E. Lincoln Rd. Idaho Falls, ID 83401	208-522-5391	Mon.-Fri. 8am-4:30pm

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$2,290	$2,290
SFY 2017 (July 2016 – June 2017) Actual	$0	$9,383	$9,383
SFY 2018 (July 2017 – June 2018) Budget	$0	$10,735	$10,735
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Outreach Service Delivery Strategy: Identify best practice through tracking core performance data for each OAA Core service prior to and for a period after outreach events to see if outreach was successful. Each outreach activity should emphasis reaching the six target areas:

1. Seniors residing in rural areas
2. Greatest economic need
3. Greatest social need
4. Seniors with limited English ability
5. Seniors with severe disabilities
6. Seniors with Alzheimer's disease and related disorders

Performance Measure: Outreach units for each OAA service.

Baseline:

State Fiscal Year (SFY)	One-to-one Contacts	
SFY 2016 (July 2015 – June 2016) Actual	2,096	
SFY 2017 (July 2016 – June 2017) Actual	2,562	
SFY 2018 (July 2017 – June 2018) Actual		
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

Benchmark: Target outreach to specific services based on performance data. Outreach efforts must show a direct impact to the targeted service.

A. **Outreach Coordination Strategy:** Coordinate efforts with local community partners to increase "access to" and "participation in" OAA core services.

Performance Measure: Local level partner for each OAA core service.

Baseline:

Service	Partner
Transportation	TRPTA, Lemhi Rides, Senior Centers/Meal Sites
Homemaker	Contracted In-Home Providers, Home Health Agencies, Idaho Department of Health & Welfare.
National Family Caregiver Support Program: Respite, Caregiver Support Groups, Caregiver Evidence Based Program—Powerful Tools for Caregivers	AAA VI, Idaho Department of Health & Welfare.
Chore	Contracted In-Home Providers
Minor Home Modification	Eastern Idaho Community Action Partnership, LIFE, Inc.
Legal Assistance	Idaho Legal Aid, Senior Legal Aid Hotline
Evidence Based Programs	AAA VI, Qualis Health, Idaho Falls Senior Center, Eastern Idaho Public Health
Congregate Meals	Senior Centers/Meal Sites
Home Delivered Meals	Senior Centers/Meal Sites
Disease Prevention Health Promotions	AAA VI, Qualis Health, Idaho Falls Senior Center, Eastern Idaho Public Health

Benchmark:

- Identify additional local partners that the AAA can provide information to in order to increase the overall utilization of core OAA services.
- Target outreach to specific OAA services based on performance data.

3: Information and Assistance (I&A) Objective: To provide older individuals with statewide access to comprehensive long-term care resource assistance and OAA core service eligibility determination in coordination with Aging and Disability Resource Center (ADRC) partners.

Service Description: Information and assistance (I&A) funds are used to: (1) Provide older individuals with current information on long-term care supports, services and opportunities available within their communities, including information relating to assistive technology; (2) Assess older individual's problems and capacities; (3) Link older individuals to long-term care supports, services and opportunities that are available; (4) To the maximum extent

practicable, ensure that older individuals receive needed services, and are aware of available opportunities by establishing follow-up procedures; and (5) Serve the entire community of older individuals, particularly: (i) Older individuals with the greatest social need; (ii) Older individuals with the greatest economic need; and (iii) Older individuals at risk for institutional placement.

Service Eligibility: General public needing long-term care services and supports.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Area VI Agency on Aging	935 E. Lincoln Rd. Idaho Falls, ID 83401	208-522-5391	Mon.-Fri. 8am-4:30pm

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$114,104	$114,104
SFY 2017 (July 2016 – June 2017) Actual	$0	$99,206	$99,206
SFY 2018 (July 2017 – June 2018) Budget	$0	$108,090	$108,090
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. **I&A Service Delivery Strategy:** Utilize performance data from our PSA to increase both the efficiency and effectiveness of I&A services.

Performance Measure:
- Efficiencies = Cost per contact, average contact per Full Time Equivalent/I&A staff.
- Effectiveness = Total contacts, total costs.

Baseline:

State Fiscal Year (SFY)	Total Annual Contacts	Average Cost per Contact	Allocated Number of I&A Staff	Average Monthly Contact per I&A Staff
SFY 2016 (July 2015 – June 2016) Actual	6,973	$16.36	2.09	278
SFY 2017 (July 2016 – June 2017) Actual	4,271	$23.23	1.67	213
SFY 2018 (July 2017 – June 2018) Actual			1.67	
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Increase the number of I&A contacts by 3% each year.

B. **I&A Coordination Strategy:** Coordinate with local community partners in our PSA to increase awareness of I&A services as well as distribute brochures and other literature informing community members and service providers of I&A and other AAA services.

Performance Measure: Increase number of local community partners to provide access to long-term care I&A resources and supports.

State Fiscal Year (SFY)	SFY 2016 (July 2015-June 2016) Community Partners	SFY 2017 (July 2016-June 2017) Community Partners	SFY 2018 (July 2017-June 2018) Community Partners	SFY 2019 (July 2018-June 2019) Community Partners	SFY 2020 (July 2019-June 2020) Community Partners
Baseline:					
Bonneville	15				
Butte	7				
Clark	2				
Custer	9				
Fremont	10				
Jefferson	13				
Lemhi	9				
Madison	11				
Teton	8				

Benchmark: Identify additional community partners, especially in counties that are underserved by I&A and other AAA services.

4: Case Management Objective: To provide statewide access to Case Management service for older individuals who need an optimum package of long-term care services.

Service Description: Case Management funds are used for eligible older individuals and disabled adults, at the direction of the older individual or a family member of the older individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs. Activities of case management include: comprehensive assessment of the older individual; development and implementation of a service plan with the individual to mobilize formal and informal resources and services; coordination and monitoring of formal and informal service delivery; and periodic reassessment.

Service Eligibility: Individuals 60 years of age or older who cannot manage services on their own.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Area VI Agency on Aging	935 E. Lincoln Rd. Idaho Falls, ID 83401	208-522-5391	Mon.-Fri. 8am-4:30pm

Funding Source: Federal: Administration for Community Living (ACL), and the State of Idaho.

(Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$0	$0
SFY 2017 (July 2016 – June 2017) Actual	$0	$0	$0
SFY 2018 (July 2017 – June 2018) Budget	$1,970	$0	$1,970
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. **Case Management Service Delivery Strategy:** Utilize AAA supervisory staff for those cases where no other Case Management service is available and an individual is unable to manage multiple services for themselves. If Case

Management is needed, cost and corresponding units of service will be accounted for under case management.

Performance Measure:
- Efficiencies = Cost per consumer, average cost per unit.
- Effectiveness = Total consumers, total costs, total unit hours.

Baseline:

State Fiscal Year (SFY)	Total Unduplicated Clients Served	Average Cost per Client	Total Annual Units (hrs.)	Average cost per Unit (hr.)
SFY 2016 (July 2015 – June 2016) Actual	0	Not Applicable	0	Not Applicable
SFY 2017 (July 2016 – June 2017) Actual	0	Not Applicable	0	Not Applicable
SFY 2018 (July 2017 – June 2018) Actual				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Account for Case Management Cost and Units provided by the AAA.

B. Case Management Coordination Strategy: Establish Case Management protocols with providers who serve the following: individuals with disabilities (Center for Independent Living, Idaho Department of Health & Welfare), Veterans (Veterans Service Officer), and Facility Residents (discharge planners) to ensure that seniors and individuals with disabilities are being referred to the correct provider.

Performance Measure:
- Local Protocols
- Referral List with specific type of Case Management services available

Baseline:

Case Management Focus Area	Agency	Protocol In Place
Disabilities	Center for Independent Living—LIFE. Inc., Idaho Department of Health & Welfare—Medicaid, Mental Health, Developmental Disability Crisis Team, Regional Medicaid Unit	No
Veterans	Veterans Service Officer	No
Facility Residents	Idaho Home Choice—LIFE, Inc. and AAA	No

Benchmark: Each year increase Case Management referral resources and Protocols.

5: Homemaker Objective: To provide statewide access to Homemaker services for eligible individuals.

Service Description: Homemaker funds are used to assist an eligible person with housekeeping, meal planning and preparation, essential shopping and personal errands, banking and bill paying, medication management, and, with restrictions, bathing and washing hair.

Service Eligibility: Seniors 60 years of age or older and meets any of the following requirements:
a. They have been assessed to have Activities of Daily Living (ADL) deficits, and/or Instruments of Activities of Daily Living (IADL) deficits, which prevent them from maintaining a clean and safe home environment.

b. Clients aged 60 years or older, who have been assessed to need homemaker service, may be living in the household of a family member (of any age) who is the primary caregiver.

c. They are Adult Protection referrals and homemaker service is being requested as a component of a Supportive Service Plan (SSP) to remediate or resolve an adult protection complaint.

d. They are home health service or hospice clients who may be eligible for emergency homemaker service.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
24/7 Idaho Home Care	1920 E 17th St, Ste. 213 Idaho Falls, ID 83404	208-524-3634	Mon.-Fri. 8 AM-5 PM
Access Private Duty, LLC (SENIOR CARE)	359 E Main St, Ste. 4 American Fork, UT 84003	801-642-2665	Mon.-Fri. 8:30 AM-5 PM
All Heart Home Care, LLC	211 S Woodruff, Ste. B-1 Idaho Falls, ID 83401	208-542-5100	Mon.-Fri. 8 AM-4 PM
First Choice Home Care	3544 E 17th St, #201 Ammon, ID 83406	208-524-0685	Mon.-Fri. 8 AM-5 PM
Lifestyle Home Care	3767 Professional Way Idaho Falls, ID 83402	208-522-1302	Mon.-Fri. 8 AM-5 PM
Personal Home Care, LLC	PO Box 52 Mackay, ID 83251	208-588-2302	Mon.-Fri. 8 AM-5 PM
Premium Choice Homecare, Inc.	1675 Curlew Drive Ammon, ID 83406	208-932-3798	Mon.-Fri. 8 AM-5 PM
QualiCare, Inc.	3539 Briar Creek, Ste. A Ammon, ID 83406	208-542-1388	Mon.-Fri. 7 AM-6 PM

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$74,493	$9,794	$84,287
SFY 2017 (July 2016 – June 2017) Actual	$78,366	$1	$78,367
SFY 2018 (July 2017 – June 2018) Budget	$74,700	$7,800	$82,500
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Cost Share: Both federal and state funds are eligible; however different requirements apply: If only federal funds are used, the AAA must use individual income when determining cost-share and participants cannot be terminated for refusal to pay. If only using state funds, the AAA must use household income when determining cost-share and person can be terminated for refusal to pay. If a combination of federal and state funds is used, the AAA follows federal requirements.

A. **Homemaker Service Delivery Strategy:** Utilize performance data from our PSA to increase the efficiency, effectiveness, and quality of Homemaker services.
Performance Measure: • Efficiencies = Cost per consumer, average units per consumer. • Effectiveness = Total consumers, total unit hours, total costs, and registered consumers by at risk factor. • Quality=Consumer Satisfaction

Baseline:

State Fiscal Year (SFY)	Total Unduplicated Clients Served	Total Annual Units (hrs.)	Average cost per Unit (hr.)	Annual Units (hrs.) per Client	Annual Expense per Client
SFY 2016 (July 2015 – June 2016) Actual	161	5,765	$14.62	36	$523.52
SFY 2017 (July 2016 – June 2017) Actual	155	5,352	$14.64	35	$505.59
SFY 2018 (July 2017 – June 2018) Actual					
SFY 2019 (July 2018 – June 2019)					
SFY 2020 (July 2019 – June 2020)					

Demographic Baseline:

Homemaker State Fiscal Year (SFY)	Census Data: % of Population Living in Rural Areas	% of Registered Consumers living in Rural Areas	Census Data: % of Population in *Greatest Economic Need	% of Registered Consumers with Greatest Economic Need	Census Data: % of Population in **Greatest Social Need	% of Registered Consumers with Greatest Social Need
SFY 2016 (July 2015 – June 2016)	12,731/33,677 =38%	59/163 =36%	1,430/33,677 =4%	65/163 =40%	5,041/33,677 =15%	115/163 =71%
SFY 2017 (July 2016 – June 2017)						
SFY 2018 (July 2017 – June 2018)						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

*__Greatest Economic Need: 65 or older living in Poverty__
**__Greatest Social Need: 65 or older living alone__

Benchmark:

- Maintain standard number of maximum Homemaker units per month per consumer.
- Increase total number of Homemaker consumers by 5% annually.
- Maintain or exceed the number of at-risk consumers identified in the above demographic baseline.
- Using ACL's POMP, consumer satisfaction will be at 85% or higher.

B. Homemaker Coordination Strategy: Establish standardized service units and cost-sharing parameters through coordination and collaboration with ICOA and the other AAA's.

Performance Measure: Establish service unit and cost sharing standards.

Baseline:

- AAA VI currently has a maximum of 5 hours per month per consumer.
- Current cost-share starts at 100% of poverty.

Benchmark:

- Implement established service unit and cost-sharing standards for Homemaker services.

6: Chore Objective: To expand chore services statewide.

Service Description: Chore funds are used to improve the client's or older individual's safety at home or to enhance the client's use of existing facilities in the home. These objectives shall be accomplished through one-time or intermittent

service to the client. Providing assistance with routine yard work, sidewalk maintenance, heavy cleaning, or minor household maintenance to persons who have functional limitations that prohibit them from performing these tasks.

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Access Private Duty, LLC (SENIOR CARE)	359 E Main St, Ste. 4 American Fork, UT 84003	801-642-2665	Mon.-Fri. 8:30 AM-5 PM
All Heart Home Care, LLC	211 S Woodruff, Ste. B-1 Idaho Falls, ID 83401	208-542-5100	Mon.-Fri. 8 AM-4 PM
First Choice Home Care	3544 E 17th St, #201 Ammon, ID 83406	208-524-0685	Mon.-Fri. 8 AM-5 PM
Lifestyle Home Care	3767 Professional Way Idaho Falls, ID 83402	208-522-1302	Mon.-Fri. 8 AM-5 PM
Personal Home Care, LLC	PO Box 52 Mackay, ID 83251	208-588-2302	Mon.-Fri. 8 AM-5 PM
Premium Choice Homecare, Inc.	1675 Curlew Drive Ammon, ID 83406	208-932-3798	Mon.-Fri. 8 AM-5 PM
QualiCare, Inc.	3539 Briar Creek, Ste. A Ammon, ID 83406	208-542-1388	Mon.-Fri. 7 AM-6 PM

Funding Source: (Actual expenditures for completed year and Budget for current year) Note, if AAA only refers consumers to other organization and does not fund this service, place N/A (Not Applicable) in SFY16 and SFY17 below.

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$986	$0	$986
SFY 2017 (July 2016 – June 2017) Actual	$653	$0	$653
SFY 2018 (July 2017 – June 2018) Budget	$1,500	$0	$1,500
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Cost Share: Both federal and state funds are eligible; however different requirements apply: If only federal funds are used, the AAA must use individual income when determining cost-share and participants cannot be terminated for refusal to pay. If only using state funds, the AAA must use household income when determining cost-share and person can be terminated for refusal to pay. If a combination of federal and state funds is used, the AAA follows federal requirements.

A. Chore Service Delivery Strategy: Expand chore service in our PSA through our contracts with service providers.

Performance Measure:
- Efficiencies = Cost per hour.
- Effectiveness = Total consumers, total costs and total unit hours.

Baseline:

State Fiscal Year (SFY)	Referral or Contracted Service	Total Unduplicated Clients Served	Total Annual Units (hrs.)	Average cost per Unit (hr.) and materials
SFY 2016 (July 2015 – June 2016) Actual	Contract	7	338	$2.92
SFY 2017 (July 2016 – June 2017) Actual	Contract	6	44	$14.84
SFY 2018 (July 2017 – June 2018) Actual	Contract			
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Increase the number of chore consumers by at least 2 annually.

B. **Chore Coordination Strategy:** Coordinate with local community partners, service providers, and contracted providers in our PSA to increase awareness and utilization of Chore services.

Performance Measure: Increased awareness and overall utilization of Chore services via referrals to AAA.

Baseline:

State Fiscal Year (SFY)	Number of Chore Referrals received by AAA
SFY 2016 (July 2015 – June 2016)	N/A
SFY 2017 (July 2016 – June 2017)	
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Increase the number of Chore service referrals to the AAA by 2 annually.

7: Minor Home Modification Objective: Expand minor home modification statewide.

Service Description: Minor home modification funds are used to facilitate the ability of older individuals to remain at home where funding is not available under another program. Not more than $150 per client may be expended under this part for such modification. Types of modification: bathroom grab bars, handrails for outdoor steps, materials to help build wheelchair ramps, etc.

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:
- Eastern Idaho Community Action Partnership, 935 E. Lincoln Rd. Idaho Falls, ID 83401, 208-522-5391, Mon.-Fri. 8 AM-4:30 PM
- LIFE, Inc., 250 S Skyline Dr. # 1, Idaho Falls, ID 83402, 208-529-8610, Mon.-Fri. 8 AM-5 PM
- Good Samaritan, 825 Whittier Cir. Idaho Falls, ID 83401, 208-522-0577, Mon.-Fri. 9 AM-5 PM

Funding Source: (Actual expenditures for completed years and budget

State Fiscal Year (SFY)	State	Federal	Total	

SFY 2016 (July 2015 – June 2016) Actual	$0	$0	$0
SFY 2017 (July 2016 – June 2017) Actual	$0	$0	$0
SFY 2018 (July 2017 – June 2018) Budget	$0	$0	$0
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Cost Share: Both federal and state funds are eligible; however different requirements apply: If only federal funds are used, the AAA must use individual income when determining cost-share and participants cannot be terminated for refusal to pay. If only using state funds, the AAA must use household income when determining cost-share and person can be terminated for refusal to pay. If a combination of federal and state funds is used, the AAA follows federal requirements.

A. **Minor Home Modification Service Delivery Strategy:** Expand Minor Home Modifications through community referrals.

Performance Measure:
- Efficiencies = Cost per hour.
- Effectiveness = Total consumers, total costs and total unit hours.

Baseline:

State Fiscal Year (SFY)	Referral or Contracted Service	Total Unduplicated Clients Served	Total Annual Units (hrs.)	Average cost per Unit (hr.) and materials
SFY 2016 (July 2015 – June 2016) Actual	Referral	Not Applicable	Not Applicable	Not Applicable
SFY 2017 (July 2016 – June 2017) Actual	Referral	Not Applicable	Not Applicable	Not Applicable
SFY 2018 (July 2017 – June 2018) Actual	Referral	Not Applicable	Not Applicable	Not Applicable
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Increase the number of home modification referrals by 3% annually.

B. **Minor Home Modification Coordination Strategy:** Coordinate with service providers to meet the need of minor home modification.

Performance Measure: The number of identified minor home modification providers/referral sources.

Baseline:

State Fiscal Year (SFY)	Minor Home Modification Providers
SFY 2016 (July 2015 – June 2016)	EICAP, LIFE, Inc.
SFY 2017 (July 2016 – June 2017)	EICAP, LIFE, Inc. Good Samaritan
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Identify at least 2 additional minor home modification providers/referral sources annually.

8: Legal Assistance Objective: Provide access to legal information resources and legal assistance to priority services.

Service Description: Legal Assistance funds are used for the following priority of legal issues related to: income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse or neglect, and age discrimination.

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:
- Idaho Legal Aid Services, 482 Constitution Way # 101, Idaho Falls, ID 83402, (208) 524-3660

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$8,168	$8,168
SFY 2017 (July 2016 – June 2017) Actual	$0	$10,178	$10,178
SFY 2018 (July 2017 – June 2018) Budget	$0	$9,000	$9,000
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Legal Assistance Service Delivery Strategy: Establish consistent system to track legal assistance data for our PSA in order to increase efficiency and effectiveness of service delivery.

Performance Measure:
- Efficiencies = Cost per hour.
- Effectiveness = Number of cases, number of hours and total costs.

Baseline:

Older Americans Act Service Priority	SFY16 Cases	SFY17Cases	SFY18 Cases	SFY19 Cases	SFY20 Cases
Income	6	9			
Health Care	16	8			
Long-term care	11	6			
Nutrition	0	0			
Housing	7	4			
Utilities	0	0			
Protective Services	0	0			
Defense of Guardianship	0	1			
Abuse	0	0			
Neglect	0	0			
Age Discrimination	0	1			
Other	3	5	Not Applicable	Not Applicable	Not Applicable
Total	43	34	0	0	0

Older Americans Act Service Priority	SFY16 Hours	SFY17 Hours	SFY18 Hours	SFY19 Hours	SFY20 Hours
Income	14.8	33.5			
Health Care	43.5	30.8			
Long-term care	15.7	21.7			
Nutrition	0	0			
Housing	16.2	13.9			
Utilities	0	0			
Protective Services	0	0			
Defense of Guardianship	0	14.8			
Abuse	0	0			
Neglect	0	0			
Age Discrimination	0	1.8			
Other	18.7	27.6	Not Applicable	Not Applicable	Not Applicable
Total	108.9	144.10	0	0	0

SFY16: State Fiscal Year, July 1, 2015 – June 30, 2016
SFY17: State Fiscal Year, July 1, 2016 – June 30, 2017
SFY18: State Fiscal Year, July 1, 2017 – June 30, 2018
SFY19: State Fiscal Year, July 1, 2018 – June 30, 2019
SFY20: State Fiscal Year, July 1, 2019 – June 30, 2020

Benchmark:
- Ability to track types and categories of legal assistance billed to the AAA in order to ensure service delivery compliance.

B. Legal Assistance Coordination Strategy: Coordinate efforts with ICOA and local Idaho Legal Aid Services to promote awareness and increase the utilization of the Senior Legal Hotline.

Performance Measure: The number of calls received by the Idaho Senior Legal Hotline.

Baseline:

State Fiscal Year (SFY)	Number of calls received by the Idaho Senior Legal Hotline in PSA VI
SFY 2016 (July 2015 – June 2016)	Email sent to Idaho Legal Aid on 5/2/17—No response as of yet.
SFY 2017 (July 2016 – June 2017)	
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Increase the number of calls received by the Idaho Senior Legal Hotline in our PSA by 5% annually.

9: Congregate Meals Objective: Increase participation at meal sites to reduce isolation and increase socialization.

Service Description: Congregate Meal program funds are used to prepare and serve meals in a congregate setting (mostly at Senior Centers), which provide older persons with assistance in maintaining a well-balanced diet, including diet counseling and nutrition education. The purpose of the program is to reduce hunger and food insecurity, promote socialization and the health and well-being of older individuals in Idaho. This service assists seniors to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Service Eligibility: Seniors 60 years of age or older. Additional eligibility: An adult under 60, whose spouse is 60 or older and receives a meal **(must attend together)**, Person with a disability under 60 living in the home with a person 60 or older **(must attend together)**, Person under 60 providing volunteer services during the meal hours.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Ashton Senior Center	522 Main Street / PO Box 806 Ashton, ID 83420	208-652-3594	Mon., Tues., Thurs. & Fri. 12 Noon
Challis Senior Center	695 Challis Cr Rd / PO Box 997 Challis, ID 83226	208-879-6338	Mon., Wed., Fri. 12 Noon
Idaho Falls Senior Center	535 W 21st St Idaho Falls, ID 83402	208-522-4357	Mon.-Fri. 12 Noon
Lost River Senior Center	555 S Water Street Arco, ID 83213	208-527-8296	Mon.-Fri. 12 Noon
Mackay Senior Citizens Inc.	PO Box 413 Mackay, ID 83251	208-588-2105	Mon. & Fri. 12 Noon
Madison Co Senior Citizens Assoc., Inc.	41 S 2nd W / PO Box 361 Rexburg, ID 83440	208-356-0080	Mon.-Fri. 12 Noon
Rigby Senior Center	392 Community Lane / PO Box 525 Rigby, ID 83442	208-745-8211	Mon.-Fri. 12 Noon
Ririe Senior Citizens Center	395 Main Street Ririe, ID 83443	208-538-7313	Tues. & Fri. 12 Noon
Salmon Nutrition Site, Inc.	200 Main Street Salmon, ID 83467	208-756-3556	Mon., Wed., Fri. 1pm
Senior Citizens of Teton County, Inc.	60 S Main St / PO Box 871 Driggs, ID 83422	208-354-6973	Mon., Tues., Thurs. 12 Noon
South Fremont Senior Citizens, Inc.	420 N Bridge St, Ste. D Saint Anthony, ID 83445	208-624-3458	Mon.-Thurs. 12 Noon
West Jefferson Senior Citizens	1075 E 1500 N / PO Box 25 Mud Lake, ID 83450	208-663-4916	Mon. & Wed. 12 Noon

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$124,038	$124,038
SFY 2017 (July 2016 – June 2017) Actual	$17,854	$97,731	$115,585
SFY 2018 (July 2017 – June 2018) Budget	$15,341	$103,711	$119,052
SFY 2019 (July 2018 – June 2019)			

SFY 2020 (July 2019 – June 2020)				

A. **Congregate Meal Service Delivery Strategy:** Increase senior participation at current senior centers/meal sites and particularly in our rural counties that are underserved.

Performance Measure:
- Efficiencies = Average cost per meal, current AAA reimbursement, average consumer contribution, average other contribution.
- Effectiveness = Total consumers, total meals, to visitor meals, and total eligible meals.
- Quality = Consumer satisfaction (ACL's POMP (Performance Outcome Management Project).

Baseline:

State Fiscal Year (SFY)	Total Unduplicated Clients Served	Total Congregate Meals	*Average cost per Congregate Meal	AAA Contracted Meal Reimbursement Rate
SFY 2016 (July 2015 – June 2016) Actual	998	51,198	$2.42	$3.00
SFY 2017 (July 2016 – June 2017) Actual	1,082	48,120	$2.40	$3.00
SFY 2018 (July 2017 – June 2018) Actual				$3.00
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

*AAA Cost includes AAA wages, nutritionist and provider reimbursement.

State Fiscal Year (SFY)	Average *Provider Cost per Meal	Current AAA Contracted Meal Reimbursement Rate	Average Program Income per Consumer	Consumer Satisfaction %
SFY 2016 (July 2015 – June 2016)	$ Unknown	$ 2.30	$ 125.26	N/A
SFY 2017 (July 2016 – June 2017)	$	$ 2.30	$	
SFY 2018 (July 2017 – June 2018)	$	$	$	
SFY 2019 (July 2018 – June 2019)	$	$	$	
SFY 2020 (July 2019 – June 2020)	$	$	$	

*Provider Meal Cost Include: Food, Supplies, Labor Cost, Overhead.

Benchmark:
- Increase total number of meals served by 1% annually.
- Using ACL's POMP, consumer satisfaction will be at 80% or higher.

B. **Congregate Meal Coordination Strategy:** Conduct meetings with current senior center/meal sites and communities to determine possible ways to increase participation (activities, transportation, etc.). Coordinate meetings with local county officials, community partners, community members, etc. to explore the possibility of re-opening or establishing new meal sites.

Performance Measure:
- Meetings in each county that currently has a senior center/meal site as well as in counties that senior center/meal sites have closed or where new meal sites might be established.

Baseline:

State Fiscal Year (SFY)	SFY 2016 (July 2015-June 2016) Meetings	SFY 2017 (July 2016-June 2017) Meetings	SFY 2018 (July 2017-June 2018) Meetings	SFY 2019 (July 2018-June 2019) Meetings	SFY 2020 (July 2019-June 2020) Meetings

Bonneville	N/A	N/A			
Butte	N/A	N/A			
Clark	N/A	N/A			
Custer	N/A	N/A			
Fremont	N/A	N/A			
Jefferson	N/A	N/A			
Lemhi	N/A	N/A			
Madison	N/A	N/A			
Teton	N/A				
TOTAL:	N/A				

Benchmark:
- Increase total number of congregate meal consumers by 2% annually.
- Increase meal sites by at least 1 in PSA VI.

10: Home Delivered Meals Objective: To utilize best available resources to identify potential consumers or older individuals who could benefit from the program.

Service Description: Home Delivered Meal funds are used to provide meals five or more days a week (except in a rural area where such frequency is not feasible) and at least one meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart elects to provide.

Service Eligibility: Seniors 60 years of age or older. Additional Requirements: (a) Persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part. (b) The spouse of the older person, regardless of age or condition, may receive a home delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person. Also, a client's eligibility to receive home delivered meals shall be based upon the degree to which Activities of Daily Living (ADLs)/Instrumental Activities of Daily Living (IADLs) limit ability to independently prepare meals.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Ashton Senior Center	522 Main Street / PO Box 806 Ashton, ID 83420	208-652-3594	Mon., Tues., Thurs. & Fri. 12 Noon
Challis Senior Center	695 Challis Cr Rd / PO Box 997 Challis, ID 83226	208-879-6338	Mon., Wed., Fri. 12 Noon
Idaho Falls Senior Center	535 W 21st St Idaho Falls, ID 83402	208-522-4357	Mon.-Fri. 12 Noon
Lost River Senior Center	555 S Water Street Arco, ID 83213	208-527-8296	Mon.-Fri. 12 Noon
Mackay Senior Citizens Inc.	PO Box 413 Mackay, ID 83251	208-588-2105	Mon. & Fri. 12 Noon
Madison Co Senior Citizens Assoc., Inc.	41 S 2nd W / PO Box 361 Rexburg, ID 83440	208-356-0080	Mon.-Fri. 12 Noon
Rigby Senior Center	392 Community Lane / PO	208-745-8211	Mon.-Fri. 12 Noon

	Box 525 Rigby, ID 83442		
Ririe Senior Citizens Center	395 Main Street Ririe, ID 83443	208-538-7313	Tues. & Fri. 12 Noon
Salmon Nutrition Site, Inc.	200 Main Street Salmon, ID 83467	208-756-3556	Mon., Wed., Fri. 1pm
Senior Citizens of Teton County, Inc.	60 S Main St / PO Box 871 Driggs, ID 83422	208-354-6973	Mon., Tues., Thurs. 12 Noon
South Fremont Senior Citizens, Inc.	420 N Bridge St, Ste. D Saint Anthony, ID 83445	208-624-3458	Mon.-Fri. 12 Noon

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$123,707	$154,690	$278,397
SFY 2017 (July 2016 – June 2017) Actual	$91,772	$195,757	$287,529
SFY 2018 (July 2017 – June 2018) Budget	$103,124	$181,352	$284,476
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Home Delivered Meal Service Delivery Strategy: Identify best practice for managing contracted providers in order to ensure all eligible consumers are served and that there are no waiting lists.

Performance Measure:
- Efficiencies = Average cost per meal, current AAA reimbursement, average consumer contribution, average other contribution.
- Effectiveness = Total consumers, total meals, and total eligible meals and registered consumers by at risk factor.
- Quality = Consumer satisfaction (ACL's POMP (Performance Outcome Management Project).

Baseline:

State Fiscal Year (SFY)	Total Unduplicated Clients Served	Total Home Delivered Meals	*Average cost per Home Delivered Meal	AAA Contracted HDM Reimbursement Rate
SFY 2016 (July 2015 – June 2016) Actual	579	78,616	$3.54	$3.10
SFY 2017 (July 2016 – June 2017) Actual	689	91,214	$3.15	$3.10
SFY 2018 (July 2017 – June 2018) Actual				$3.10
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

*AAA Cost includes AAA wages, nutritionist and provider reimbursement.

State Fiscal Year (SFY)	Average *Provider Cost per Meal	Current AAA Contracted Meal Reimbursement Rate	Average Program Income per Consumer	Consumer Satisfaction %
SFY 2016 (July 2015 – June 2016)	$ Unknown	$ 3.10	$ 176.92	N/A
SFY 2017 (July 2016 – June 2017)	$	$ 3.10	$	N/A
SFY 2018 (July 2017 – June 2018)	$	$	$	
SFY 2019 (July 2018 – June 2019)	$	$	$	
SFY 2020 (July 2019 – June 2020)	$	$	$	

- *Provider Meal Cost Include: Food, Supplies, Transportation, Labor Cost, Overhead.

Demographic Baseline:

Home Delivered Meals State Fiscal Year (SFY)	Census Data: % of Population Living in Rural Areas	% of Registered Consumers living in Rural Areas	Census Data: % of Population in *Greatest Economic Need	% of Registered Consumers with Greatest Economic Need	Census Data: % of Population in **Greatest Social Need	% of Registered Consumers with Greatest Social Need
SFY 2016 (July 2015 – June 2016)	12,731/33,677 =38%	226/579 =39%	1,430/33,677 =4%	172/579 =30%	5,041/33,677 =15%	331/579 =57%
SFY 2017 (July 2016 – June 2017)						
SFY 2018 (July 2017 – June 2018)						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

*__Greatest Economic Need: 65 or older living in Poverty__
**__Greatest Social Need: 65 or older living alone__

Benchmark:
- Ensure that there are no waiting lists and all eligible consumers are served.
- Maintain or exceed the number of at-risk consumers identified in the above demographic baseline.
- Using ACL's POMP, consumer satisfaction will be at 85% or higher.

B. Home Delivered Meal Coordination Strategy: Coordinate with contracted providers (Senior Centers/Meal Sites) as well as with local community partners and service providers to identify consumers as well as their in-home family caregivers who could most benefit from the Home Delivered Meal program.

Performance Measure: Number of registered home delivered meal consumers.

Baseline:

State Fiscal Year (SFY)	SFY 2016 (July 2015-June 2016) Number of Registered HDM Consumers	SFY 2017 (July 2016-June 2017) Number of Registered HDM Consumers	SFY 2018 (July 2017-June 2018) Number of Registered HDM Consumers	SFY 2019 (July 2018-June 2019) Number of Registered HDM Consumers	SFY 2020 (July 2019-June 2020) Number of Registered HDM Consumers
Ashton Senior Center	12				
Challis Senior Center	2				
Idaho Falls Senior Center	140				
Lost River Senior Center	6				
Mackay Senior Center	0				
Madison Co. Senior Citizens Assoc., Inc.	33				
Rigby Senior Center	27				
Ririe Senior	7				

Citizens Center					
Salmon Nutrition Site, Inc.	18				
Seniors West of the Tetons (SWOT)	12				
South Fremont Senior Citizens, Inc.	17				

Benchmark:
- Increase the number of registered home delivered meal consumers served by 2% annually.

11: Disease Prevention and Health Promotions Objective: Improve the wellness of seniors by ensuring that Disease Prevention and Health Promotion programs are delivered according to the evidence-based guidelines.

Service Description: Disease Prevention and Health Promotion funds are for evidence-based programs selected by the Area Agencies on Aging based on input from the consumers in the Planning and Service Area (PSA). Evidence-based programs support healthy lifestyles and promote healthy behaviors and reduce the need for more costly medical interventions. The purpose of the Aging and Disability Evidence-Based Programs and Practices (ADEPP) is to help the public learn more about available evidence-based programs and practices in the areas of aging and disability and determine which of these may best meet their needs.

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:
- Brenda Frandson, Qualis Health—schedule of DSMP classes can be found online at: http://medicare.qualishealth.org/projects/everyone-with-diabetes-counts/diabetes-self-management-program-Idaho

- Timalee Geiser, Eastern Idaho Public Health (schedule of Fit & Fall Proof Classes can be found by calling (208) 522-0310 Hollipark Dr., Idaho Falls, ID 83401, Mon.-Fri. 8 AM-12 Noon and 1 PM-5 PM.

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$18,060	$18,060
SFY 2017 (July 2016 – June 2017) Actual	$0	$17,195	$17,195
SFY 2018 (July 2017 – June 2018) Budget	$0	$9,306	$9,306
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Disease Prevention and Health Promotion Service Delivery Strategy: Enhance current Evidence Based Programs (as approved by ACL and ICOA) for seniors in our 9 county PSA.

Performance Measure:
- Efficiencies = Cost per consumer.
- Effectiveness = Total program cost and numbers of consumers.

Baseline:

Diabetes-Self Management Program

State Fiscal Year (SFY)	Evidence Based Program Expense	Total Unduplicated Clients	Average cost per Client
SFY 2016 (July 2015 – June 2016) Actual	$2,755	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual		Not Available	Not Available
SFY 2018 (July 2017 – June 2018) Budget	$9,306 (split with CDSMP)		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Fit and Fall Proof Program

State Fiscal Year (SFY)	Evidence Based Program Expense	Total Unduplicated Clients	Average cost per Client
SFY 2016 (July 2015 – June 2016) Actual	$10,205	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual		Not Available	Not Available
SFY 2018 (July 2017 – June 2018) Budget	$ 0		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Chronic Disease Self-Management Program

State Fiscal Year (SFY)	Evidence Based Program Expense	Total Unduplicated Clients	Average cost per Client
SFY 2016 (July 2015 – June 2016) Actual	$0	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	$0	Not Available	Not Available
SFY 2018 (July 2017 – June 2018) Budget	$9,306 (split with DSMP)		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Benchmark: Increase the number of eligible consumers who participate in Evidence-Based Programs.

B. **Disease Prevention and Health Promotion Coordination Strategy:** Coordinate with current contracted providers and community partners to identify ACL and ICOA approved evidence-based programs that meet the needs of the older individuals in our PSA.

Performance Measure: Number of Evidence-Based Programs in our PSA.

Baseline:

State Fiscal Year (SFY)	Number of Evidence-Based Programs
SFY 2016 (July 2015 – June 2016)	3

SFY 2017 (July 2016 – June 2017)	
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:
- Maintain current ACL and ICOA approved Evidence-Based Programs.
- Explore possibility of adding additional Evidence-Based Programs in our PSA (as approved by ACL and ICOA).

12: National Family Caregiver Support Program (NFCSP) Objective: To strengthen the Idaho's Family Caregiver Support Program.

Service Description: NFCSP funds must be used to support and train caregivers to make decisions, resolve problems, and develop skills to carry out their caregiving responsibilities:
1. Caregiver information (large group presentations, printed materials, media);
2. Caregiver access assistance (assisting caregiver to access resources);
3. Caregiver Counseling including caregiver support groups and training;
4. Respite provides a brief period of relief to a full-time caregiver. The care recipient must have physical or cognitive impairments that require 24 hour care or supervision;
5. Supplemental Services.

Service Eligibility: (1) family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder, (2) grandparents or older individuals who are relative caregivers, the State involved shall give priority to caregivers who provide care for children with severe disabilities, (3) caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals), and (4) older individuals providing care to individuals with severe disabilities, including children with severe disabilities.

Service Implemented by:
- Area VI Agency on Aging (See tables above)
- Contracted Nutrition providers (See tables above)
- Contracted In-home providers (See tables above)
- Idaho Legal Aid (See information above)

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$1,200	$98,358	$99,558
SFY 2017 (July 2016 – June 2017) Actual	$18,306	$61,243	$79,549
SFY 2018 (July 2017 – June 2018) Budget	$27,067	$70,602	$97,669
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Cost Share: Both federal and state funds are eligible; however different requirements apply: If only federal funds are

used, the AAA must use individual income when determining cost-share and participants cannot be terminated for refusal to pay. If only using state funds, the AAA must use household income when determining cost-share and person can be terminated for refusal to pay. If a combination of federal and state funds is used, the AAA follows federal requirements.

A. **National Family Caregiver Support Program (NFCSP) Service Delivery Strategy:** Utilize performance data from our PSA to increase the efficiency, effectiveness, and quality of Title IIIE Caregiver Program.

Performance Measure:
- Efficiencies = Average cost per consumer.
- Effectiveness = Total consumers, total program cost, average # of hours, and number of caregiver presentations.
- Quality=Consumer satisfaction

Baseline:

1. Caregiver Information Services

   Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Activities
SFY 2016 (July 2015 – June 2016) Actual	$0	Not Available
SFY 2017 (July 2016 – June 2017) Actual	$6	Not Available
SFY 2018 (July 2017 – June 2018) Budget	$5,830	
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

2. Access Assistance (I&A)

   Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Contacts	Program Expense per Contact
SFY 2016 (July 2015 – June 2016) Actual	$40,230	888	$45.30
SFY 2017 (July 2016 – June 2017) Actual	$41,292	289	$142.88
SFY 2018 (July 2017 – June 2018) Budget	$43,688		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

3. Caregiver Counseling and Group Programs

   Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Unduplicated Clients Served	Number of Sessions	Program Expense per Client
SFY 2016 (July 2015 – June 2016) Actual	$4,653	Not Available	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	$8,531	Not Available	Not Available	Not Available
SFY 2018 (July 2017 – June 2018) Budget	$15,998			
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

4. Respite

Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Unduplicated Clients Served	Number of Hours	Program Expense per Hour
SFY 2016 (July 2015 – June 2016) Actual	$24,916	24	1,684	$14.80
SFY 2017 (July 2016 – June 2017) Actual	$28,662	21	1,910	$15.01
SFY 2018 (July 2017 – June 2018) Budget	$32,837			
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

5. Supplemental Service (Limited Basis)

Supplemental Caregiver Legal Assistance

Baseline:

State Fiscal Year (SFY)	Annual Expense
SFY 2016 (July 2015 – June 2016) Actual	$2,302
SFY 2017 (July 2016 – June 2017) Actual	$1,058
SFY 2018 (July 2017 – June 2018) Budget	$1,125
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Supplemental Caregiver Nutrition Service

Baseline:

State Fiscal Year (SFY)	Annual Expense
SFY 2016 (July 2015 – June 2016) Actual	$5,710

Benchmark:
- Complete a minimum of 10 public information events each year (large group presentations, printed materials, caregiver newsletters, media, health and community fairs and events, forums, etc.).
- Increase the number of NFCSP contacts by 3% annually.
- Increase the number of consumers participating in our Caregiver Support Group and our Grandparents Raising Grandchildren Group by at least 2 per year.
- Increase the number of NFCSP consumers by 3% annually.
- Maintain consumer satisfaction at 85% or higher for Powerful Tools for Caregivers workshops.

B. NFCSP Coordination Strategy: Collaborate with community partners, contracted and other service providers, the Alzheimer Association, Idaho Legal Aid, 211 Careline, Idaho Department of Health & Welfare Children Services, Certified Family Homes and local schools to provide access to NFCSP resources.

Performance Measure: Number of collaborative partners in our PSA.

Baseline:

Service	Collaborative Partner

Caregiver Information Services	211 Idaho Careline
Access Assistance	211 Idaho Careline, The Alzheimer's Association
Caregiver Support Programs	Idaho Department of Health & Welfare Children Services, Certified Family Homes, local schools
Respite	Contracted in-home providers, other local service providers
Supplemental: Powerful Tools for Caregivers workshops	Idaho Department of Health & Welfare Children Services, Certified Family Homes, local schools
Supplemental: Caregiver Home Delivered Meals	Senior Centers/Meal Sites
Supplemental: Legal Assistance	Idaho Legal Aid

Benchmark: Increase in number of collaborative partners by at least 2 annually.

Focus Area B: Older Americans Act (OAA) Discretionary Programs

ICOA Goal: To collaborate with aging network partners to implement discretionary programs that enhance Title III Core Services.

1: Senior Medicare Patrol (SMP) Objective: To have well educated and knowledgeable consumers who know how to identify, report, and prevent Medicare and Medicaid Fraud.

Service Description: SMP funds are used to educate Medicare and Medicaid beneficiaries to detect, report, and prevent health care fraud. Trained SMP staff and volunteers conduct group education sessions, provide one-to-one counseling with Medicare beneficiaries, and hold regional Scam Jams co-sponsored by the Idaho Scam Jam Alliance which includes the SMP, Idaho Attorney General's Office, Idaho Department of Insurance, Idaho Department of Finance, Idaho Legal Aid Services, AARP, Better Business Bureau and other valued partners to help consumers learn to protect against fraud.

Service Eligibility: Medicare beneficiaries and their Caregivers.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Area VI Agency on Aging	935 E. Lincoln Rd. Idaho Falls, ID 83401	208-522-5391	Mon.-Fri. 8am-4:30pm

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$18,100	$18,100
SFY 2017 (July 2016 – June 2017) Actual	$0	$24,500	$24,500
SFY 2018 (July 2017 – June 2018) Budget	$0	$0	$20,000
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. SMP Service Delivery Strategy: Strengthen the local SMP Program by increasing volunteer recruitment and retention as well as increasing the number of group presentations and one-one-one counseling sessions.

Performance Measure:
- Effectiveness = # of Volunteers, # of group presentation, # of community events, # of one-to-one counseling sessions and total program cost.

Baseline:

State Fiscal Year (SFY)	Volunteers	Group Presentations	Community Events	One-to-one Counseling
SFY 2016 (July 2015 – June 2016) Actual	6	39	2	9
SFY 2017 (July 2016 – June 2017) Actual	2	92	41	22
SFY 2018 (July 2017 – June 2018) Actual				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark:
- Recruit and retain at least 2 additional volunteer positions annually.
- Complete at least 45 group presentations annually.
- Complete at least 12 one-on-one counseling sessions annually.

B. SMP Coordination Strategy: Continue to coordinate with the Senior Health Insurance Benefits Advisors (SHIBA) in order to provide volunteers and staff additional SMP program education about Medicare fraud prevention. Additionally, coordinate with ICOA, the Idaho Scam Jam Alliance, and other area partners to conduct community events which include education about Medicare fraud prevention, identity theft, and exploitation.

Performance Measure:
- Number trainings/program education for SMP volunteers and staff
- Number of local SMP partners, including the Idaho Scam Jam Alliance
- Consumer satisfaction/survey results from community fraud prevention events (such as SMP Presentations and AAA Presentations given at Scam Jam Events in our PSA)

Baseline: Current partnership with SHIBA and fraud prevention event survey results.

Contract Year	Trainings/Program Education	Total Partners	Consumer Survey/Satisfaction
2016 (May 2015 – May 2016)	N/A	3	4.81 out of 5=96% (Salmon Scam Jam)
2017 (May 2016 – May 2017)			
2018 (May 2017 – May 2018)			
2019 (May 2018 – May 2019)			
2020 (May 2019 – May 2020)			

Benchmark:
- Increase the number of trainings/program education for SMP volunteers and staff by 2 per year.
- Increase the number of local SMP partners by 2 per year.
- Increase consumer satisfaction of whose who attend community fraud prevention events (such as SMP Presentations and AAA Presentations given at Scam Jam Events in our PSA) by 75% or higher.

2: Medicare Improvements for Patients and Providers Act (MIPPA) Objective: To provide statewide outreach and referral to eligible Medicare Savings Program and Low Income Subsidy beneficiaries throughout the State.

Service Description: MIPPA funds are used to provide education and outreach for Medicare Savings Programs (MSP), Low Income Subsidy (LIS), Medicare Part D and Prevention and Wellness benefits. The MIPPA project develops Medicare Improvement outreach partners statewide including, pharmacies, churches and not-for-profit organizations.

Service Eligibility: Low income Medicare beneficiaries.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Area VI Agency on Aging	935 E. Lincoln Rd. Idaho Falls, ID 83401	208-522-5391	Mon.-Fri. 8am-4:30pm

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$10,408	$10,408
SFY 2017 (July 2016 – June 2017) Actual	$0	$13,000	$13,000
SFY 2018 (July 2017 – June 2018) Budget	$0	$0	Unknown
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. MIPPA Service Delivery Strategy: Expand outreach to pharmacies, churches, and non-profit organizations to strengthen the MIPPA outreach program in our PSA.

Performance Measure:
- Efficiencies = Average cost per participating agency.
- Effectiveness = Total Host Agency and total program cost.

Baseline:

State Fiscal Year (SFY)	Participating Host Agencies
SFY 2016 (July 2015 – June 2016) Actual	14
SFY 2017 (July 2016 – June 2017) Actual	
SFY 2018 (July 2017 – June 2018) Actual	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Increase number of participating host agencies by 10 per year.

B. MIPPA Coordination Strategy: Coordinate with ICOA and SHIBA to develop public awareness materials and conduct a media campaign to increase the MIPPA participation.

Performance Measure: Public awareness materials and statewide media campaigns.

Baseline: Three-year MIPPA Media Campaign.

Benchmark: Identify if campaigns and MIPPA materials increase the number of applications.

Focus Area C: Older Americans Act (OAA) Participant-Directed/Person-Centered Planning

ICOA Goal: Integrate person-centered planning into existing service delivery system.
1: Participant-Directed/Person-Centered Planning Objective: To define and implement person centered processes with aging and disability network partners.
Service Description: The service directs eligible consumers to organizations that provide long-term care service coordination. Person-Centered Planning is a process that ensures an individual has a choice in determining the long-term care services that are best for them.
Service Eligibility: General public needing long-term care services and supports.
Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Area VI Agency on Aging	935 E. Lincoln Rd. Idaho Falls, ID 83401	208-522-5391	Mon.-Fri. 8am-4:30pm

A. **Participant-Directed/Person-Centered Planning Service Delivery Strategy:** Identify best practices from organization/s that provide Person-Centered Planning.
Performance Measure: Best practices.
Baseline: • Home and Community Base Services Person Centered Planning Rules and training (Center for Independent Living, Idaho Department of Health & Welfare) • Person Centered Planning programs implemented in our PSA (Idaho Home Choice, VD-HCBS)
Benchmark: Implement Person-Centered Planning standard practices in our PSA.
B. **Participant-Directed/Person-Centered Planning Coordination Strategy:** Coordinate with our local Center for Independent Living (LIFE, Inc.) and Idaho Department of Health & Welfare to train AAA staff to work with individuals who have various types of disabilities.
Performance Measure: Number of Person Centered Planning AAA trained staff.

Baseline:

State Fiscal Year (SFY)	Number of Trained AAA Staff
SFY 2016 (July 2015 – June 2016)	3
SFY 2017 (July 2016 – June 2017)	
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

> **Benchmark:**
> - Complete Person Centered Planning training with local aging and disability network partners in order to increase the number of Person Centered Planning AAA staff.

Focus Area D: Elder Justice

ICOA Goal: Ensure all older individuals have access to OAA and SSA Elder Justice Services.

1: Ombudsman Objective: To develop Idaho specific policies and procedures to comply with new Older Americans Act (OAA) Ombudsman rules.

Service Description: The Ombudsman funds are used to:

(A) identify, investigate, and resolve complaints that—(i) are made by, or on behalf of, residents; and

(ii) relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of— (I) providers, or representatives of providers, of long-term care services; (II) public agencies; or (III) health and social service agencies;

(B) provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;

(C) inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A)(ii) or services described in subparagraph (B);

(D) ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;

(E) represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;

(F) provide administrative and technical assistance to entities designated under paragraph (5) to assist the entities in participating in the program;

(G)(i) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State; (ii) recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and (iii) facilitate public comment on the laws, regulations, policies, and actions;

(H)(i) provide for training representatives of the Office; (ii) promote the development of citizen organizations, to participate in the program; and (iii) provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and

(I) carry out such other activities as the Assistant Secretary determines to be appropriate.

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Area VI Agency on Aging	935 E. Lincoln Rd. Idaho Falls, ID 83401	208-522-5391	Mon.-Fri. 8am-4:30pm

Funding Source: (Actual expenditures for completed years and Budget for current year)				
State Fiscal Year (SFY)	**State**	**Federal**	**Total**	
SFY 2016 (July 2015 – June 2016) Actual	$29,087	$46,835	$75,922	
SFY 2017 (July 2016 – June 2017) Actual	$20,635	$41,545	$62,180	
SFY 2018 (July 2017 – June 2018) Budget	$24,283	$45,366	$69,649	
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

A. Ombudsman Service Delivery Strategy: Utilize data to identify complaint trends, quarterly reports to analyze service delivery, and volunteer training materials to increase effectiveness, provide trainings and presentations to facilities and the general public to educate individuals about resident's rights.

Performance Measure:
- Average beds/Ombudsman
- Information and Education Presentation
- Reporting

Baseline:

State Fiscal Year (SFY)	Number of Ombudsman	Number of Skilled Nursing Facilities	Number of Assisted Living Facilities	Total Number of Beds	Average Bed Count per Ombudsman	Total Volunteer Ombudsman	Total Information and Education Presentation
SFY 2016 (July 2015 – June 2016) Actual	1.23	Not Available	Not Available	1,630	1,325	6	24
SFY 2017 (July 2016 – June 2017) Actual	1	Not Available	Not Available	1,665	1,665	6	17
SFY 2018 (July 2017 – June 2018) Actual	1	8	40	1,646	1,646	6	
SFY 2019 (July 2018 – June 2019)							
SFY 2020 (July 2019 – June 2020)							

Five Most Frequent Complaint Areas and Corresponding Number of Complaints (SFY 2016): **Data comes from GetCare report, Custom Export**

SFY16		SFY17		SFY18		SFY19		SFY20	
Type of Complaint	Total Complaints	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints
Menu: quantity, quality, variation, choice	21	Equipment/Building Repairs #79	7						
Dignity, respect, staff attitudes	18	Discharge/Eviction #19	5						
Medication administration, organization	14	Dignity/Respect #26	4						
Cleanliness, pests	13	Failure to Respond #41	4						
Discharge, evictions: planning notice and Snacks, time between meals (tied)	11	Food Services #71	4						

Benchmark:

- Increase the number of Volunteer Ombudsman by at least 1 per year.
- Use complaint trend data to determine areas that need focus and utilize training and presentation materials developed by ICOA to address these complaint trends.
- Use quarterly report data to ensure on-going improvement.

B. **Ombudsman Coordination Strategy:** Provide resident rights education and training to providers, or representatives of providers of long-term care services, public agencies, health, and social service agencies to ensure the health, safety, welfare, and rights of the residents are being met.

Performance Measure: Number of educational presentations and trainings.

Baseline:

State Fiscal Year (SFY)	Total Information & Education Presentations
SFY 2016 (July 2015 – June 2016)	24
SFY 2017 (July 2016 – June 2017)	
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Complete a minimum of 15 educational presentations and trainings per year.

2: State Adult Protection Objective: To ensure that adult protection services are consistently implemented statewide to prevent abuse, neglect and exploitation.

Service Description: State Adult Protection Services (APS) funds must be used to provide safety and protection for vulnerable adults (age 18 and older). The APS program receives reports and investigates allegations of abuse, neglect, self-neglect, or exploitation and assists in reducing the risk of harm.

- Abuse means the intentional or negligent infliction of physical pain, injury or mental injury.
- Neglect means failure of a caretaker to provide food, clothing, shelter or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide those services for him/herself.
- Exploitation means an action which may include, but is not limited to, the unjust or improper use of a vulnerable adult's financial power of attorney, funds, property, or resources by another person for profit or advantage.

Service Eligibility: Vulnerable adults 18 years old and older.

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Area VI Agency on Aging	935 E. Lincoln Rd. Idaho Falls, ID 83401	208-522-5391	Mon.-Fri. 8am-4:30pm

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$114,367	$0	$114,367
SFY 2017 (July 2016 – June 2017) Actual	$105,268	$0	$105,268
SFY 2018 (July 2017 – June 2018) Budget	$115,334	$0	$115,334
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Adult Protection Service Delivery Strategy: Utilize Standardized Adult Protection training resources provided by ICOA as well as data of reported allegations and cases reported to law enforcement to ensure consistent service delivery and to mitigate the risk of future abuse, neglect, and exploitation of vulnerable adults in our PSA.

Performance Measure:
- Presentations
- Reporting

Baseline:

State Fiscal Year (SFY)	Abuse Allegations	Neglect Allegations	Self-Neglect Allegations	Exploitation Allegations	Reports to Law Enforcement	Total Information and Education Presentation
SFY 2016 (July 2015 – June 2016) Actual	71	43	44	50	46	9
SFY 2017 (July 2016 – June 2017) Actual	47	46	58	46	37	6
SFY 2018 (July 2017 – June 2018) Actual						
SFY 2019 (July 2018 – June 2019)						

SFY 2020 (July 2019 – June 2020)							

Benchmark: Use data of reported allegations to determine areas that need focus and utilize ICOA Standardized Adult Protection user guide, educational videos, brochures, and presentation materials developed by ICOA to address these allegation trends.

B. **Adult Protection Coordination Strategy:** Coordinate with the Idaho Department of Health & Welfare (Regional Medicaid Unit, Mental Health, Developmental Disability Crisis Team, Certified Family Home), local law enforcement agencies, hospitals, medical providers, in-home care service providers, financial institutions, local counties Board of Community Guardians, and other local service providers to present information and education to facilitate appropriate reporting protocols and to reduce the risk of abuse, neglect, and exploitation of vulnerable adults.

Performance Measure: The number of Adult Protection presentations focusing on the prevention of maltreatment of vulnerable adults.

Baseline:

State Fiscal Year (SFY)	Total AP Presentation focusing on Prevention of Maltreatment of Vulnerable Adults
SFY 2016 (July 2015 – June 2016)	9
SFY 2017 (July 2016 – June 2017)	
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Increase the number of Adult Protection presentations by 30% each year.

ATTACHMENT A

AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended April 19, 2016

By signing this document, the authorized official commits the Area Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended April 19, 2016.

AREA PLAN Section. 306.

Each Area Plan shall—

(a)(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—**(Attachment C, Budget Parameters)**

> (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);
>
> > **Area VI Agency on Aging serving Eastern Idaho Assurance:** Currently, the AAA staff prepares a comprehensive analysis of the aging network, utilization of services specific to our 9 county PSA, and develops draft recommendations for service delivery, procurement, and budget. Annually, the advisory council works with Area VI Director to make service, budget and budget parameter recommendations to the AAA's umbrella agency's Eastern Idaho Community Action Partnership (EICAP) board. The Area VI Director keeps the CEO of EICAP and the EICAP board informed of the

progress via monthly board reports. The Area Agency on Aging Advisory Council submits final recommendations to the Area VI Director, who then presents the recommendations to the EICAP board at their monthly June meeting. The EICAP board approves these at their June meeting prior to submitting the full budget to ICOA. During area plan development year the budget parameters are provided to the public, stakeholders for comment, which are considered during the advisory council recommendation to the Area VI Director, and subsequently to the EICAP board.

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

Area VI Agency on Aging serving Eastern Idaho Assurance: The budget parameters for in-home services (Homemaker, Respite, Chore and Home Delivered Meals) are identified in attachment C budget parameters. Annually the Area Agency on Aging's Advisory Council makes a recommendation, which the Area VI Director then presents to the EICAP board at their monthly meeting in June. The EICAP board approves the budget parameters at their June meeting prior to submitting the full budget to ICOA. During area plan development year the budget parameters are provided to the public, stakeholders for comment, which are considered during the advisory council recommendation to the Area VI Director, and subsequently to the EICAP board.

(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; **(Reference: #8 Legal Services in Area Plan Strategies)**

(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

Area VI Agency on Aging serving Eastern Idaho Assurance: Each of the senior centers in our PSA are currently designated by the Area VI AAA as focal points. The AAA does not currently have a formal designation process, but will be developing one and that language will be added into our contracts. We do however, have the following language in our Statement of Work for Congregate Meal Providers (which is an attachment to the contract):

- Multi-Purpose Senior Centers: A multi-purpose senior center is a community focal point for service delivery. It must be a highly visible, one-stop location from which older persons and their families can obtain information about available services and find opportunities to participate in programs and activities. A multi-purpose senior center must focus its efforts on meeting the needs of older persons with disabilities or situational conditions that limit their activity and participation.

Currently, each of the senior centers that we contract with are multipurpose senior centers. They all have AAA brochures and business cards and are very good about making needed referrals to I&A. In addition, community partners and contracted providers (listed below) also act as focal points for the AAA. Through the area plan development process, we identified a need for additional focal points/community partners (especially in our more rural counties that are underserved) to provide seniors access to multiple long term care service and support resources.

List the AAA designated focal points:

Name of Focal Point	Address	Contact	Telephone #	County
The Area VI Agency on Aging	935 E. Lincoln Rd. Idaho Falls, ID 83401	Information & Assistance	208-522-5391	Bonneville
LIFE, Inc. (Center for Independent Living)	250 S. Skyline Dr. #1 Idaho Falls, ID 83402	Dean Nielson	208-529-8610	Bonneville
Idaho Legal Aid	482 Constitution Way #101 Idaho Falls, ID 83402	Jacob Workman	208-524-3660	Bonneville
Idaho Department of Health & Welfare	150 Shoup Ave. Idaho Falls, ID 83402	RMU or DD Crisis Team	800-926-2588	Bonneville
Ashton Senior Center	522 Main Street / PO Box 806 Ashton, ID 83420	Pat Rogers	208-652-3594	Fremont
Challis Senior Center	695 Challis Cr. Rd. / PO Box 997 Challis, ID 83226	Sheila Funk	208-879-6338	Custer
Idaho Falls Senior Center	535 W. 21st St Idaho Falls, ID 83402	Valisa Say	208-522-4357	Bonneville
Lost River Senior Center	555 S. Water Street Arco, ID 83213	Joyce Collins	208-527-8296	Butte
Mackay Senior Citizens Inc.	PO Box 413 Mackay, ID 83251	Otto Higbee	208-588-2105	Custer
Madison Co Senior Citizens Assoc., Inc.	41 S. 2nd W./ PO Box 361 Rexburg, ID 83440	Andrew Rail	208-356-0080	Madison
Rigby Senior Center	392 Community Lane / PO Box 525 Rigby, ID 83442	Stephanie Butler	208-745-8211	Jefferson
Ririe Senior Citizens Center	395 Main Street Ririe, ID 83443	Jim Wilson	208-538-7313	Bonneville and Jefferson
Salmon Nutrition Site, Inc.	200 Main Street Salmon, ID 83467	Arla Boots	208-756-3556	Lemhi
Senior Citizens of Teton County, Inc.	60 S Main St. / PO Box 871 Driggs, ID 83422	Debra Parsons	208-354-6973	Teton
South Fremont Senior Citizens, Inc.	420 N Bridge St., Ste. D Saint Anthony, ID 83445	Karolyn Hodge	208-624-3458	Fremont
West Jefferson Senior Citizens	1075 E. 1500 N. / PO Box 25 Mud Lake, ID 83450	Shawna Bare	208-663-4916	Jefferson

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

> **Area VI Agency on Aging serving Eastern Idaho Assurance:** Starting with contracts either beginning or being renewed as of 7/1/17, Area VI will include specific language (or make needed addendums) indicating that contracted in-home and nutrition providers act as a focal point for Area VI by promoting AAA services, distributing AAA brochures, information, etc. Currently, the Area VI has the following language in their Guide to RFQ for Application that service providers will: Provide and document Outreach functions to locate persons in the community who are not participating in available programs or receiving services for which they qualify, identify their service needs, provide them information about aging programs and services available in their communities, and assist them with accessing services they need or programs in which they want to participate.

(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;

AAA VI: Data comes from FY2016 Intrastate funding formula: Total Population 60+ in PSA = **33,677**. Those "Living in Poverty" **1,430**: those "Living Alone" **5,041**: those "75 and Over" **9,811**: and those "Living in Rural County" **12,731**. The Census data for "Low Income, 60+ Minority Population" and "60+ Limited English Population" are not available. The percentage of these is the BASELINE below:

Description	Economic Need (Poverty)	Social Need (Lives alone)	Institutional Placement: 75 and over
BASELINE: % of population from the most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates	**4.25%**	**14.97%**	**29.13%**
% of register clients receiving Homemaker service	**40.37%**	**71.43%**	**65.22%**
If applicable, % of register clients receiving Chore service	**57.14%**	**85.71%**	**14.29%**
If applicable, % of register clients receiving Minor Home Modification service	**N/A**	**N/A**	**N/A**
% of register clients receiving Congregate Meal service	**17.77%**	**31.53%**	**57.03%**
% of register clients receiving Home Delivered Meal service	**28.53%**	**50.92%**	**75.46%**
% of register clients receiving Respite service	**10%**	**N/A**	**43.33%**
If applicable, % of register clients receiving Case Management service	**N/A**	**N/A**	**N/A**

Based on the chart above, describe the mechanism that is in place to provide service to those in greatest economic and social needs, and those at risk of institutional placement:

Service Description	Describe the Mechanism that is in place to meet or exceed Census population %
Chore service	Refer to #6: Chore Objective in Area Plan Strategies. Area VI will coordinate with local community partners, service providers, and contracted providers in our PSA to increase awareness and utilization of Chore services and especially during seasonal transitions: spring/fall, pest control, winter snow removal, etc.

(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

Description	Low Income 60 + Minority Population	60 + Limited English Population	60 + Living in Rural Areas Population
BASELINE: % of population from the most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates	**N/A**	**N/A**	**37.80%**
% of register clients receiving Homemaker service	**N/A**	**N/A**	**36.02%**
% of register clients receiving Chore service	**N/A**	**N/A**	**28.57%**
% of register clients receiving Minor Home Modification service	**N/A**	**N/A**	**N/A**
% of register clients receiving Congregate Meal service	**N/A**	**N/A**	**59.34%**
% of register clients receiving Home Delivered Meal service	**N/A**	**N/A**	**39.57%**
% of register clients receiving Respite service	**N/A**	**N/A**	**33.33%**
% of register clients receiving Case Management service	**N/A**	**N/A**	**N/A**

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

Based on the chart above, describe the method used to provide service to minorities, people with limited English proficiency and older individuals residing in rural areas:

The AAA uses demographic Census data for Poverty, Lives Alone, Institutional Placement, and Rural populations to establish a baseline. The AAA compares registered consumers to this baseline to determine if it meets or exceeds the Census percentage. If

Service Description	Describe the Mechanism that is in place to meet or exceed Census population %
Homemaker service	Refer to #5: Homemaker Objective in Area Plan Strategies. Establish standardized service units and cost-sharing parameters through coordination and collaboration with ICOA and the other AAA's. Also refer to #2: Outreach Objective in Area Plan Strategies. Coordinate efforts with local community partners to increase "access to" and "participation in" OAA core services (including Homemaker service).
Chore service	Refer to #6: Chore Objective in Area Plan Strategies. Area VI will coordinate with local community partners, service providers, and contracted providers in our PSA to increase awareness and utilization of Chore services and especially during seasonal transitions: spring/fall, pest control, winter snow removal, etc.
Respite service	Refer to #12: National Family Caregiver Support Program (NFCSP) Objective in Area Plan Strategies. Area VI will collaborate with community partners, contracted and other service providers, the Alzheimer Association, Idaho Legal Aid, 211 Careline, Idaho Department of Health & Welfare Children Services, Certified Family Homes and local schools to provide access to NFCSP resources.

(ii) provide assurances that the AAA 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;

> **Area VI Agency on Aging serving Eastern Idaho Assurance:** The following language is in place in the Legal Assistance, Congregate Meal, and Transportation Contracts and/or Statements of Work:
>
> "Services are targeted to individuals aged 60+ with the greatest economic or social need, with particular attention to low income minority individuals and individuals residing in rural areas. In addition, the primary target population of all services is the vulnerable elderly who are characterized as: older individuals with physical and mental disabilities; older individuals with limited English-speaking or those older

individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals; and older individuals who are culturally, socially or geographically isolated, including isolation caused by racial or ethnic status that restricts the ability of the individual to perform daily tasks or threatens the capacity of the individual to live independently.

Service Providers must establish and use criteria in order to determine who may receive priority for service if limited program resources are insufficient to serve all those requesting service. Although services should be targeted to low income persons, when Federal funding is contracted, Service Providers may not apply a means test and may not base eligibility for service on participant's income per Older Americans Act."

The below language is included in all of our procurement applications (both Request for Proposal and Request for Qualification):

Assurances and Required Activities. By submitting this Qualification, Provider commits to perform the following listed assurances and activities and will provide written documentation thereof if awarded a contract:

1. The Provider will ensure access to the Services program will be equally available to all eligible consumers.
   ☐ Yes ☐ No

2. The Provider has read, understands in full, and will follow the AAA's Services Scope of Work – as outlined in the Guide to Request for Qualifications.
   ☐ Yes ☐ No

3. The Provider will provide Outreach to locate persons in the community who are not participating in available senior programs or receiving senior services for which they qualify. Provider will identify their service needs; provide information about aging programs and services available; and assist them in accessing services they need or want to participate in.
   ☐ Yes ☐ No

4. The Provider will ensure the geographically difficult areas of the locale are served.
   ☐ Yes ☐ No

5. The Provider will accommodate for cultural differences and take them into account when delivering services.
   ☐ Yes ☐ No

6. The Provider will make accommodations to work with persons who have various types of disabilities, including but not limited to, vision and hearing impairments.
   ☐ Yes ☐ No

7. The Provider will make accommodations to work with persons who speak a language other than English.
   ☐ Yes ☐ No

Each contracted provider must establish their own criteria in order to determine who may receive priority service if limited program resources are insufficient to serve all those requesting services. The AAA requires that in cases such as this, priority is given to those who are considered to be at greatest risk as outlined in

> OMB A-133 & OAA Section 305 (a)(2)(C)&(E). Other than income, additional risk factors include:
> - Minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas (60+ Racial Minority, 60+ Hispanic, 60+ Living in a Rural County).
> - Older individuals with greatest social need (65+ Living Alone).
> - Older individuals at risk for institutional placement (aged 75+ and aged 85+).

(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

> **Area VI Agency on Aging serving Eastern Idaho Assurance:** The following language is in the Legal Assistance, Congregate Meal and Transportation contracts. Compliance is identified above in subsection (I) in this section.
>
> Service Providers must establish and use criteria in order to determine who may receive priority for service if limited program resources are insufficient to serve all those requesting service. Although services should be targeted to low income persons, when Federal funding is contracted, Service Providers may not apply a means test and may not base eligibility for service on participant's income per Older Americans Act.

(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

> **Area VI Agency on Aging serving Eastern Idaho Assurance:** Contract language has been identified above for: Legal Assistance, Congregate Meal and Transportation services. Compliance is identified above in subsection (I) in this section.
>
> If the AAA is below the Census percentage for registered participants then the contractors should be assisting the AAA to reach that "at risk" population/s.
>
> Legal Assistance Benchmarks:
> - Ability to track types and categories of legal assistance billed to the AAA in order to ensure service delivery compliance.
> - Increase the number of calls received by the Idaho Senior Legal Hotline in our PSA by 5% annually. This especially will apply to our rural and underserved communities, as it is not as convenient for them to make the trip to Bonneville County for an in-person office visit at Idaho Legal Aid.
>
> Congregate Meals Benchmarks:

> - Increase total number of meals served by 1% annually.
>   Using ACL's POMP, consumer satisfaction will be at 80% or higher.
> - Increase total number of congregate meal consumers by 2% annually.
>   Increase meal sites by at least 1 in PSA VI.
>
> Transportation Services Benchmarks:
> - Increase total number of boardings by 2% annually and specifically focus on increasing boardings in our rural and underserved counties.
> - Using standardized consumer satisfaction will be at 85% or higher.
> - Identify additional senior transportation information/resource access points to counties that are currently underserved.

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

  (I)   identify the number of low-income minority older individuals in the planning and service area; (**Reference Section: (4)(A)(i)(I)(bb) in this document**)

  (II)   describe the methods used to satisfy the service needs of such minority older individuals; and

> Methods and compliance are identified above in subsection (I) in this section.

  (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);

> Refer to section (4)(A)(i)(aa) and (4)(A)(i)(bb).

(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; and

Area VI Agency on Aging serving Eastern Idaho Assurance:
2: Outreach Objective: To target outreach efforts that increase OAA core services.
Service Description: Outreach funds are used to seek out older persons, identify their service needs, and provide them with information and assistance to link them with appropriate services. Outreach efforts must emphasize the following: *(i) older*

individuals residing in rural areas. (ii)&(iii) older individuals with greatest economic and 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; (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).

Service Eligibility: General public needing long-term care services and supports.

Service Implemented by:
- Area Agency on Aging

Funding Source: (Actual expenditures for completed year and Budget for current year)

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$ N/A	$ 2,290.00	$ 2,290.00
SFY 2017 (July 2016 – June 2017) Budgeted	$ N/A	$ 11,817.70	$ 11,817.70
SFY 2018 (July 2017 – June 2018) Proposed	$	$	$
SFY 2019 (July 2018 – June 2019)	$	$	$
SFY 2020 (July 2019 – June 2020)	$	$	$

A. Outreach Service Delivery Strategy: Identify best practice through tracking core performance data for each OAA Core service prior to and for a period after outreach events to see if outreach was successful. Each outreach activity should emphasis reaching the six target areas:
1. Seniors residing in rural areas
2. Greatest economic need
3. Greatest social need
4. Seniors with limited English ability
5. Seniors with severe disabilities
6. Seniors with Alzheimer's disease and related disorders

Performance Measure: Outreach units for each OAA service.

Baseline: Units are not currently tracked by specific OAA Core services.

Benchmark: Target outreach to specific services based on performance data. Outreach efforts must show a direct impact to the targeted service.

A. Outreach Coordination Strategy: Coordinate efforts with local community partners to increase "access to" and "participation in" OAA core services.

Performance Measure: Local level partner for each OAA core service.

Baseline:

Service	Partner

	Transportation	TRPTA, Lemhi Rides, Senior Centers/Meal Sites
	Homemaker	Contracted In-Home Providers, Home Health Agencies, Idaho Department of Health & Welfare.
	National Family Caregiver Support Program: Respite, Caregiver Support Groups, Caregiver Evidence Based Program—Powerful Tools for Caregivers	AAA VI, Idaho Department of Health & Welfare.
	Chore	Contracted In-Home Providers
	Minor Home Modification	Eastern Idaho Community Action Partnership, LIFE, Inc.
	Legal Assistance	Idaho Legal Aid, Senior Legal Aid Hotline
	Evidence Based Programs	AAA VI, Qualis Health, Idaho Falls Senior Center, Eastern Idaho Public Health
	Congregate Meals	Senior Centers/Meal Sites
	Home Delivered Meals	Senior Centers/Meal Sites
	Disease Prevention Health Promotions	AAA VI, Qualis Health, Idaho Falls Senior Center, Eastern Idaho Public Health

Benchmark:
- Identify additional local partners that the AAA can provide information to in order to increase the overall utilization of core OAA services.
- Target outreach to specific OAA services based on performance data.

***At least annually, the Area VI AAA will review the demographics of the registered consumers and compare to the Census demographic percentage. If the "at-risk" population is underserved, the AAA will notify providers to assist in getting information out to those populations. In addition, once demographic information of registered clients are identified, a report is made to the AAA Advisory Council and EICAP Board to notify them of needed areas of improvement in the upcoming year.

(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

Area VI Agency on Aging serving Eastern Idaho Assurance: Refer to section (4)(B)(i) above. As indicated in the service description, the AAA will also provide outreach to "the caretakers of such individuals" listed above.

(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;

Area VI Agency on Aging serving Eastern Idaho Assurance: The below language is taken from the Performance Based Contract that ICOA has with Area VI AAA:

2. Duties.
   a. AAA: During the term of this Contract, the AAA shall:
      i. Administer the approved AAA Area Plan within the geographic region delineated in the plan,
      ii. Comply with all governing state and federal laws in the administration and management of the state and federal programs identified in the documents set forth in full text in Attachment A incorporated herein.
      iii. Adhere to all requirements as set forth in the ICOA Review Toolkit as specified in Attachment A.
      iv. Submit a four (4) year Area Plan by June 30th, 2017. The annual update shall be submitted in a uniform format prescribed by the ICOA to meet the requirements of the OAA and all pertinent federal regulations.
      v. Adhere to all requirements as set forth in the ICOA Program Manual and ICOA Implementation Guides as listed in Attachment A. The AAA will utilize ICOA methods as they are described in documents or taught in training courses, and implement services in a manner consistent with the intent of these methods and materials to preserve validity and consistency of services statewide.
      vi. In accordance with IDAPA 15.01.20.041, on behalf of all older persons in the service area the AAA shall assume the lead role relative to aging issues. In accordance with the OAA and all pertinent federal regulations and ICOA policies and procedures, the AAA shall serve as the public advocate for the development and enhancement of comprehensive, coordinated community-based service systems within each community throughout the service area.

In addition, the interstate funding formula developed by ICOA takes into account the best available statistics on the geographical distribution of individuals aged 60 and older residing in Idaho, with particular attention to the number of individuals in greatest social or economic need. The formula projects anticipated demand for services by weighing in each PSA those population segments most likely to be vulnerable and frail, i.e., those who are over 75 or over 85 (those who are considered to be at risk for institutional placement), those who are over 60 living in rural county, and are a racial or ethnic minority, and those who are over 65 living alone and /or in poverty. Under the formula, regions of Idaho having a higher percentage of residents who are very old, poor, living alone, etc., receive a higher proportion of funding to offset their expected higher service demands. Thus, the focus is always 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;

In addition to the funding formula indicated above, the AAA also gives priority to older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement (those who are 75+ and 85+). The Area VI AAA has a good working relationship with the Regional Medicaid Unit as well as the Developmental Disability Unit at Department of Health & Welfare and hold regular meetings to brainstorm ideas, discuss concerns, etc.

In addition to that, the AAA also coordinates and consults with the Behavior Health Center at Eastern Idaho Regional Medical Center, the Community Crisis Center, and Adult Mental Health Services at Department of Health & Welfare as needed. We often collaborate with these different agencies when we are working on an Adult Protection Case or with individuals who have disabilities. We brainstorm ideas and possible solutions so that we can best help the at-risk individual and work together to put supports and services in place for the individual be remain independent and safe in their own home. Referrals are made to Department of Health & Welfare and Social Security as needed and especially when disability services are needed.

(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;

Per ICOA's Performance Based Contract with the Area VI AAA:

vi. In accordance with IDAPA 15.01.20.041, on behalf of all older persons in the service area the AAA shall assume the lead role relative to aging issues. In accordance with the OAA and all pertinent federal regulations and ICOA policies and procedures, the AAA shall serve as the public advocate for the development and enhancement of comprehensive, coordinated community-based service systems within each community throughout the service area.

(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;

The Area VI Agency on Aging's umbrella agency, EICAP has a contract with the Corporation for National and Community Service (CNCS) and runs the Retired Senior and Volunteer Program (RSVP) out of their office. The RSVP Program at EICAP currently has 289 active volunteers and 39 active stations. This provides several different volunteer opportunities for older individuals (55+) to deliver services to children, adults, and families. The Area VI AAA does not currently have any contracted providers in place that provide Adult Day Care services.

(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 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

> **<u>Area VI Agency on Aging serving Eastern Idaho Assurance:</u>** The Area VI Agency on Aging (AAA), located in Idaho Falls, Idaho, is responsible for serving older residents of Planning and Service Area (PSA) VI. It operates as a part of the Eastern Idaho Community Action Partnership (EICAP) and serves the geographic region commonly known as eastern Idaho. EICAP was designated at a Community Action Agency in 1980. Our region includes nine counties: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton.
>
> The AAA contracts with the Idaho Commission on Aging (ICOA) which is the agency of state government designated by the Governor as Idaho's State Unit on Aging. The ICOA monitors the AAA's compliance with all state and federal requirements pertaining to programs funded under the Federal Act or the Idaho Senior Services Act ("State Act"). Under the guidance of the ICOA, the AAA plans and coordinates funds, monitors a regional program of services to address the present and future needs of older Idahoans residing within the PSA, and serves as a catalyst for improvement in the delivery of services to the elderly within all the counties which make up the PSA.
>
> The AAA has the authority to develop and manage budgets and programs to meet the needs and specific conditions and circumstances of service recipients within its geographic jurisdiction. To accomplish this, the AAA is required to periodically re-evaluate, through needs assessments, what clients' needs, conditions and circumstances currently are. The Federal Act authorizes the AAA to develop a four-year Area Plan to address the specific needs, conditions and circumstances of older Idahoans and vulnerable adults residing within the PSA.

(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

> N/A

(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;

> As mentioned above, the Area VI Agency on Aging's umbrella agency, EICAP has a contract with the Corporation for National and Community Service (CNCS) and runs the Retired Senior and Volunteer Program (RSVP) out of their office. The RSVP Program at EICAP currently has 289 active volunteers and 39 active stations. This provides several different volunteer opportunities for older individuals (55+) to deliver services to older individuals and individuals with disabilities. Some of these services include delivering meals to homebound individuals, providing respite care, assisting with recreational therapy activities for veterans and individuals with disabilities, etc.
>
> In addition, the AAA utilizes trained volunteers for their SMP and Ombudsman programs as indicated in the Strategic Plan section of the Area Plan.

(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; **(Attachment H, PSA Advisory Council Profile)**

(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

> N/A. To our knowledge, there are no other entities conducting programs that receive assistance under the Older American's Act within the planning and service area served by the Area VI AAA. The Area VI AAA functions by the AAA Advisory Council bylaws, as well as our governing agency's bylaws, policies, and procedures.

(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;

> (X) Title II of the Domestic Volunteer Service Act of 1973—The Area VI AAA's umbrella agency (EICAP) also houses the Retired Senior and Volunteer Program (RSVP). RSVP Volunteers give their time and gas mileage to deliver Home-Delivered Meals to homebound seniors in several of the counties in our PSA.
>
> (X) Sections 231 and 232 of the National Housing Act—The Area VI AAA's umbrella agency (EICAP) is a Community Action Partnership Agency that owns and operates several housing properties for low-income and disabled families and individuals, including seniors.
>
> (X) The United States Housing Act of 1937—The Area VI AAA's umbrella agency (EICAP) is a Community Action Partnership Agency that owns and operates several housing properties for low-income and disabled families and individuals, including seniors.
>
> (X) Section 202 of the Housing Act of 1959— The Area VI AAA's umbrella agency (EICAP) is a Community Action Partnership Agency that owns and operates several housing properties for low-income and disabled families and individuals, including seniors.
>
> (X) Title I of the Housing and Community Development Act of 1974— The Area VI AAA's umbrella agency (EICAP) is a Community Action Partnership Agency that owns and operates several housing properties for low-income and disabled families and individuals, including seniors.
>
> (X) Sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964—The Area VI AAA has a transportation contract with Targhee Regional Public Transportation Authority (TRPTA). This contract provides senior citizens 60+ transportation at no cost to the individual.
>
> (X) The Low-Income Home Energy Assistance Act of 1981—The Area VI AAA's umbrella agency (EICAP) is a Community Action Partnership Agency that receives funds to assist low-income families and individuals (including seniors) pay for their primary heat source during the winter months.

(X) Part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low income persons— The Area VI AAA's umbrella agency (EICAP) is a Community Action Partnership Agency that receives funds to assist low-income families and individuals (including seniors) make necessary changes to their homes to make them more energy efficient.

(X) The Community Services Block Grant Act— The Area VI AAA's umbrella agency (EICAP) is a Community Action Partnership Agency that receives funds to assist low-income families and individuals (including seniors).

(X) Demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code—The Area VI AAA utilizes demographic statistics, provided to each AAA by the State Unit (ICOA), for the development of the area plan as well as to predict the need for future services and plan accordingly with the annual budget.

(X) Parts II and III of title 38, United States Code—The Area VI AAA has an MOU in place with the Area V AAA for the Veteran's Directed Home and Community Based Services Program (VD-HCBS) and sends referrals to Area V for that. We can also refer seniors to resources in the community that can assist them with applying for VA benefits.

(X) Sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004)—The Area VI AAA has an MOU in place with LIFE, Inc. (which is a Center for Independent Living) and can refer seniors to LIFE, Inc. for their Assistive Technology needs.

(F) in coordination with the State agency and with the State agency responsible for, mental and behavioral health services, describe how the AAA increases public awareness of mental health disorders, removes 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, mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

The Area VI AAA has a good working relationship with the Regional Medicaid Unit as well as the Developmental Disability Unit at Department of Health & Welfare and hold regular meetings to brainstorm ideas, discuss concerns, etc. In addition to that, the AAA also coordinates and consults with the Behavior Health Center at Eastern Idaho Regional Medical Center, the Community Crisis Center, and Adult Mental Health Services at Department of Health & Welfare as needed. We often collaborate with these different agencies when we are working on an Adult Protection Case. We brainstorm ideas and possible solutions so that we can best help the at-risk individual and work together to put supports and services in place that will mitigate the future risk of abuse, neglect, self-neglect, and exploitation.

(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; and

N/A

(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;

Refer to Goal 3, Objective #3: State Adult Protection Objective in Area Plan Strategies.

A. **Adult Protection Service Delivery Strategy:** Utilize Standardized Adult Protection training resources provided by ICOA as well as data of reported allegations and cases reported to law enforcement to ensure consistent service delivery and to mitigate the risk of future abuse, neglect, and exploitation of vulnerable adults in our PSA.

Performance Measure:
- Presentations
- Reporting

Baseline:

State Fiscal Year (SFY)	Total AP Abuse Allegation	Total AP Neglect Allegation	Total AP Self Neglect Allegation	Total AP Exploitation Allegation	Total Reported to Law Enforcement
SFY 2016 (July 2015 – June 2016)	78	43	47	51	43
SFY 2017 (July 2016 – June 2017)					
SFY 2018 (July 2017 – June 2018)					
SFY 2019 (July 2018 – June 2019)					
SFY 2020 (July 2019 – June 2020)					

Benchmark: Use data of reported allegations to determine areas that need focus and utilize ICOA Standardized Adult Protection user guide, educational videos, brochures, and presentation materials developed by ICOA to address these allegation trends.

B. **Adult Protection Coordination Strategy:** Coordinate with the Idaho Department of Health & Welfare (Regional Medicaid Unit, Mental Health, Developmental Disability Crisis Team, Certified Family Home), local law enforcement agencies, hospitals, medical providers, in-home care service providers, financial institutions, local counties Board of Community Guardians, and other local service providers to present information and education to facilitate appropriate reporting protocols and to reduce the risk of abuse, neglect, and exploitation of vulnerable adults.

Performance Measure: The number of Adult Protection presentations focusing on the prevention of maltreatment of vulnerable adults.

Baseline:

State Fiscal Year (SFY)	Total AP Presentation focusing on Prevention of Maltreatment of Vulnerable Adults
SFY 2016 (July 2015 – June 2016)	9
SFY 2017 (July 2016 – June 2017)	
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Increase the number of Adult Protection presentations by 30% each year.

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide 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;

Describe what projects the AAA collaborates on:

The Area VI AAA collaborates with our State Unit on Aging—The Idaho Commission on Aging in order to provide services to seniors through the OAA and the SSA, our Center for Independent Living, Life, Inc. for assistive technology and minor home modification supplies, the Idaho

Caregiver Alliance for resources, education, and support for caregivers of all ages, Qualis Health for Evidence-Based education for chronic disease and diabetes self-management classes, Eastern Idaho Public Health for Fit And Fall Proof classes, our governing agency Eastern Idaho Community Action Partnership (EICAP), on an ongoing basis in order to serve and refer low income, rural seniors to the AAA for services and supports. The AAA also collaborates with the Area V AAA in Pocatello on Veteran-Directed Home and Community-Based Services (VD-HCBS) and makes referrals to Area V as needed.

Describe how the AAA coordinates activities:

The Area VI AAA coordinates educational presentations at local senior centers, low-income senior housing complexes, home health providers, and at community partner meetings. In addition, the AAA attends local health fairs and we coordinate a Senior Health & Safety Fair on an annual basis (in May of each year in honor of Older American's Act Month). We also have a calendar of our upcoming events, activities, and support groups on our website—www.eastidahoaging.com. We also have a Facebook page that we utilize to distribute information about services, supports, resources, and upcoming events.

Describe who the AAA consults with:

The Area VI AAA provides a monthly written report to the governing agency (EICAP) Board. The AAA VI Advisory Council meets on a quarterly basis. In addition, the AAA meets with the following: AAA Senior Meal Site Providers on a quarterly basis and on onsite reviews, In-home Service Providers at annual meetings and/or onsite reviews, Local Emergency Planning Committee's at least quarterly, but more often as needed, Regional Medicaid Unit as well as the Developmental Disability Unit at Department of Health & Welfare every other month, Behavior Health Center at Eastern Idaho Regional Medical Center as needed, the Community Crisis Center as needed, and Adult Mental Health Services at Department of Health & Welfare as needed.

(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;

The AAA has the authority to develop and manage budgets and programs to meet the needs and specific conditions and circumstances of service recipients within its geographic jurisdiction. To accomplish this, the AAA is required to periodically re-evaluate, through needs assessments, what clients' needs, conditions and circumstances currently are. The Federal Act authorizes the AAA to develop a four-year Area Plan to address the specific needs, conditions and circumstances of older Idahoans and vulnerable adults residing within the PSA. The period covered by this Area Plan is October 1, 2017 through September 30, 2021.

The Area VI AAA conducts a Community Needs Assessments at least every 4 years in preparation for developing the 4 Year Area Plan. This local needs assessment aims to determine what the needs and preferences of older individuals and family caregivers are, so that services and supports can be planned and budgeted for accordingly. In addition, the AAA also looks at past service trends and utilization to determine what the needs are in order to make educated projections and recommendations. The AAA also informs the AAA Advisory Council and EICAP Board of these trends.

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and **(Reference: #5 Homemaker, #10 Home Delivered Meals and #12 Respite in Area Plan Strategies)**

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

> The Area Agency on Aging's vision statement is: The Area Agency on Aging ensures that all residents of eastern Idaho retain their autonomy to determine their own life course as they age.
>
> The Area Agency on Aging's mission statement is: The Area Agency on Aging improves quality of life for older and vulnerable adults and their families through a single access point to provide education, advocacy, accountability and service.
>
> The focus of AAA services (as provided through the OAA and SSA) is to keep individuals living independently and safely in their own home and to mitigate and/or eliminate the risk for institutional placement.

(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 **(Reference: #11 Disease Prevention and Health Promotions in Area Plan Strategies)**

(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

> Provide as **Attachment P** the information the AAA has available and distributes that addresses "the need to plan in advance for long-term care".

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

> Provide as **Attachment Q** a list of the full range public and private long-term care programs, options, service providers and resources that AAA makes available.

(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;

> Refer to Objective #4: Case Management Coordination Strategy in Area Plan Strategies. The Case Management referrals are listed in this section of the Area Plan Strategies (see below). The AAA uses these referrals first, as appropriate before providing Case Management services to an individual.

B. Case Management Coordination Strategy: Establish Case Management protocols with providers who serve the following: individuals with disabilities (Center for Independent Living, Idaho Department of Health & Welfare), Veterans (Veterans Service Officer), and Facility Residents (discharge planners) to ensure that seniors and individuals with disabilities are being referred to the correct provider.

Performance Measure:
- Local Protocols
- Referral List with specific type of Case Management services available

Baseline:

Case Management Focus Area	Agency	Protocol In Place
Disabilities	Center for Independent Living—LIFE. Inc., Idaho Department of Health & Welfare—Medicaid, Mental Health, Developmental Disability Crisis Team, Regional Medicaid Unit	No
Veterans	Veterans Service Officer	No
Facility Residents	Idaho Home Choice—LIFE, Inc. and AAA	No

Benchmark: Each year increase Case Management referral resources and Protocols.

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

The Area VI AAA will not duplicate case management services that are provide through other Federal and State programs. Refer to Objective #4: Case Management Coordination Strategy, Performance Measure, and Baseline in Area Plan Strategies.

(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;

Refer to lists indicated above under 8(A). Each of these listed Focus Areas are able to provide more specific lists of public and non-profit private agencies that provide Case Management Services depending on the individual's specific needs. The AAA will coordinate and work with the listed Focus Area entities above to develop a comprehensive list of agencies that provide similar services within the jurisdiction of the AAA.

(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;

Consumers are provided a "Provider Choice Form" that they can sign and indicate what provider they have chosen to receive services from. When consumers are being assessed for services via telephone, they are given the names of all available providers in their county and are able to pick the provider of their choice. This is documented in the Information Management System provided by ICOA.

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

All AAA services are consumer choice. The AAA does not promote one agency or service

> provider over the other, but simply informs each consumer of service providers that are available in their county. In addition, if the AAA does provide Case Management services, this will only be on a very short term basis in order to assist the consumer in accessing needed services and supports. Once these are in place, AAA Case Management is no longer necessary.

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

> The AAA is able to provide Case Management services as long as the consumer is eligible for that service. Per the below Case Management Objective on the Area Plan Strategies:
>
> **4: Case Management Objective:** To provide statewide access to Case Management service for older individuals who need an optimum package of long-term care services.
>
> **Service Description:** Case Management funds are used for eligible older individuals and disabled adults, at the direction of the older individual or a family member of the older individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs. Activities of case management include: comprehensive assessment of the older individual; development and implementation of a service plan with the individual to mobilize formal and informal resources and services; coordination and monitoring of formal and informal service delivery; and periodic reassessment.
>
> **Service Eligibility:** Individuals 60 years of age or older who cannot manage services on their own.
>
> **Service Implemented by:** Area Agencies on Aging (AAAs).
>
> The AAA is able to provide Case Management services to eligible individuals in our 9 county PSA, the majority of which is located in rural areas.

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

FUNDING PARAMETERS

Red = Maximum Percentage

FEDERAL AND STATE BUDGET	
Adult Protection	15%
Ombudsman (Not including Title VII)	5%
AAA Federal Admin	10%
AAA State Admin	10%
Coordination/Program Development	2%

Blue = Minimum Percentage

FEDERAL AND STATE BUDGET	
Home Delivered Meals	
Congregate Meals	
Total Home Delivered/Congregate Meals	37%
Legal Assistance	3%
Transportation*	2%
Homemaker*	2%
National Family Caregiver: Respite*	2%
Total Homemaker, Respite and Transportation	15%

AAA's Discretion
Information and Assistance
Case Management
Health Promotion
Outreach
Chore
Home Modification
National Family Caregiver: Information to Caregiver
National Family Caregiver: Assistance to Caregiver
National Family Caregiver: Counseling, group work, training
National Family Caregiver: Supplemental Services

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

> Provide as **Attachment R** the AAA's Grievance policies for denial and termination of service.

(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;

> N/A

(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

> N/A

(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; and

N/A

(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. **(Reference Section: (6)E(ii) in this document)**

(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;

> While the AAA Director for Area VI is relatively new, the expectation is that the AAA Director will be familiar with the core requirements of the OAA and SSA. On-the-job working knowledge of the program requirements, the CFR, OMB Circular, as well as quality reviews (both on-site and desktop reviews) by ICOA, work to assure that the integrity of programs are upheld.
>
> In addition, the Area VI AAA falls under the larger umbrella agency of EICAP, which is a Community Action Partnership. EICAP's vision statement was approved by the Board of Directors in 2013. The statement is: Eastern Idaho Community Action Partnership creates opportunities for individuals and families to reach their highest level of independence and self-sufficiency.
>
> EICAP is widely recognized and respected by the public as a community asset that makes a difference in peoples' lives. EICAP's Board of Directors, staff and volunteers work efficiently with community partners to expand our role and impact in the community by responding to local needs. EICAP's mission statement (also approved by the Board of Directors in 2013) is: Eastern Idaho Community Action Partnership helps and empowers at risk individuals and families meet their basic needs and increase their independence through support and education.
>
> Wherever a contract with a provider exists, the AAA cites and provides references to rules, regulations, and requirements. The AAA also provides training and assistance to providers in an effort to maintain the integrity and public purpose of services provided.

(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;

> On an annual basis (typically at the end of each State Fiscal Year), the AAA provides ICOA with a Contract Approval Form. An example is shown below:

Contract Approval Form

Purpose: to be provided to ICOA for approval of multi-year contracts, contracts with for-profit providers, and contracts with for-profit legal service providers.

Section 1 (To be completed by AAA)

Date: 6/27/2016	Area VI Agency on Aging:	Contact Phone:
Name of Representative:		Contact E-Mail:

Section 2 (To be completed by AAA)

Please submit the following information for each contract requiring approval. For for-profit legal service provider contracts, a copy of the contract template will also need to be submitted prior to execution.

*Type	Vendor Name	Services to be provided	Amount	Start Date	End Date	*Method of Procure
NP	Targhee Regional Public	Transportation		07/01/16	06/30/17	Extension
NP	Idaho Legal Aid	Legal Services		07/01/16	06/30/17	Extension
FP	AS Long Nutrition	Dietitian Services		07/01/16	06/30/17	Extension
NP	Idaho Fall Senior Center	CDSMP/ DSMP		07/01/16	06/30/17	Extension
NP	Eastern Idaho Public Health	Fit and Fall classes		07/01/16	06/30/17	Extension

Section 3 (To be completed by AAA)

Please provide a justification and or need for the contract.

Contracts are to fulfill AAA's ability to provide Congregate, HDM, Transportation, Legal, Chore, Homemaker, Respite, Dietitian Services, as well as CDSMP/DSMP classes.

Section 4 (ICOA Use Only)

	Recommend:	
Date Received by ICOA:	Yes ○	No ○
Contracts Officer Comments:		

Administrative Service Manager:	Date:	Approval: Yes ☐ No ☐
ICOA Administrators Signature	Date:	Approval: Yes ☐ No ☐

*Type: MY=Multi-year, FP=For Profit, Leg=Legal   Method: RFP=Request for Proposal Process, SS=Sole Source, CA=Cost Analysis

FO.AD.10. Contract Approval Form: 7/01/2013: Previous Editions are Obsolete

(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;

> The Area VI AAA's Contracts Manger tracks service delivery units, and, enters these units into the Information Management Program (currently GetCare) on a monthly basis. The AAA Director and Contracts Manager work together to evaluate the quantity of services on a monthly basis and also to ensure that services being provided are within the proposed budget amounts. If we see that a particular service is being underutilized, we increase our outreach efforts and public information to inform individuals and community partners of what is available.

(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

> The majority of AAA services are contracted out. This allows the AAA to enhance the quantity and quality of service and allows us to serve more individuals and especially in rural areas. The fact that consumers are able to choose their own provider also has a positive impact on the quality of service that they are receiving. Consumers are made aware that they have the right to change providers if the feel that their current provider is not meeting or responding appropriately to their needs.

(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;

> Per the Performance Based contract with ICOA, the AAA will:

C. **Terms and Conditions**

9. Records.

a. The AAA shall maintain all records required by the OAA, the ICOA Program Manual, this Contract, and all documents set forth in full text in Attachment A, as well as any audits of its programs or services and all records related to subcontractors under this Contract (collectively the "Records"). The AAA shall maintain the Records in accordance with the ICOA Program Manual requirements. The AAA shall provide access to the Records to ICOA or its designee within three (3) days of request.

b. The AAA shall ensure that subcontractors maintain, or deliver to the AAA to maintain, all records required by the OAA, the ICOA Program Manual, this Contract, and all documents set forth in full text in Attachment A, as well as any audits of its programs or services (the "Subcontractor Records"). The AAA shall

AAA Performance Based Contract   4

ensure that the subcontractors provide access to the Subcontractor Records to ICOA or its designee upon request.

c. ICOA shall be the sole and exclusive owner of all Records and Subcontractor Records. The AAA shall ensure that all subcontractors acknowledge and agree to ICOA ownership of such records. Release, publication, or use of all data is at the sole discretion of the ICOA.

(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;

The AAA will identify and include language in our next issued contracts and/or complete addendums to existing contracts assuring 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.

Also written in the Area VI Advisory Council bylaws:
- To avoid conflict of interest, no member of the council shall be a party to a decision that affects the amount or rate of payment for goods or services provided to the AAA by them or a company or organization they represent, or in which they hold an office or a position of influence.
- Per IDAPA: 15.01.20.051: AREA ADVISORY COUNCILS ON AGING. 03. Conflict of Interest. AAA employees, or members of the immediate families of AAA employees, shall not serve on the advisory council. (3-20-04).

(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 **(Reference Section: (4)(A)(i) in this document)**

   (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212; **(Reference Section: (13) in this document)**

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

> AAA consumers determine which in-home service provider/agency they desire to have. The AAA then directs a consumer referral to that selected agency of choice.
>
> Also, per the Participant-Directed/Person-Centered Planning section of the Area Plan Strategies:
>
> **ICOA Goal:** Integrate person-centered planning into existing service delivery system.
>
> **1: Participant-Directed/Person-Centered Planning Objective:** To define and implement person centered processes with aging and disability network partners.
>
> **Service Description:** The service directs eligible consumers to organizations that provide long-term care service coordination. Person-Centered Planning is a process that ensures an individual has a choice in determining the long-term care services that are best for them.
>
> **Service Eligibility:** General public needing long-term care services and supports.
>
> **Service Implemented by:**
> - Area Agency on Aging (AAA)
>
> A. **Participant-Directed/Person-Centered Planning Service Delivery Strategy:** Identify best practices from organization/s that provide Person-Centered Planning.
>
>   **Performance Measure:** Best practices.
>
>   **Baseline:**
>   - Home and Community Base Services Person Centered Planning Rules and training (Center for Independent Living, Idaho Department of Health & Welfare)
>   - Person Centered Planning programs implemented in our PSA (Idaho Home Choice, VD-HCBS)
>
>   **Benchmark:** Implement Person-Centered Planning standard practices in our PSA.

(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. **(Attachment N, AAA Disaster and Emergency Preparedness Plan)**

Optional: (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; ~~and~~

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

    (L) 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.

<div style="color:red">

Listed in the Legal Assistance Statement of Work (which is an attachment to the contract):

7. Attorney-client Privilege

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.

Per the Performance Based Agreement that the AAA has with ICOA:

</div>

12. Confidentiality. Except as may be required by applicable law or pursuant to a valid order in a governmental or judicial proceeding or inquiry, the AAA shall not disclose any confidential information related to services provided pursuant to this Contract. The AAA shall ensure that any subcontractor authorized to perform AAA's duties under this Contract complies with this confidentiality provision. This confidentiality obligation shall survive termination of this Contract. Confidential information shall include, but is not limited to, reports, records and data generated by the ICOA or the AAA, stored in the ICOA Management Information System or obtained by the AAA during the course of its duties pursuant to this Contract.

(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.
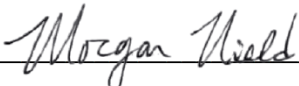
(B) At a minimum, such procedures shall include procedures for—
(i) providing notice of an action to withhold funds;
(ii) providing documentation of the need for such action; and
(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(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. (42 U.S.C. 3026)

Area VI Agency on Aging serving Eastern Idaho
Morgan Nield, AAA Director

Signature: _____Morgan Nield_____   Date: __6/15/17__

ATTACHMENT B

FY 2017 AREA PLAN INTRASTATE FUNDING FORMULA (IFF)

Intrastate Funding Formula (IFF) **Goal: To Provide funding in accordance with OAA guidelines that distribute priority funding to the target population identified in OAA 305(a)(2)(C).**
Objective 1: Intrastate Funding Formula (IFF): The IFF is the methodology used to calculate how much Title III funding, including the Title IIID Disease Prevention and Health Promotion Services, goes to each Planning and Service Area (PSA). As seen in the Table below, it is based on the "At Risk" factors in each of the PSAs. This factor is then weighted and applied to the total available funding to determine the funding allocations. The formula provides that funding reaches individuals with the greatest economic and social needs for such services and reaches areas throughout the state that are medically underserved.
Formula Development: The Intrastate Funding Formula was developed in consultation with area agencies using the best available data, and published for review and comment taking into account —(i) the geographic distribution of older individuals in the State; and (ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals; OAA 305(a)(2)(C) and 45 CFR 1321.37. Each Planning and Service Area (PSA) is allotted an equal amount of "base" funding. This funding is 10% of the total available State and Federal funding divided equally between each of the six PSAs. The remaining funding is then multiplied by the "At Risk" percentages and distributed to each of the PSAs accordingly. At the February 4, 2016 ICOA Board of Commissioners' meeting, Commissioners and the AAAs agreed to form a subcommittee to analyze the IFF methodology. Multiple scenarios were developed by the subcommittee and presented to the AAAs. On February 25, 2016 all AAA Directors agreed to keep the existing IFF. After all stakeholder and public comments have been received, the ICOA Commissioners approved Idaho's Senior Services State Plan and the Intrastate Funding Formula at the June 21, 2016 special Commissioners' meeting. The funding formula for the current fiscal year (FY2017: July 1, 2016 – June 30, 2017 and reference explanation is provided below:

Idaho Intrastate Funding Formula — Adopted April 30, 2013 — Dated 6/01/2016

OAA Title III Funds (not including Title VII) and State of Idaho General Funds — Effective July 1, 2016

				$ 538,340	$ 397,710	$4,845,060	$3,579,390	$9,360,500
Total OAA Federal Funds			$ 5,383,400					
Total State Funds			$ 3,977,100					
Total Funds			$ 9,360,500					
Less 10% Base Amount of Federal and State Funds			$ 936,050					
Balance to be Distributed by Formula:			$ 8,424,450					

Factors used in Weighted Elderly Population (At Risk)

PSA	2015 TOTAL PSA POPULATION	TOTAL PERSONS AGED 60+ IN PSA	NUMBER OF 65+ LIVING IN POVERTY	65+ LIVING ALONE	60+ RACIAL MINORITY (Not Hispanic)	60+ HISPANIC (ETHNIC MINORITY)	60+ LIVING IN RURAL COUNTY	AGED 75+	AGED 85+	WEIGHTED ELDERLY POPULATION (AT RISK)	WEIGHTED "At Risk" PERCENTAGE	Federal Fund Base	State Fund Base	Federal Funds Distributed by Formula	State Funds Distributed by Formula	TOTAL FUND ALLOCATION
I	216,363	52,773	2,970	8,807	1,489	887	20,647	14,786	3,826	53,412	17.05%	$ 89,723	$ 66,285	$ 825,872	$ 610,130	$ 1,592,010
II	106,381	25,245	1,487	5,061	961	279	9,179	8,040	2,178	27,185	8.68%	$ 89,723	$ 66,285	$ 420,343	$ 310,537	$ 886,888
III	712,261	127,236	7,621	23,163	4,269	6,204	25,218	36,117	10,646	113,239	36.14%	$ 89,723	$ 66,285	$ 1,750,937	$ 1,293,542	$ 3,200,488
IV	187,891	36,834	2,568	6,776	815	2,671	21,047	11,378	3,392	48,647	15.53%	$ 89,723	$ 66,285	$ 752,200	$ 555,704	$ 1,463,912
V	166,586	29,842	1,416	5,432	1,307	1,400	15,748	9,179	2,487	36,969	11.80%	$ 89,723	$ 66,285	$ 571,632	$ 422,305	$ 1,149,945
VI	209,982	33,677	1,430	5,041	710	1,144	12,731	9,811	3,027	33,894	10.82%	$ 89,723	$ 66,285	$ 524,076	$ 387,172	$ 1,067,257
TOTAL	1,599,464	305,607	17,492	54,280	9,551	12,585	104,570	89,312	25,556	313,346		$ 538,340	$ 397,710	$ 4,845,060	$ 3,579,390	$ 9,360,500
Column Ref. #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

	The source documentation is from the ID Department of Labor.
Column 1	Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, December 2015, Table S0101. Column used as a reference only.
Column 2	Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, December 2015, Table S0101. Column used as a reference only.
Column 3	Source: U.S. Bureau of the Census, American Community Survey, 2006-2013, 5-year estimates, December 2015, Table B17001. Column 3 is used with columns 4 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 4	Source: U.S. Bureau of the Census, American Community Survey, 2006-2013, 5-year estimates, December 2015, Table B17001. Column 4 is used with columns 3 and 5 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 5	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2014, June 2015. Column 5 is used with columns 3 - 4 and 6 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 6	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2014, June 2016. Column 6 is used with columns 3 - 5 and 7 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 7	Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, December 2015, Table S0101. Column 7 is used with columns 3 - 6 and 8 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 8	Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, December 2015, Table S0101. Column 8 is used with columns 3 - 7 and 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 9	Source: U.S. Bureau of the Census,, 2010-2014 American Community Survey 5-Year Estimates, December 2015, Table S0101. Column 9 is used with columns 3 - 8 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 10	Column 10 sums each row for columns 3 - 9 and identify the total "Weighted Elderly Population (At Risk)" per PSA.
Column 11	Weighted At Risk percentage from the Intrastate Funding Formula: Column 11 turns Column 10's totals into percentages. These percentages are used to calculate federal funds in column 14 and state funds in column 15 for each of the PSAs.
Column 12	Federal "Base" funds are evenly divided amongst the 6 PSAs. Column 12 is used to record the total federal base funding located at the top of Column 12 into six even amounts for each of the PSAs.
Column 13	State "Base" funds are evenly divided amongst the 6 PSAs. Column 13 is used to record the total state base funding located at the top of Column 13 into six even amounts for each of the PSAs.
Column 14	Federal Funds multiplied by the Weighted Percentage: Column 14 shows the distribution of the remaining federal funds after the "base" was distributed. The remaining federal funding is located at the top of Column 14 and is multiplied by each "Weighted At Risk Percentage" in Column 11 to determine the appropriate distribution.
Column 15	State Funds multiplied by the Weighted Percentage: Column 15 shows the distribution of the remaining state funds after the "base" was distributed. The remaining state funding is located at the top of Column 15 and is multiplied by each "Weighted At Risk Percentage" in Column 11 to determine the appropriate distribution.
Column 16	Column 16 shows the total federal and state distribution and is a total of Columns 12, 13, 14 and 15.

Service Eligibility: "older individual" or "older persons" refers to an individual 60 years of age or older. OAA 102(a)(40) and Idaho Code Title 67-5006(4).

Developed by: ICOA in consultation with State Plan Steering Committee, AAAs, ICOA Commissioners and feedback from the Public. OAA 305(a)(2)(C).

Funding Source: OAA and SSA funds.

ATTACHMENT C

BUDGET PARAMETERS

Budget Parameters **Goal:** Ensure each category of OAA and SSA service receives an adequate proportion of funds to serve the Older Individuals in each Planning and Service Area (PSA).
Objective 1: Budget Parameters: Ensure OAA and SSA services reach the target population and increase service provision to older individuals.
Authorization: The State agency plans, sets priorities, coordinates, develops policies, and evaluates state activities relative to the objectives of the OAA. (a) The State agency on aging develops policies governing all aspects of programs operated under this part, including the ombudsman program. These policies shall be developed in consultation with other appropriate parties in the State. The State agency is responsible for enforcement of these policies. (b) The policies developed by the State agency address the manner in which the State agency will monitor the performance of all programs and activities initiated under this part for quality and effectiveness. In monitoring the ombudsman program, access to files, minus the identity of any complainant or resident of a long-term care facility, shall be available only to the director of the State agency on aging and one other senior manager of the State agency designated by the State director for this purpose. In the conduct of the monitoring of the ombudsman program, the confidentiality protections concerning any complainant or resident of a long term care facility as prescribed in section 307(a)(12) of the Act shall be strictly adhered to. The budget parameters earmark available funding to maximize OAA and SSA services to seniors. Area Agency as provided in agreements with the State Agency, Area Agencies earmark portions of their allotment. The typical earmarks are: (1) A maximum amount or percentage for program development and coordination activities by that agency. (i) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans; (ii) State and area agencies on aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and (iii) The State agency certifies that any such expenditure by an area agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area. (2) A minimum amount or percentage for services related to access, in-home services, and legal assistance. Provide assurances that an adequate proportion, as required under section 3027(a)(2) of this title, of the amount allotted for part B of this subchapter to the planning and service area will be expended for the delivery of each of the following categories of services— (A) services associated with access to services (transportation, health services (including mental health services), outreach,

information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services); (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction); [1] 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;

Percentages are based on total AAA budget.

Services where maximum funding can be lower but not higher.			
Provider	**Service**	**Maximum**	**AAA Budget Percentage**
Direct AAA Service	AAA Administration	10%	$107,562.30 / 10%
Direct AAA Service	AAA Coordination/Program Development	2%	$ 20,904.74 / 2%
Direct AAA Service	Adult Protection	15%	$ 115,696.48 / 11%
Direct AAA Service	Ombudsman	5%	$ 56,762.18 / 5%
		32%	28%

Services where minimum funds can be higher, but not lower.			
Provider	**Service**	**Minimum**	**AAA Budget Percentage**
Contracted Service	Home Delivered Meals	37%	$263,081.59 / 25%
Contracted Service	Congregate Meals		$131,804.09 / 12%
Contracted Service	Legal Assistance (3% of Title IIIB funding)	1%	$10,125.00 / 1%
Contracted Service	Transportation	15%	$67,904.00 / 6%

Provider	Service		AAA Budget Percentage
Contracted Service	Homemaker		$79,920.00 / 7%
Contracted Service	National Family Caregiver Program (Respite only)		$21,360.00 / 2%
		53%	53%

Services with variable percentage of funds.			
Provider	**Service**	**Variable**	**AAA Budget Percentage**
Direct AAA Service	Information & Assistance		$148,217.99 /14%
Direct AAA Service	Case Management		$1,944.06 / 0.18%
Direct AAA Service	Outreach		$11,817.70 / 1%
Contracted Service	Chore	15%	$1,500.00 / 0.14%
Contracted Service	Home Modification		N/A
Combination	National Family Caregiver (not including Respite)		$19,464.87 / 1.35%
Contracted Service	Health Promotions & Disease prevention		$9,192.00 /1%
		15%	18%
Total OAA and State Formula Funding Allocations		100%	99%

Service Eligibility: Multiple: Services have different eligibility criteria.
Developed by: ICOA in consultation with AAAs, ICOA Commissioners and feedback from the Steering Committee and Public.
Funding Source: OAA and SSA funds.

1. **Service Delivery**: Maximize OAA and SSA funding to ensure adequate proportion of funding is distributed to each category of service.	**Performance Measure**: Minimum and maximum service earmark requirements.
	Baseline: See Table above.

	Benchmark: AAA budgets that meet earmark requirements.

ATTACHMENT D

AAA ORGANIZATION CHART INCLUDING AAA'S GOVERNING BODY

EICAP ORGANIZATION CHART
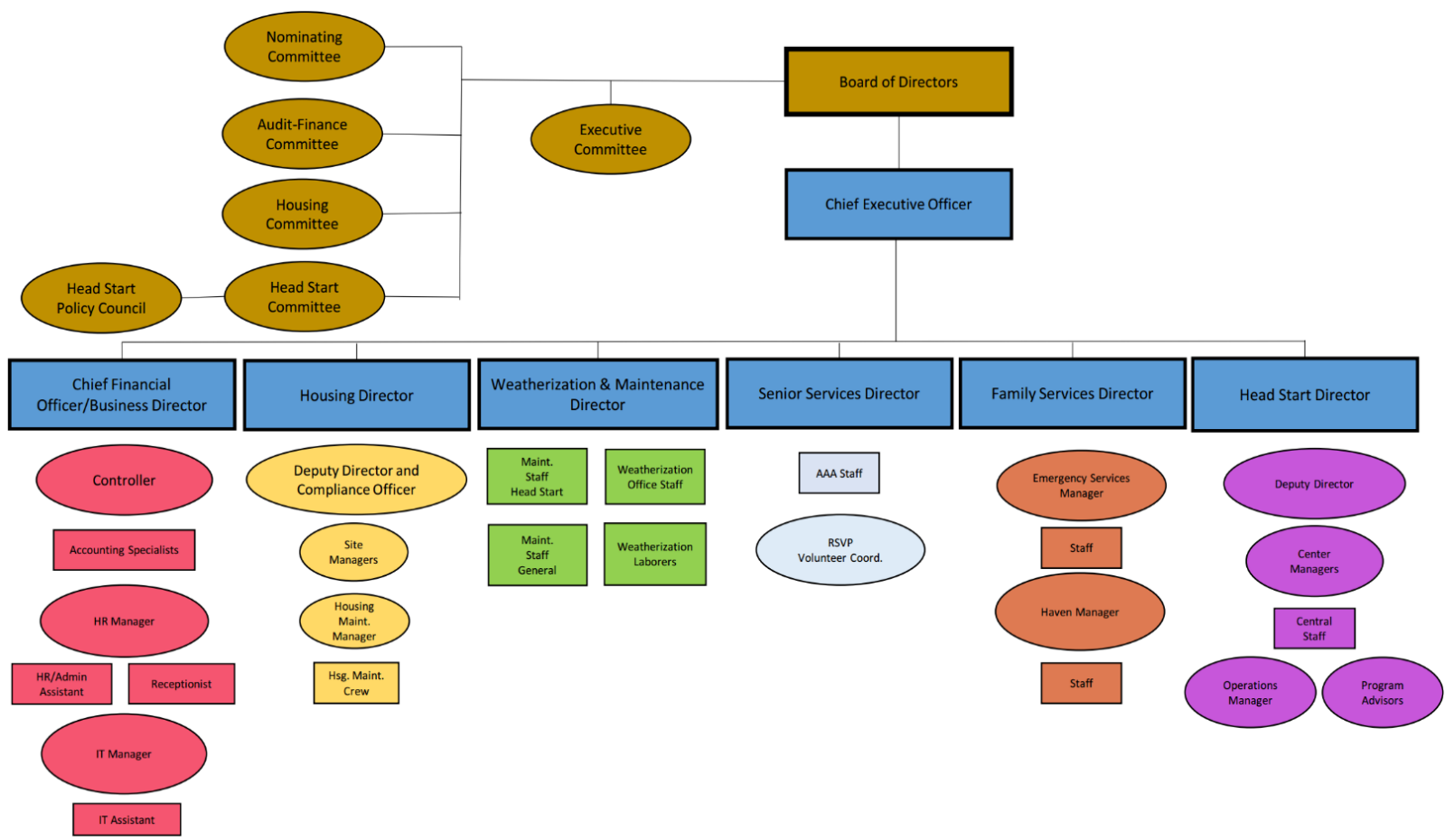
***Refer to next page for specific breakdown on Area VI Agency on Aging Organization

Area VI Agency on Aging Organization Chart

Senior Services Director/AAA Director

Adult Protection Supervisor

Long-Term Care Ombudsman

Contracts/ Information & Assistance Manager

SMP/MIPPA Outreach

RSVP Volunteer Coordinator

Supportive Services Technician/ AP Worker

Information & Assistance Specialists(2)
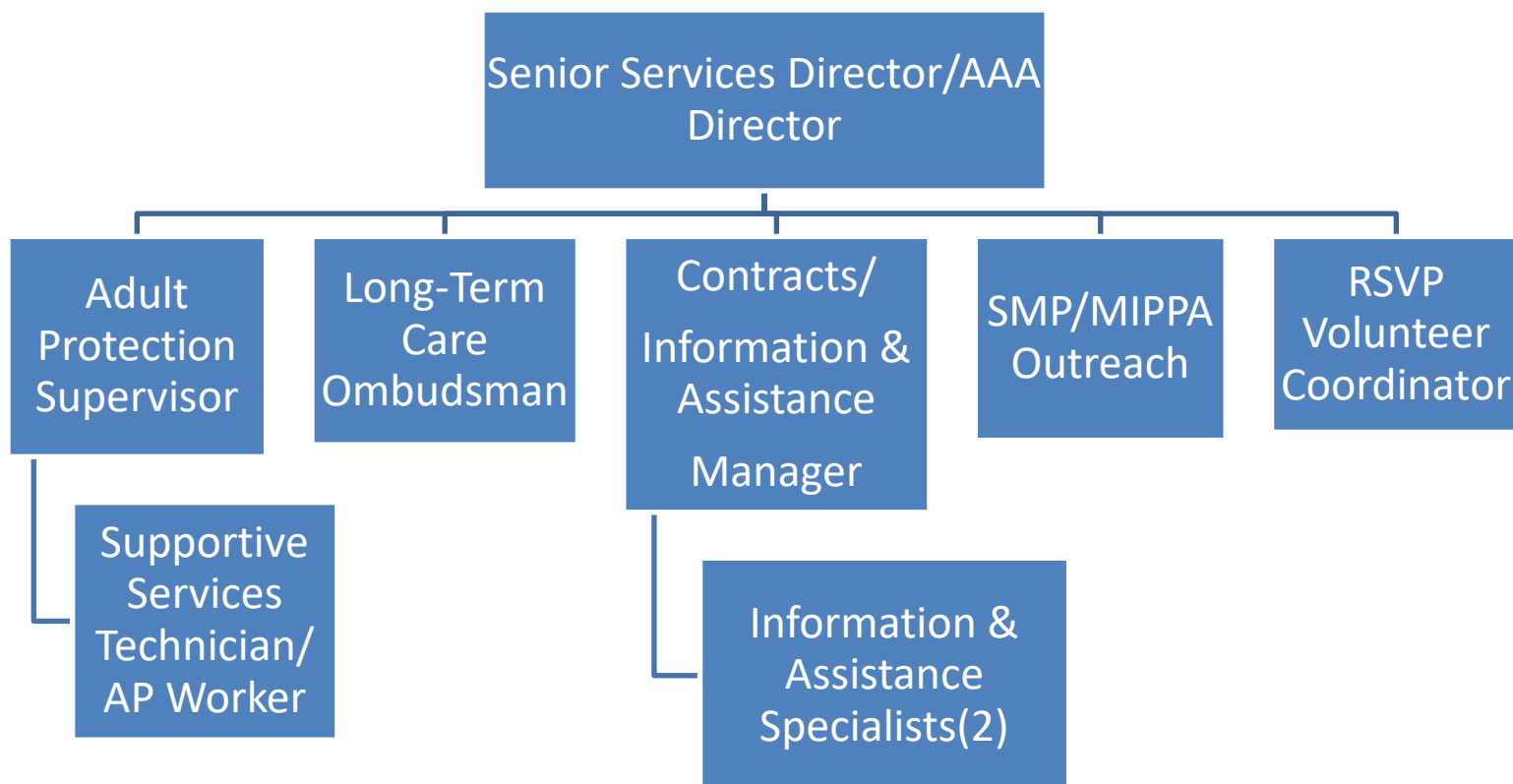
Attachment E

SLIDING FEE SCALE
(State Fiscal Year 2018)
(July 1, 2017 – June 30, 2018)

SLIDING FEE SCALE

State Law, Title 67, Chapter 50, Idaho Code, requires that fees to consumers for services provided under the Senior Services Act will be calculated by use of a sliding fee schedule, based upon household income. For Federal Funds utilize the individuals Income only. The Reauthorized OAA permits cost sharing for all services funded by this Act, with certain restrictions [OAA, Title III, Section 315 (a)]. The fee will be redetermined annually. Income, for this purpose, means gross income from the previous year, including, but not limited to, Social Security, SSI, Old Age Assistance, interest, dividends, wages, salaries, pensions, and property income, less non-covered medical and prescription drug costs. This form should be used after completion of the Standard Income Declaration Form.

Circle the client's income range, then circle the Percentage of the hourly fee the client will be required to pay.

Client's Name: _____   Date: _____

MONTHLY INCOME		ANNUAL INCOME		FEE	HMK FEE	RESPITE FEE	ADULT DAY CARE FEE
Individual Income				___%	___%	___%	___%
	$1,005.00		$12,060.00	0%			
$1,005.00 -	$1,206.00	$12,060.00 -	$14,472.00	20%			
$1,207.00 -	$1,407.00	$14,473.00 -	$16,884.00	40%			
$1,408.00 -	$1,608.00	$16,885.00 -	$19,296.00	60%			
$1,609.00 -	$1,809.00	$19,297.00 -	$21,708.00	80%			
$1,810.00 -	& Over	$21,709.00 -	& Over	100%			
TWO Persons in Household				___%	___%	___%	___%
-	$1,353.00	-	$16,240.00	0%			
$1,353.00 -	$1,624.00	$16,240.00 -	$19,488.00	20%			
$1,625.00 -	$1,895.00	$19,489.00 -	$22,736.00	40%			
$1,896.00 -	$2,165.00	$22,737.00 -	$25,984.00	60%			
$2,166.00 -	$2,436.00	$25,985.00 -	$29,232.00	80%			
$2,437.00 -	& Over	$29,233.00 -	& Over	100%			
THREE Persons in Household				___%	___%	___%	___%
-	$1,702.00	-	$20,420.00	0%			
$1,702.00 -	$2,042.00	$20,420.00 -	$24,504.00	20%			
$2,043.00 -	$2,382.00	$24,505.00 -	$28,588.00	40%			
$2,383.00 -	$2,723.00	$28,589.00 -	$32,672.00	60%			
$2,724.00 -	$3,063.00	$32,673.00 -	$36,756.00	80%			
$3,064.00 -	& Over	$36,757.00 -	& Over	100%			
FOUR Persons in Household				___%	___%	___%	___%
-	$2,050.00	-	$24,600.00	0%			
$2,050.00 -	$2,460.00	$24,600.00 -	$29,520.00	20%			
$2,461.00 -	$2,870.00	$29,521.00 -	$34,440.00	40%			
$2,871.00 -	$3,280.00	$34,441.00 -	$39,360.00	60%			
$3,281.00 -	$3,690.00	$39,361.00 -	$44,280.00	80%			
$3,691.00 -	& Over	$44,281.00 -	& Over	100%			

The full cost for one hour of Homemaker Service is: $ _____

The full cost for one hour of Respite Service is: $ _____

The full cost for one hour of Adult Day Care is: $ _____

Percentage Above Poverty Line   100%

The 2017 poverty guidelines will be in effect as of January 31, 2017.

https://aspe.hhs.gov/poverty-guidelines

Area Plan: Attachment E
State Plan: Attachment F, page 30 of 193

GU_AO_01: Sliding Fee Scale 2/08/2017. Previous Editions are Obsolete

Attachment F

Poverty Guidelines
(State Fiscal Year 2018)
(July 1, 2017 – June 30, 2018)

Department of Health And Human Services 2017 Poverty Guidelines

Person In Family or Households	100% Poverty	125 % Poverty	150 % Poverty
1	12,060	15,075	18,090
2	16,240	20,300	24,360
3	20,420	25,525	30,630
4	24,600	30,750	36,900
5	28,780	35,975	43,170
6	32,960	41,200	49,440
7	37,140	46,425	55,710
8	41,320	51,650	61,980
Families with more than 8 persons	(100% add $4,180)	(125% add $5,225)	(150% add $6,270)

The 2017 poverty guidelines will be in effect as of January 31, 2017

HHS Website for obtaining program fiscal year poverty guidelines is located at

https://aspe.hhs.gov/poverty-guidelines

Note: the poverty guideline figures listed on HHS website normally are calculated at 100%. Provided is the HHS chart that has been calculated to meet the 100%, 125% and 150%.

When computing the percentage of poverty guidelines that are required for your program client eligibility, remember HHS charts are always at 100% of poverty. Agencies need to multiply the % of the threshold by your set program eligibility of poverty guidelines.

Area Plan: Attachment F
State Plan: Attachment G, page 32 of 143

Attachment G

Planning and Service Area VI Area Plan Steering Committee

Name	Affiliation	Title
Andrew Rail	Madison Senior Citizens Center	Chief Caring Officer
Angela Booker	Teton Valley Health Care	Chief Nursing Officer
Candy Stenersen	Lemhi Rides	Operations Manager
Celeste Eld	Hospice of Eastern Idaho	Owner/Director
Connie Patterson	Community Member/Senior Citizen	Community Member/Senior Citizen
Dean Nielson	LIFE, Inc. and Veterans Services	Director
Jake Workman	Idaho Legal Aid	Managing Attorney
Micky Clark	Good Samaritan Society/Assisted Living	Administrator
Lori Palmer	Personal Home Care	Owner/Director
Marie Peterson	Community Member/Senior Citizen, past LTC Ombudsman	Community Member/Senior Citizen
Tami Peterson	Premium Home Choice	Owner/Director
Bruce Hampton	Rehabilitative Health Services/Mental Health	Chief Executive Officer/Co-Owner
Tammy Stringham	Lemhi Rides	Director of Operations
Valisa Say	Idaho Falls Senior Citizens Community Center	Executive Director

Attachment H

PSA Advisory Council Profile

In Accordance with Section 306 (a)(6)(D) of the Older Americans Act and IDAPA 15.01.20.051.01, the Area Agency on Aging (AAA) shall establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of 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. More than fifty (50) percent of the advisory council shall consist of people 60 years old or older. (CFR 45 Section 1321.57)

Advisory Council Member's Name:	Joseph Earnest
County of Residence:	Bonneville
Beginning Term Date:	Dec. 2014
Ending Term Date:	Dec. 2016

Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
					x	x	x			x

Advisory Council Member's Name:	Laura Gramirez
County of Residence:	Bonneville
Beginning Term Date:	Dec. 2014
Ending Term Date:	Dec. 2016

Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
		x			x		x			x

Advisory Council Member's Name:	Lyle Jensen
County of Residence:	Bonneville
Beginning Term Date:	Dec. 2015
Ending Term Date:	Dec. 2017

Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x					x	x	x			x

Advisory Council Member's Name:	Sheila Funk
County of Residence:	Custer
Beginning Term Date:	Dec. 2015
Ending Term Date:	Dec. 2017

Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x			x		x	x	x			x

Advisory Council Member's Name:	Dean Nielson
County of Residence:	Bonneville
Beginning Term Date:	Dec. 2014
Ending Term Date:	Dec. 2016

Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x				x	x		x		x	x

Advisory Council Member's Name:	Janell Price
County of Residence:	Bonneville
Beginning Term Date:	Dec. 2014
Ending Term Date:	Dec. 2016

Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
					x		x		x	x

Advisory Council Member's Name:	Renee Richardson
County of Residence:	Bingham
Beginning Term Date:	Dec. 2015
Ending Term Date:	Dec. 2017

Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x			x		x		x	x		x

Advisory Council Member's Name:	Valisa Say
County of Residence:	Bonneville
Beginning Term Date:	Dec. 2015
Ending Term Date:	Dec. 2017

Select all Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
					x	x	x			x

Advisory Council Member's Name:	Mark Brown
County of Residence:	Bonneville
Beginning Term Date:	Dec. 2014
Ending Term Date:	Dec. 2018

Select all Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
					x		x			x

Advisory Council Member's Name:	Amanda Ely
County of Residence:	Bonneville
Beginning Term Date:	Dec. 2014
Ending Term Date:	Dec. 2016

Select all Categories that the Council Member Represents

Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
		x			x	x	x			x

Advisory Council Member's Name:	Karolyn Hodge
County of Residence:	Fremont
Beginning Term Date:	Dec. 2015
Ending Term Date:	Dec. 2017

Select all Categories that the Council Member Represents

Eligible Participant (60 or	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public

older)										
x			x		x	x	x			x

Advisory Council Member's Name:	Angela Booker									
County of Residence:	Teton									
Beginning Term Date:	Dec. 2014									
Ending Term Date:	Dec. 2016									
Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
			x		x		x		x	x

Advisory Council Member's Name:	Bud Langerak									
County of Residence:	Bonneville									
Beginning Term Date:	Jan. 2017									
Ending Term Date:	Jan. 2019									
Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x					x		x			x

Advisory Council Member's Name:	Nancy Bergmann									
County of Residence:	Bonneville									
Beginning Term Date:	Jan. 2017									
Ending Term Date:	Jan. 2019									
Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x					x					x

Attachment I

Planning and Service Area VI Area Plan Development Schedule

Date:	Purpose of Meeting:
November 2016	Received Area Plan shell from the Idaho Commission on Aging.
January-April 2017	AAA worked on developing Strategies, Baselines, Performance Measures and Benchmarks for Strategic Plan.
April 3, 2017	Invitation letters sent to Steering Committee Members.
April 3rd-April 20th 2017	AAA continued to develop Strategies, Baselines, Performance Measures and Benchmarks for Strategic Plan. Also began working on Executive Summary, Assurances, and other Plan documents.
April 20, 2017	Initial Steering Committee Meeting held: Welcome and Process Description
April 27, 2017	Second Steering Committee Meeting held: Strategic Plan Review
May 12, 2017	Third Steering Committee Meeting held: Strategic Plan Review
May 12th-May 15th, 2017	AAA incorporated steering committee's recommendations and comments into the Strategic Plan.
May 2017	Feedback on Area Plan draft received from the Idaho Commission on Aging.
May 16th-24th, 2017	AAA completed presentations on the Area Plan and solicited public comment and feedback at senior centers in the following locations: Rigby 5/16/17, Challis 5/17/17, Salmon 5/17/17, Driggs 5/18/17, Madison 5/23/17, and Idaho Falls 5/24/17
May 25th-May 29th, 2017	AAA incorporated public comments received from Area Plan presentations into Area Plan document.
May 30, 2017	AAA posted Area Plan on www.eicap.org and www.eastidahoaging.com for additional public comment.
June 13, 2017	EICAP Board of Directors reviewed and approved the Area Plan.
June 15, 2017	AAA Advisory Council reviewed and approved the Area Plan.
June 15, 2017	End of public comment period. No additional public comments received. AAA submitted the Area Plan to the Idaho Commission on Aging for review and approval.

Attachment J

Comments on Area Plan in Planning and Service Area VI

Provides dates when stakeholders (including the public) had the opportunity to make comments

Steering Committee Meetings were held on:
- 4/20/17 (8 were present)
- 4/27/17 (8 were present)
- 5/12/17 (9 were present)

Steering Committee members also had the opportunity to review and provide comment on the Area Plan via email from 4/20/17-6/15/17.

Presentations/public meetings on the Area Plan and solicitation for public comment occurred at the following senior centers:
- 5/16/17 Rigby (13 in attendance)
- 5/17/17 Challis (8 in attendance)
- 5/17/17 Salmon (7 in attendance)
- 5/18/18 Driggs (4 in attendance)
- 5/23/17 Madison (10 in attendance)
- 5/24/17 Idaho Falls (22 In attendance)

The Area Plan was posted on EICAP's (www.eicap.org) and the AAA's website (www.eastidahoaging.com) for public comment from May 30th-June 15th.

Executive Summary
1. **Comment:** None
   Outcome: N/A

Planning Process
1. **Comments:** None
   Outcome: N/A

Comments on the Core Services
1. **Transportation**
   Transportation Service Funding
   Comments:
   - There were questions regarding how one might become a transportation provider with the AAA and how that service works.

   Outcome:
   - Questions were answered, no changes made to the Area Plan.

    A. **Comments on Transportation Service Delivery:** None
       Outcome: N/A

    B. **Comments on Transportation Coordination:**
- Question regarding Transportation services in Jefferson County and how those services can be accessed.
- Steering committee commented that it would be helpful for senior centers to utilize funding opportunities for transportation more.
- Additional resources/potential community partners (Community Center in Moore, and Carol Ivie in Mackay) discussed.

       Outcome:
- Questions were answered, no changes made to the Area Plan.

2. **Outreach**
Outreach Service Funding
    Comments: None
    Outcome: N/A

    A. **Comments on Outreach Service Delivery:** None
       Outcome: N/A

    B. **Comments on Outreach Coordination:**
- Steering committee recommended that the AAA continue to participate in local Health Fairs and that the INL does a big one each year.
- Steering committee also recommended getting the county commissioners more involved and having the AAA attend the county commissioner meetings.

       Outcome:
- Recommendations will be taken and implemented. No changes made to the Area Plan.

3. **Information and Assistance (I&A)**
Information and Assistance Service Funding
    Comments: None
    Outcome: N/A

    A. **Comments on I&A Service Delivery:** None
       Outcome: N/A

    B. **Comments on I&A Coordination:**
- Steering committee recommended that the AAA send out a monthly flyer to senior centers explaining AAA services or maybe just highlighting one service each month.

> These could then be given to congregate meal participants and delivered to home-delivered meal participants.
> - Steering committee also recommended that the AAA distribute information about service via inserts in utility bills.
> - Steering committee also recommended that the AAA look into using the local technical college (EITC) to do the printing of these flyers.
>
> **Outcome:**
> - Recommendations will be taken and implemented. No changes made to the Area Plan.

4. **Case Management (CM)**

    Case Management Service Funding

    > **Comments:** None
    > **Outcome:** N/A

    A. **Comments on CM Service Delivery:** None

    > **Outcome:** N/A

    B. **Comments on CM Coordination:**
    > - Questions on past and current utilization of CM coordination.
    >
    > **Outcome:**
    > - Questions were answered, no changes made to the Area Plan.

5. **Homemaker**

    Homemaker Service Funding

    > **Comments:**
    > - Question regarding available local funding for Homemaker service.
    >
    > **Outcome:**
    > - Questions were answered, no changes made to the Area Plan.

    A. **Comments on Homemaker Service Delivery:**
    > - One consumer commented on some of the concerns that she had with her homemaker aids "being rude" and "thinking that they know better."
    >
    > **Outcome:**
    > - Concerns were listened to and AAA Director recommended that consumer approach her provider with her concerns. Consumer indicated that she would do so.

    B. **Comments on Homemaker Coordination:** None
    > **Outcome:** N/A

6. **Chore**

    Chore Service Funding

    > **Comments:** None

Outcome: N/A

A. **Comments on Chore Service Delivery:** None
   Outcome: N/A

B. **Comments on Chore Coordination:**
   - Comment indicating that there is a gap for chore service for Medicaid and that Medicaid won't allow (or at least won't reimburse) for staff to clean up animal or other feces.
   - Question regarding whether or not Chore can be authorized for individuals under the age of 60 and if there is any local funding available for that.
   Outcome: Questions were answered, no changes made to the Area Plan.

7. **Minor Home Modification**
   Minor Home Modification Service Funding
   Comments: None
   Outcome: N/A

A. **Comments on Minor Home Modification Service Delivery:** None
   Outcome: N/A

B. **Comments on Minor Home Modification Coordination:**
   - Good Samaritan could be a possible referral resource for minor home modifications.
   Outcome: Potential referral resource added to Area Plan under "Service Implemented by:"

8. **Legal Assistance**
   Legal Assistance Service Funding
   Comments: None
   Outcome: N/A

A. **Comments on Legal Assistance Service Delivery:** None
   Outcome: N/A

B. **Comments on Legal Assistance Coordination:**
   - Question regarding the address for Idaho Legal Aid Office in Idaho Falls.
   - Question as to why the AAA will no longer be able to reimburse for Family Law cases (divorces, etc.) as of 7/1/17.
   - Discussion on how ICOA will be looking for additional funding opportunities for the Senior Legal Hotline, per the State Plan.
   Outcome:
   - Questions were answered, no changes made to the Area Plan.

9. **Congregate Meals**

Congregate Meal Service Funding

    Comments:

- Question on reimbursement rates for meals and why those rates are so low. Explained that AAA funding should be used as seed money for the senior center (and only approx. 33% of the meal is reimbursed for by the AAA), and is not meant to be the center's sole source of funding.

    Outcome: Questions were answered, no changes made to the Area Plan.

    A.   **Comments on Congregate Meal Service Delivery:** None

       Outcome: N/A

    B.   **Comments on Congregate Meal Coordination:** None

       Outcome: N/A

10. **Home Delivered Meals (HDM)**

    Home Delivered Meal Service Funding

       Comments: None

       Outcome: N/A

    A.   **Comments on HDM Service Delivery:** None

       Outcome: N/A

    B.   **Comments on HDM Coordination:** None

       Outcome: N/A

11. **Disease Prevention and Health Promotions**

    Disease Prevention and Health Promotions Service Funding

       Comments:

- Question on whether or not Fit And Fall Proof will be considered an "Evidence-Based Program" as of 7/1/17. If this is the case, the AAA will no longer be able to reimburse for this.

       Outcome:

- Questions were answered, no changes made to the Area Plan.

    A.   **Comments on Health Promotions and Disease Prevention Service Delivery:**

- Question regarding the Diabetes Self-Management Program (DSMP), what it is, how long each class is, etc.

       Outcome:

- Questions were answered, no changes made to the Area Plan.

    B.   **Comments on Health Promotions and Disease Prevention Coordination:** None

       Outcome: N/A

12. **National Family Caregiver Support Program (NFCSP)**

National Family Caregiver Support Program Service Funding

>   **Comments:** None
>   **Outcome:** N/A

A. **Comments on NFCSP Service Delivery:** None
   Outcome: N/A

B. **Comments on NFCSP Coordination:**
   - Several comments indicating that they would have an interest in having a Grandparents Raising Grandchildren and/or Family Caregiver support group in their county. Currently, these two support groups are only offered in Bonneville County.
   - Question regarding the flexibility of the Respite service schedule.
   - Question regarding the Powerful Tools for Caregivers classes and how long they were, how often they were taught, etc.
   - Comment "Respite is very helpful, thank you for the service."
   - Question regarding what makes the Powerful Tools For Caregivers an "evidence-based" program.

   Outcome:
   - Questions were answered, no changes made to the Area Plan.

13. **Senior Medicare Patrol (SMP)**

Senior Medicare Patrol Service Funding

>   **Comments:** None
>   **Outcome:** N/A

A. **Comments on SMP Service Delivery:** None
   Outcome: N/A

B. **Comments on SMP Coordination:** None
   Outcome: N/A

14. **Medicare Improvement for Patients and Providers Act (MIPPA)**

Medicare Improvement for Patients and Providers Act Service Funding

>   **Comments:** None
>   **Outcome:** N/A

A. **Comments on MIPPA Service Delivery:** None
   Outcome: N/A

B. **Comments on MIPPA Coordination:** None
   Outcome: N/A

15. **Participant-Directed/Person Centered Planning**
    A. **Comments on Participant-Directed/Person Centered Planning Service Delivery:** None
       Outcome: N/A

    B. **Comments on Participant-Directed/Person Centered Planning Coordination:**
       - Question regarding the Idaho Home Choice/Money Follows the Person Program
       Outcome:

       - Questions were answered, no changes made to the Area Plan.

16. **Ombudsman**
    Ombudsman Service Funding
       Comments: None
       Outcome: N/A

    A. **Comments on Ombudsman Service Delivery:** None
       Outcome: N/A

    B. **Comments on Ombudsman Coordination:** None
       Outcome: N/A

17. **Adult Protection Services**
    Adult Protection Service Funding
       Comments: None
       Outcome: N/A

    A. **Comments on Adult Protection Service Delivery:** None
       Outcome: N/A

    B. **Comments on Adult Protection Coordination:**
       - Several questions regarding AP and several individuals indicated that they were not aware that this service existed.
       - Questions on what AP can and cannot do. "Lines need to be more clear."
       Outcome:
       - Questions were answered, no changes made to the Area Plan.

Miscellaneous Comments and Questions:

   - Will you still be here next year (referring to the AAA)? Concerns of continuation of services and proposed federal budget cuts, etc.
   - Quite a few questions about eligibility requirements and how to access services (specifically legal assistance, respite, and transportation).

- Question about resources for a lift chair. LIFE, Inc.'s information was given out for this.
- Concerns of calling offices for services and not getting answers—they were unsure if it was the AAA office or our contracted service providers' office, but felt that their questions were not answered satisfactorily.
- Question regarding how seniors who cannot get online to look at the Area Plan will be able to have access to review it. Hard copies of the Area Plan strategies were handed out at the presentation for review.
- Question regarding the funding formula and how the "at risk" population is determined. Also discussion of rural vs. urban counties and why Madison County is being considered Urban.
- Several individuals commented that they were not even aware that AAA services existed.
- Question regarding available resources for dental assistance.
- Steering committee asked about the POMP and how this consumer satisfaction survey would be administered.
- Steering committee recommended that the AAA do more education with hospitals regarding AAA services.

Attachment K

IDAHO STATE UNIVERSITY STATEWIDE NEEDS ASSESSMENT

Needs Assessment of Older Adults in Idaho

Prepared for the Idaho Commission on Aging

by
Institute of Rural Health
Idaho State University

February 2016

Cyndy Kelchner, PhD
Russell Spearman, MEd
Neill F. Piland, DrPh

Idaho State
U N I V E R S I T Y
Institute of Rural Health

Acknowledgements

Funding

Suggested Reference

Kelchner, C., Spearman, R., & Piland, N. F. (2016). *Needs assessment of older adults in Idaho.* Institute of Rural Health, Idaho State University. Pocatello and Meridian, Idaho.

Short version: Needs Assessment of Older Adults in Idaho, 2016.

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Executive Summary

The purpose of this project is to develop, administer, and analyze a statewide needs assessment based on the Older Americans Act (OAA) and the Idaho Senior Services Act (SSA). The overall goal of the project is to gain information on the current and future long-term care needs of people in Idaho who are eligible for OAA and SSA services. Results from this assessment will be used to develop the Idaho Commission on Aging's (ICOA) four-year Senior Services State Plan and consequent Area Agency on Aging (AAA) local plans. The Institute of Rural Health at Idaho State University (ISU-IRH) was contracted by ICOA in 2015 to develop and administer the needs assessment, and to analyze and report the results.

The funded OAA and SSA service areas are as follows: information and assistance, home delivered and congregate meals, transportation, homemaker, chore, legal assistance, disease prevention and health promotion, caregiver (which includes respite), ombudsman, adult protection, and case management. To gain a better understanding of an individual's needs, ISU created a needs assessment addressing each of these service areas through a variety of questions. Gaining knowledge about the strengths and weaknesses within each service area will allow ICOA to develop a well-suited program that is able to cater to a variety of individuals. Furthermore, it will help ICOA understand which programs need more support and which programs are successful. The survey also asked participants to consider the needs of others in addition to their own needs. This will help ICOA assess a larger, more diverse population. Survey questions were intended not only to elicit responses for data collection purposes, but also to educate survey participants.

This survey was designed and administered to address a number of issues: (1) estimate the current perception of, need for, and utilization of services for Idaho's aging population, (2) determine the current demand for different types and categories of service, (3) estimate the level of need and demand for services as the population ages and the demographic structure of the population changes over time, and (4) estimate how the changing structure of the aging population will affect need, demand, and the success of services meeting the needs of Idaho's population. The service assessments were also created to gain a better understanding of whether services being used or needed were formal (provided by someone from an agency or organization) or informal (provided by family, friends, neighbors, church or other groups).

ISU used demographic data from the Idaho Department of Labor to ensure efforts were made to reach the following populations: (1) older individuals with low incomes by county, (2) older individuals who have greatest economic need by county (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), (3) older individuals who have greatest social need by county (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), (4) older individuals at risk for institutional placement by county, and (5) older individuals who are Indians residing in such area.

ISU contracted with Resolution Research, a health-related market research company, to administer the needs assessment survey and mail 1,800 paper surveys to a selected sample of Idaho residents age 50 and older based on target population demographics. Additional survey distribution methods included an online survey and paper surveys provided to Senior Centers upon request. Survey responses were received from each of the six Area Agency on Aging (AAA) regions of Idaho in adequate numbers for analysis by region, with a total of 626 respondents across Idaho. About half of the total responses came from the online version of the needs assessment, with more than a third from the targeted mailings and the rest from Senior Centers.

Findings

The top three current needs most often identified by respondents were (1) Information and Assistance (61%), (2) Disease Prevention & Health Promotion Programs (37%), and (3) Transportation (34%). When asked about specific long-term care services and supports, the largest immediate need is formal chore services which 11% report that they would like to use, followed by disease prevention & health promotion (10%) and legal assistance (8%). More respondents are using informal transportation services (19%) than any other service listed in this needs assessment, followed by congregate meals (17%) and informal

chore services (15%). Respondents had the most problems, both major and minor, with home maintenance (52%), housework (42%), and finding information about services (39%). Feeling lonely, sad, or isolated was also a problem for more than a third of respondents (37%), as was managing your own health (35%).

Older respondents are more likely to be using services, while more of the younger respondents would use services in future. Younger respondents are more likely to know others who could benefit from the services. The average difference between wanting and receiving services (would use vs using) ranged from less than 1% for those under age 70 to 4-6% for those age 80 and over.

For future needs, Information & Assistance and Transportation were tied for first place (46%), and the third most important need was Home Delivered Meals (34%). Home delivered meals were selected as a top need in the future more than twice as often as congregate meals (34% vs 16%). This supports the finding from the 2015 No Wrong Door System Assessment Report that Senior Centers, where most congregate meal sites are located, are not the choice for younger seniors.

The survey also identified problems with communication of the availability of services, as nearly half of respondents (47%) were not aware of services provided by the listed agencies and organizations. This result is similar to the 2015 Idaho Senior Capacity (Legal) Assessment in which 42% reported they had not heard of any of the organizations listed that assist people with legal problems. The information resource used most is individuals such as family, friends, or neighbors (84%). Online resources were the next most used (76%) for those under age 80, followed by newspaper, television, and other printed materials (68-70%). For those age 80 and older, Senior Centers (59%) was among the top five resources used, instead of online resources. The 2-1-1 Idaho Careline was rarely used (10%) even though more than 40% of respondents were aware of it. These results are similar to those from the No Wrong Door System report, except for its much lower reported use of online resources. The Idaho Senior Capacity (Legal) Assessment identified the best strategy for notifying seniors of available legal services as newspaper advertisement followed by email, Senior Center, and mail, and also noted that a single strategy is probably not sufficient.

The needs assessment questions were also intended to address specific outcomes identified by ICOA, as listed in the following table. The results are presented as a percentage of all respondents (N=626).

Table 1: Survey Outcomes

Outcomes	Survey Results	Source
Respondents who are aware of available services and agencies	46%	Table 33, Aware, average across all services
Respondents who have access to each type of service	7%	Table 54, Am Using, average across all services
Respondents who qualify for services:		
Percent of respondents with income less than $20,000	35%	Table 17
Percent of respondents with income less than $30,000	55%	Table 17
Percent of respondents covered by Medicare/Medicaid	77%	Table 18
Percent of respondents age 65 and older	70%	Age section, page 111
Respondents who use or might use services in the future, including formal and informal supports	37%	Table 54, Am Using + Would Use in Future, average across all services
Both formal and informal services that meet the respondents' needs	7%	Table 54, Am Using, average across all services
Activities in which respondents have interest	78%	Table 20

Recommendations

The findings of this needs assessment clearly identify the urgent need to plan for the provision of resources to meet the emerging needs of the rapidly growing elderly population. The planning needs to be both age and region specific. Considerable regional variability exists in the perceived need and potential demand for specific services. In addition, each region has substantially different capabilities to generate the health, caregiving, transportation, and social services that will be required to meet an increasing demand. Specific recommendations from this needs assessment of long-term care services and supports are provided below.

1. **Provide information about long-term care services and supports through sources that Idaho seniors actually use.** Information & Assistance was both the top current need and the top future need identified by respondents in this needs assessment. Each of the previous survey reports also identified information resources as a significant concern. As stated in the No Wrong Door System Assessment report (2015), it's important that people know what services are available, and for policy makers and others to see the real demand for services in order to adequately fund them. This means that all seniors need to be aware of services and able to ask for what they need, even if the availability of some services is currently limited.

    a. Less common sources of information should be advertised using the more common sources, for example, running newspaper and television ads for the 2-1-1 Careline or providing local Area Agency on Aging brochures through health care providers, churches, libraries, and Department of Health and Welfare offices.

    b. Information on services should be targeted to family members and caregivers in addition to seniors.

    c. Communications tailored for each AAA region may be needed as awareness of services varied somewhat across regions.

    d. It may be useful to further explore seniors' use of online resources such as specific websites, apps, and emails from agencies and organizations to determine actual usage and perceptions. As the population ages, the vast majority of older adults will be comfortable accessing information online. This can be a very effective information resource if accurate and timely information is provided in easy to use formats.

    e. Mechanisms should be established to assess if adequate information is being received, for example adding a brief survey on relevant websites, tracking the number of AAA brochures distributed at providers' offices, or asking callers how they found out about an organization.

    f. A list or registry of available service providers has been recommended previously for specific service areas such as respite care, and may be warranted for other service areas as well. Providing such lists online or printed in newspapers may help improve awareness of and access to these services.

2. **Expand the awareness of available transportation services between agencies and organizations** such that if someone is looking for transportation assistance they can find it, even if the organization they consult with does not provide the service themselves. Informal transportation services were the most commonly used service by respondents, and transportation was ranked as both a top current and future need. Transportation was also a problem for respondents in each of the previous survey reports which addressed it.

    a. Future research may seek to compare real versus perceived lack of transportation services to determine the optimal response for each region, and to clarify the nature of transportation difficulties such as lack of public transit, confusion of bus routes, long wait times, cost, or lack of information.

3. **Educate Idaho seniors, family members, and caregivers about prevention and the importance of being proactive in addressing minor concerns**, to help prevent more serious health and well-being problems including the future need for legal and other protection services. As stated in the 2015 Idaho Senior Capacity (Legal) Assessment Report, most civil legal problems for older adults

occur relatively infrequently, but when problems do arise, the stakes are often very high and occur at critical times for the individual.

    a. Disease prevention and health promotion programs were reported as a top current need, and also had among the highest rates for both receiving and wanting services. Providing additional programs and resources in this area could avoid or delay the need for more costly long-term care services and supports for many older adults.

    b. Providing accurate information resources for legal assistance is an important need. The future anticipated need for legal assistance is relatively high (38%) in the current survey, suggesting that some respondents are already aware of potential problems and might be interested in taking action to prevent or mitigate them.

4. **Low-cost services and information regarding other financial assistance options are important for seniors.** More than half of respondents (55%) reported a total household income of less than $30,000 per year, and 35% reported an income less than $20,000 per year. These rates were substantially higher for those age 80 and older (78% and 57%, respectively). Affording basic necessities was a problem for 29% of respondents.

5. **Care coordination and planning services are critical** to help seniors maintain their independence and quality of life. The current systems of long-term care services and supports require substantial effort by both seniors and those assisting them. In many areas, these systems are not currently available or are inadequate. Further development of care coordination and planning services would greatly assist Idaho's growing population of seniors who will require an increasingly broad range of long-term care options and services.

The changes occurring in the structure of Idaho's population, and the perceptions reported in the needs assessment, predict a rapidly increasing need for expanded services. Changes in the organization, financing, and delivery of health services in Idaho are currently beginning to take place in Idaho. For example, Idaho's Statewide Healthcare Innovation Plan (SHIP) is currently under implementation. This CMS grant funded project fosters health system changes to improve access, quality, and outcomes. This program is regionally based to accelerate the expansion of patient centered medical homes that improve care coordination and access to services through the use of community health workers, community health emergency medical services, and expanded telehealth services. The SHIP model will provide health care workforce and communications resources that can be aimed directly at the needs of Idaho's elderly population in both rural and urban areas. All of these will be increasingly critical in meeting the growing demand for services by Idaho's aging population. Comprehensive across-program integration and coordination are especially important in light of the rapid increase in demand generated by a growing incidence in Alzheimer's disease and other forms of dementia.

Background

A target population of Idaho residents age 50 and over was selected across the six Area Agency on Aging (AAA) regions of the state to complete a needs assessment inquiring about their current use of long-term care services and supports, quality of life, current and future needs, and awareness of others who could potentially benefit from these services. A map of the six AAA regions is provided in Figure 1. The needs assessment survey was also made available online in an effort to capture additional responses, and was provided to additional individuals and organizations upon request. This needs assessment was carried out in November 2015, and the results are presented in this report.

Figure 1: Map of Area Agency on Aging (AAA) Regions in Idaho
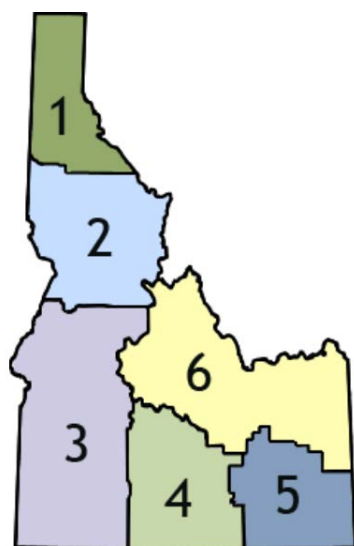
Contact Information for Local Area Agencies on Aging

Area I	Coeur d'Alene	208-667-3179	www.aging.idaho.gov/aaa/area_1.html
Area II	Lewiston	208-743-5580	www.aging.idaho.gov/aaa/area_2.html
Area III	Meridian	208-332-1745	www.aging.idaho.gov/aaa/area_3.html
Area IV	Twin Falls	208-736-2122	www.aging.idaho.gov/aaa/area_4.html
Area V	Pocatello	208-233-4032	www.aging.idaho.gov/aaa/area_5.html
Area VI	Idaho Falls	208-522-5391	www.aging.idaho.gov/aaa/area_6.html

Idaho's Aging Population

The survey process was designed to yield responses from a representative sample of Idaho's population age 50 years and older in order to provide a basis for estimating the probable changes in need and demand that will occur as the population ages. However, it is important to understand that while age is the primary determining factor for both need and demand, many additional factors are important in optimizing the performance of current service programs and the design of programs to meet future needs. Changes in the Idaho population's proportion of those 65 and over and their estimated health and disability status will have a dramatic impact on the need for services and projected demand. Idaho's population is in the process of undergoing a significant change. U.S. Census figures show that from 2000 to 2010, Idaho's population of those age 65 and over only grew from 11.3% to 12% of the total state population. However, over the twenty year period from 2000 to 2020, the 65 and over age group is projected to grow by 85%, substantially faster than other age groups. The projections for 2030 are even more dramatic with percentage growth (over 2000 figures) of 147% for the 65 plus age group. This demonstrates the important changes in the population age structure and highlights the potential effects on the need for health, social, and supportive services targeted for the elderly.

In interpreting the results of this survey, it is important to remember these population dynamics. The need for specific services, availability of services, access to services, and acceptability of services will all have an effect upon the final demand for services and their utilization. There is considerable geographic and socioeconomic variation in Idaho. Access and utilization are affected by economic, insurance, and geographic factors as well as the availability of a range of services. Table 2 and Table 3 in this report illustrate the demographic variability across Idaho's six AAA regions and aid in interpreting the variation in response to specific questions. In addition, the differences in responses make it possible to identify areas of strength and problem areas in the provision and use of services. This information is instrumental in designing programs and services that are specific to different areas while maximizing the cost-effectiveness of the resources that are now and that may become available.

It is at least equally important to understand that the aggregate responses of younger age groups will vary substantially from those of older age groups in the initial time period of the survey. However, as aging occurs they will more closely mirror those of the older age groups as the health, economic, mobility, and disability factors take a larger role in their lives. Therefore, in planning for future programs it is necessary to carefully look at the needs and demands of the current elderly, estimate the demand generated by a larger and rapidly aging population, and estimate the level of resources that will be required to meet that level of need and demand. Changes in tastes and preferences, communications and adaptive technologies, modes of transportation, and means of financing through private and public insurance and

programs will all have a determining effect on the success of future systems in meeting the needs of the aging population. This demands increased attention to responses that indicate a higher level of currently unmet need. As the population ages it is increasingly likely that even small areas of unmet need or preference may evolve into sizeable gaps as the population grows progressively older. In addition, the number and size of these gaps will vary across areas and will make it more difficult to generate resources to provide services. Program efficiency and effectiveness will be greatly affected by the accuracy of the planning process.

Memory Care: Alzheimer's Disease and other Forms of Dementia

The aging population is differentially affected by Alzheimer's disease and other forms of dementia. While beyond the scope of this survey, it is important to recognize the probable effect of these conditions on the demand for forms and categories of health and long term care of the aging. In Idaho the prevalence of Alzheimer's disease alone is projected to increase 43.5% from 2015-2025. This will greatly increase the cost of community and residential care as well as overall health care. It will also greatly increase the demand for caregiver services, both formal and informal. The impact is currently substantial and will increase greatly in the near future. As noted, the aging of Idaho's population requires a highly flexible, dynamic, and comprehensive plan to anticipate the serious demands and challenges we will face in the coming years.

Survey Methodology

This needs assessment was developed, in part, by reviewing ICOA's Senior Services State Plan for Idaho (2012-2016),[1] the 2012 and 2008 BSU Needs Assessments, the Idaho Caregiver Needs and Respite Capacity Report from 2014, the Idaho Senior Capacity (Legal) Assessment from 2015, and the 2015 No Wrong Door System Assessment report. We also reviewed the Administration for Community Living Performance Outcome Measurement Project (POMP)[2] as well as other surveys that the ISU-IRH has developed over the past few years.[3] This approach allowed ISU to avoid duplication of recent surveys and to re-use or adapt some questions as appropriate. Along with conducting the 2015 statewide needs assessment, ISU also used the previous assessments listed above to inform this final report.

In addition, the ISU-IRH collaborated closely with ICOA staff regarding their expectations for the needs assessment. Demographic information regarding older adults in Idaho was gathered in an effort to fully describe the target population. The needs assessment was developed to collect information regarding current service use, services that participants would like to receive more of, future service use, and whether or not the participant knows of others who would benefit from specific services. Assessment items were also created to gain a better understanding of whether services being used or needed were formal (provided by someone from an agency or organization) or informal (provided by family, friends, neighbors, church or other groups). Research regarding survey bias, rating scales in survey methodology, statistical analysis, survey distribution, and survey structure was also conducted to ensure the assessment's efficacy and reliability. The ISU-IRH began work in August 2015 to develop the needs assessment survey, in collaboration with ICOA staff, and submitted it to ICOA for review on September 30, 2015. The final needs assessment instrument was approved by ICOA on October 21, 2015.

Survey Distribution

Resolution Research, a health-related market research company, was contracted to administer the needs assessment survey. In the past, the ISU-IRH has utilized Resolution Research to gather and analyze data with great success. Resolution Research provides "end-to-end solutions from problem definition, research

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[1] Idaho Commission on Aging. Senior Services State Plan for Idaho, 2012-2016.
   http://www.idahoaging.com/Documents/ICOA_State_Plan_2012-2016_final_20121016.pdf
[2] Administration for Community Living Performance Outcome Measurement Project (POMP).
   http://www.aoa.acl.gov/Program_Results/POMP/Index.aspx
[3] Real Choices Systems Change Grants for Community Living (Money Follows the Person), 2001-2006; Traumatic Brain Injury State Plannning, Implementation, and Implementation Partnership Grants (2000-2018).

design, and data collection to data analysis, reporting and presentation."[4] Resolution Research was responsible for identifying the target population across Idaho, administering the survey (paper and online), data collection, and data entry. Once the results were entered, they provided the ISU-IRH with compiled data, frequency counts, and the requested cross-tabulations.

Resolution Research mailed 1,800 paper surveys via the USPS to Idaho residents based on target population demographics. As described in the Sampling Target Population section below, efforts were made to reach lower income and socially isolated individuals across the state, and additional surveys were distributed in some regions to ensure adequate feedback. Upon review of a draft press release on October 26, 2015, ICOA staff suggested that an online version of the needs assessment be made available in addition to the mailed surveys, so that everyone who saw the press release had a way to take the survey if desired. The ISU-IRH and Resolution Research agreed to do this.

The paper surveys were mailed the week of November 9 with a requested return date of November 20, 2015 to allow time for mailing and data entry. However, completed paper surveys were accepted through December 17, 2015. The online survey was available for participants from October 30 to November 30, 2015. Resolution Research provided all data results and frequency tables on December 18, 2015 and additional cross-tabulated results on January 5, 2016.

Sampling Target Population

There are a number of factors affecting an individual's ability to stay in their own home as they age. For example, older adults who live alone are more likely to need formal long-term care services as they age than those who live with someone else. These risk factors can be evaluated across a population using demographic data. From the scope of work for this needs assessment, the assessment must consider the following risk factors when identifying the target population:

1. The number of older individuals with low incomes by county
2. The number of older individuals who have greatest economic need by county (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)
3. The number of older individuals who have greatest social need by county (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)
4. The number of older individuals at risk for institutional placement by county
5. The number of older individuals who are Native Americans residing in such area

Detailed demographic data sets by zip code and by age for each of the above risk factors were obtained from the Department of Labor in September 2015, based on data from the American Community Survey 5-Year Estimates: 2009-2013. Table 2 and Table 3 present this demographic data for older adults in Idaho, which corresponds to the 2011 population estimates. Although the target population for the needs assessment was age 50 and older, some of these data sets were only available for age 65 and older as indicated in the tables below. Comparing statewide data to the survey results will allow us to assess whether the information we received reflects the demographics of Idaho.

Table 2: Population of Older Adults in Idaho, by Age and Living Alone

	2011 Total Population	Age 50+	Age 60+	Age 65+	Age 70+	Age 80+	Total Living Alone	Living Alone Age 65+
State	1,583,780	496,622	293,532	204,523	137,080	25,119	138,692	51,540
Area 1	252,401	92,510	55,979	38,785	25,076	8,857	24,958	8,664
Area 2	68,312	29,579	19,157	13,874	9,839	3,845	7,930	3,884
Area 3	700,086	209,053	121,142	83,385	55,212	21,120	61,254	21,895
Area 4	186,524	59,825	35,838	25,483	17,466	6,727	15,783	6,503
Area 5	171,413	53,118	30,736	21,919	15,057	5,638	15,133	5,595
Area 6	205,044	52,537	30,681	21,078	14,431	5,226	13,634	4,999

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[4] Resolution Research. http://www.resolutionresearch.com/services.html

Table 3: Population of Older Adults in Idaho, by Income, Race, Rural

	Household income < $15,000	Household income < $25,000	Household income < $35,000	Racial Ethnic Minority	Total Living in Rural	Living in Rural Age 50+	Living in Rural Age 65+
State	**72,678**	**141,752**	**215,155**	**347,583**	**435,474**	**157,294**	**67,589**
Area 1	13,953	25,862	39,080	28,536	71,830	32,024	13,557
Area 2	3,528	7,659	11,729	9,476	28,846	13,934	6,565
Area 3	30,845	59,248	89,678	168,523	102,145	37,335	16,511
Area 4	8,032	16,834	26,362	63,141	88,077	27,950	11,472
Area 5	8,201	15,871	23,571	37,870	87,592	28,393	12,206
Area 6	8,118	16,277	24,734	40,037	56,984	17,657	7,278

These detailed data sets from the Department of Labor (DOL) were provided to Resolution Research, who analyzed the data by county and then by AAA Region. The top counties in each region, and then the top AAA Regions, were determined for the following criteria: Age, Low Income, Living Alone (age 65+), Living in a Rural Area (age 50+), Minority, Native American, and Limited English Speakers (age 65+). The following table shows the top three AAA Regions for each of these demographic criteria.

Table 4: Top AAA Regions Meeting Demographic Criteria for Persons at Risk

Rank	Age	Low Income	Living Alone, 65+	Rural, 50+	Minority	Native American	Limited English, 65+
1st Highest	Region 1	Region 1	Region 3	Region 3	Region 3	Region 5	Region 3
2nd Highest	Region 5	Region 3	Region 1	Region 1	Region 4	Region 3	Region 4
3rd Highest	Region 2	Region 5	Region 4	Region 5	Region 6	Region 2	Region 5

The number of surveys to be mailed to the target population in each AAA Region was determined based on these combined demographic criteria, as indicated in the table below. In addition, the three regions ranked lowest overall for the combined criteria (Regions 4, 2, and 6) were oversampled to ensure adequate response from each AAA Region. The total number of mailed surveys was 1,800 as described in the previous section.

Table 5: Combined Demographic Criteria and Surveys Mailed per AAA Region

Region	Population Rankings of Demographic Criteria	Surveys Mailed
Region 1	1st Highest: Oldest Population, Lowest Income 2nd Highest: Living Alone, Rural 3rd Highest:	300
Region 2	1st Highest: 2nd Highest: 3rd Highest: Oldest Population, Native American	225
Region 3	1st Highest: Living Alone, Rural, Minority, Limited English 2nd Highest: Low Income, Native American 3rd Highest:	450
Region 4	1st Highest: 2nd Highest: Minority, Limited English 3rd Highest: Living Alone	250
Region 5	1st Highest: Native American 2nd Highest: Oldest Population 3rd Highest: Low Income, Rural, Limited English	350
Region 6	1st Highest: 2nd Highest: 3rd Highest: Minority	225

Press Releases

A press release was drafted for distribution through Idaho State University's Marketing & Communications office, to raise awareness of the needs assessment and encourage those who received it to complete the

survey and send it back. The first press release announcing the assessment and its purpose, and providing the URL to take the online version (discussed below), was sent out on October 30, 2015. An updated press release was distributed on November 17, 2015 to encourage additional responses. This second press release generated wider media coverage including both radio and TV spots. Both press releases are provided in Appendix A.

Distribution list for first press release:

- Media in eastern Idaho and Treasure Valley, from ISU Marketing & Communications:

  o Newspapers: Sho-Ban News, Post-Register, Idaho Statesman, Idaho Press Tribune, Meridian Press, Valley Times, Idaho State Journal, Power County Press 4
  o TV news stations: Blackfoot Morning News, Channel 8, Channel 12 TV, KTVB, KIVI, KBOI
  o Radio: Boise State Public Radio

- AAA directors, from ICOA

- ISU New Knowledge Adventures: 177 adults enrolled for Fall semester in the Treasure Valley and over 500 members in the Pocatello area. This is a joint initiative between AARP and ISU offering classes for people age 50 and over.

- AARP Idaho posted on their website

- Other email lists as deemed appropriate by the above recipients

Distribution list for second press release:

- Idaho media, from ISU Marketing & Communications as listed above

  o Two television segments explaining the needs assessment appeared on KPVI News Channel 6 in Pocatello and one on KIDK Channel 3 in Idaho Falls

- AAA directors, from ICOA

- AARP Idaho posted on their Facebook page (9,000 people access this page, primarily women over 65)

- Executive Director of the Idaho Health Care Association

- The Lewiston Community Action Partnership, in conjunction with the North-central Idaho Area Agency on Aging, produced a radio ad encouraging community members' participation in the Statewide Needs Assessment

- An article announcing the survey appeared in *News and Notes Online,* an electronic newsletter released to approximately 3,500 faculty and staff members of Idaho State University

Online Survey

At ICOA's request, the paper survey was converted to an online survey in an effort to broaden the total number of potential respondents without significantly increasing the cost. The online version was also intended to enable participation by those interested individuals who heard about the needs assessment but did not receive one in the mail, or those who simply prefer to use online surveys. The online survey contained the same questions used in the paper survey and was expected to take the same amount of time for an individual to complete. The online survey substantially increased the number of total responses to the needs assessment, as described in the Response Rates section.

Additional Survey Distribution

Project staff mailed paper copies of the needs assessment to senior centers upon request, and instructed them to return all of the completed surveys in a single packet to Resolution Research, at their own cost. In this way, we were able to track which responses came from the senior centers. A couple of Senior Centers requested a copy of the PDF file so they could print their own copies for people to complete, rather than waiting for mailed copies to arrive.

The needs assessment was also emailed as a PDF file to ISU New Knowledge Adventures members so they could choose whether to take it online or print and return the survey by mail.

Response Rates

The online version of the needs assessment was clearly an important addition to the overall project as about half of the total responses (49%) came from the online survey, with 36% from the targeted mailings and 15% from Senior Centers. Further details of the results by survey source are presented near the end of this report.

Table 6: Responses by Survey Source

	Respondents	% of Total
All Sources	**626**	**100%**
Targeted Mailings	226	36%
Senior Centers	95	15%
Online	305	49%

The next table shows the response rate for the targeted mailings (13%).

Table 7: Response Rate for Surveys Mailed to Target Population

	Responses by Mail	Surveys Mailed	Response Rate
State	**226**	**1,800**	**13%**
Area 1	50	300	17%
Area 2	40	225	18%
Area 3	45	450	10%
Area 4	36	250	14%
Area 5	31	350	9%
Area 6	24	225	11%

The breakdown of responses by source per AAA Region is presented in the following figure and table. Responses were received from senior centers in five of the AAA Regions, but only three of the regions had a significant proportion of senior center respondents (19-28%). Online responses were at least a quarter of all responses in each region, and were as high as two-thirds of all responses in Region 3.

Figure 2: Survey Source by AAA Region
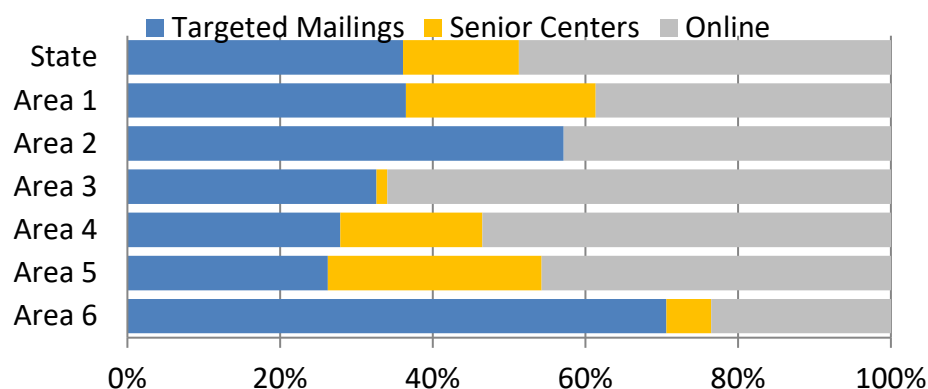
Table 8: Total Respondents by Region and Survey Source

	Respondents	% of Total	Mailed Responses	Senior Center Responses	Online Responses	Total
State	**626**	**100%**	**36%**	**15%**	**49%**	*100%*
Area 1	137	22%	36%	25%	39%	*100%*
Area 2	70	11%	57%	0%	43%	*100%*
Area 3	138	22%	33%	1%	66%	*100%*
Area 4	129	21%	28%	19%	53%	*100%*
Area 5	118	19%	26%	28%	46%	*100%*
Area 6	34	5%	71%	6%	24%	*100%*

Survey Results: Statewide and by Region

All survey results are presented as a percentage of respondents for ease of comparison between subgroups of data such as AAA regions. The number of respondents (N) is specified for each set of data so that the raw numbers can be calculated if desired. Note that the percentages may not add up to exactly 100% due to rounding in these tables. For those questions where multiple responses were allowed, the total may be more than 100%.

Demographics

In order to develop strategies to meet the needs of a diverse population, information regarding the respondent's birth year, gender, zip code, veteran status, race/ethnicity, household composition, employment status, household income, and insurance coverage were assessed. These questions will help target specific populations with greater needs.

Age

Overall, the age of respondents was well distributed, with about one-third in each of the 60-69 and 70-79 age ranges and half that in each of the 50-59 and 80-89 age ranges. Relatively few responses were received from those age 90 or older. Seventy percent (70%) of all respondents were age 65 and older. For each AAA region, the distribution was similar except for Regions 3 and 4 which had more respondents on the younger end of the target population.

Table 9: Age of Respondents

Age	50-59	60-69	70-79	80-90	90-99	Total
State (N=626)	14%	36%	32%	15%	3%	*100%*
Area 1 (N=137)	7%	35%	37%	19%	2%	*100%*
Area 2 (N=70)	13%	34%	36%	14%	3%	*100%*
Area 3 (N=138)	20%	40%	28%	11%	1%	*100%*
Area 4 (N=129)	23%	34%	26%	11%	5%	*100%*
Area 5 (N=118)	10%	35%	36%	18%	2%	*100%*
Area 6 (N=34)	12%	32%	32%	21%	3%	*100%*

The age distribution varied somewhat by survey source as shown in the table and figure below. For example, most of those age 50-59 responded via the online survey (82%), while most respondents age 80 or older responded via the targeted survey mailings (about 60%). The overall response numbers were similar for these two age groups (14% and 18% respectively of the total respondents), despite the different survey sources.

Table 10: Survey Source Distribution, by Age

Age	Targeted Mailings	Senior Centers	Online	Total
50-59	15%	2%	82%	100%
60-69	28%	11%	61%	100%
70-79	42%	20%	38%	100%
80-89	60%	24%	16%	100%
90-99	59%	35%	6%	100%

Figure 3: Survey Source Distribution, by Age
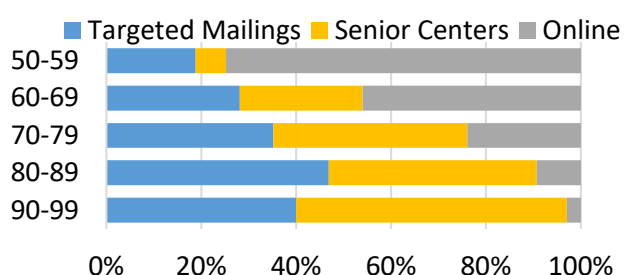
Looking at the results from each survey source separately, 29% of both the targeted mailing and Senior Center respondents were age 80 or older, but only 5% of online respondents were age 80 or older. Most Senior Center respondents (72%) were age 70 or older, whereas only 30% of online respondents were age 70 or older.

Table 11: Age Distribution, by Survey Source

Age	50-59	60-69	70-79	80-89	90-99	Total
All Respondents	**14%**	**36%**	**32%**	**15%**	**3%**	100%
Targeted Mailings	6%	27%	37%	25%	4%	100%
Senior Centers	2%	25%	43%	23%	6%	100%
Online	25%	45%	25%	5%	0%	100%

Gender and Veteran Status

About two-thirds of respondents were female, and 16% identified as veterans. It is not unusual for more women to respond to surveys than men, as seen here where 52% of Idaho's population age 50 and older are female yet 67% of respondents identified as female.

Table 12: Gender and Veteran Status of Respondents

	Female	Male	Veteran
State (N=626)	67%	33%	16%
Area 1 (N=137)	64%	36%	20%
Area 2 (N=70)	67%	33%	20%
Area 3 (N=138)	68%	32%	15%
Area 4 (N=129)	68%	32%	16%
Area 5 (N=118)	68%	32%	14%
Area 6 (N=34)	76%	24%	12%

Race and Ethnicity

Few respondents identified as racial or ethnic minorities, similar to the target population in Idaho. While this question was optional, there was a 96% response rate from all survey respondents.

Table 13: Race and Ethnicity

Region	White/ Caucasian	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian/Other Pacific Islander	Other	Hispanic/ Latino
State (N=626)	94%	2%	1%	0%	1%	1%	1%
Area 1 (N=137)	90%	4%	2%	0%	2%	1%	1%
Area 2 (N=70)	96%	0%	0%	0%	0%	4%	0%
Area 3 (N=138)	96%	2%	1%	1%	0%	1%	1%
Area 4 (N=129)	95%	2%	0%	1%	1%	1%	3%
Area 5 (N=118)	93%	1%	2%	1%	3%	1%	2%
Area 6 (N=34)	94%	0%	3%	0%	0%	3%	0%

Household Composition

Older adults who live alone have a higher risk of not being able to stay in their homes as they age. A full 43% of survey respondents live alone, while 46% live with their spouse/partner and possibly others. About 11% of respondents live with some combination of extended family and friends but not a spouse or partner. Only one individual reported living with a paid caregiver and no one else.

Table 14: Household Composition, by AAA Region

Region	Spouse or Partner	Extended Family/Friends (No Spouse/ Partner)	Lives Alone
State (N=626)	46%	11%	43%
Area 1 (N=137)	42%	9%	49%
Area 2 (N=70)	39%	20%	41%
Area 3 (N=138)	50%	12%	38%
Area 4 (N=129)	47%	10%	43%
Area 5 (N=118)	52%	5%	43%
Area 6 (N=34)	35%	12%	53%

Figure 4: Household Composition
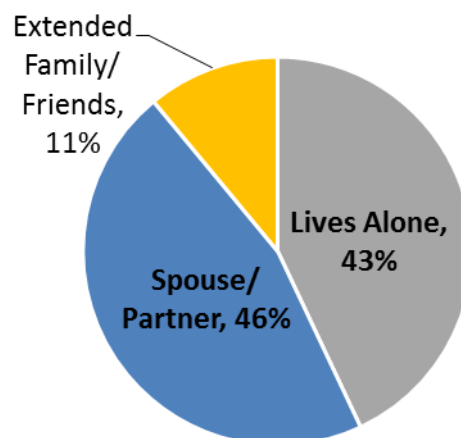
Living Alone and Age 65 and Older

Nearly 80% of those who reported living alone are age 65 or older. Considering only this age group, the percentage of respondents who live alone is significantly higher than that of Idaho's population age 65 and older (49% compared to 25% for the state), as shown in Table 15. The Idaho population percentages are calculated from the DOL data in Table 2. Area 3 has the highest percentage of people age 65 and older who live alone (55%), followed by Area 2 with 39% of those age 65 and older living alone. However since Area 2 has the smallest total population, it only has 8% of all Idahoans age 65 and older who live alone. The most respondents age 65 and older who live alone were from Area 1 (26%), not from Area 3 which has the highest population distribution of people in this category (42%).

Table 15: Age 65 and Older Who Live Alone, Idaho's Population Compared to Respondents

Region	% Living Alone of Idaho Population Age 65+	% Living Alone of Respondents Age 65+	Distribution of Idaho Population 65+ Living Alone	Distribution of Respondents 65+ Living Alone
State	**25%**	**49%**	**100%**	**100%**
Area 1	23%	51%	17%	26%
Area 2	39%	48%	8%	12%
Area 3	55%	44%	42%	18%
Area 4	29%	50%	13%	18%
Area 5	9%	47%	11%	19%
Area 6	16%	58%	10%	7%

Employment Status

Half of all respondents are not currently working or volunteering.

Table 16: Employment status, by AAA Region

Region	Working full-time	Working part-time	Volunteer	Not employed or volunteering at this time
State (N=626)	20%	12%	17%	51%
Area 1 (N=137)	9%	9%	18%	63%
Area 2 (N=70)	26%	11%	19%	44%
Area 3 (N=138)	19%	13%	18%	50%
Area 4 (N=129)	36%	9%	13%	42%
Area 5 (N=118)	14%	15%	23%	47%
Area 6 (N=34)	15%	12%	0%	74%

Household Income

The reported household income was fairly well distributed with 10-24% in each level. AAA Regions 3 and 4 had a higher percentage of respondents in the highest income category while Region 6 had a significantly lower percentage. More respondents had a household income below $20,000 (35%) than that reported by Idaho DOL data which indicates that only 14% of Idaho's population makes less than $25,000 per year. Note that the comparative state data reflects the entire population of Idaho rather than the survey's target audience of those aged 50 and older.

Table 17: Estimated Household Income, by AAA Region

Region	Less than $10,000	$10,000 - $19,999	$20,000 - $29,999	$30,000 - $39,999	$40,000 - $49,999	Over $50,000
State (N=626)	12%	23%	20%	10%	11%	24%
Area 1 (N=137)	12%	31%	15%	12%	12%	18%
Area 2 (N=70)	11%	27%	27%	7%	6%	21%
Area 3 (N=138)	12%	13%	23%	10%	11%	30%
Area 4 (N=129)	13%	21%	17%	8%	12%	29%
Area 5 (N=118)	13%	21%	16%	10%	14%	26%
Area 6 (N=34)	9%	26%	35%	9%	15%	6%

The distribution of household income also varied with age. More than 75% of those age 80 and older reported a household income of less than $30,000 per year, and more than half in this age group had an income of less than $20,000. In contrast, only 38% of those age 50-59 reported income less than $30,000 per year.

Figure 5: Household Income by Age
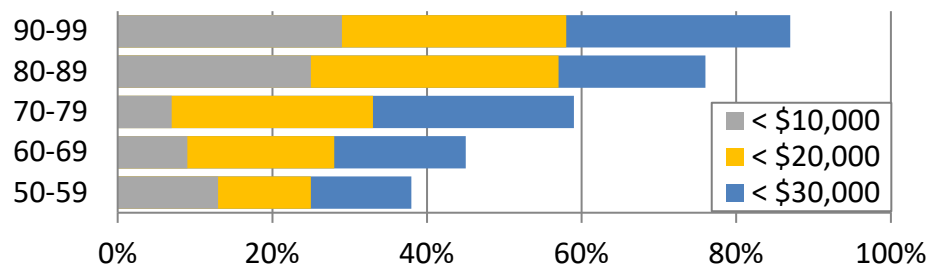
Insurance Coverage

Nearly all respondents (96%) had some form of health insurance, mostly Medicare (69%) and/or private health insurance (58%). Multiple responses were allowed for this question.

Table 18: Type of Insurance Coverage, by AAA Region

Region	Medicare (for those over age 65 or disabled)	Veterans Affairs (VA)	Medicaid (for those with low income)	Private health insurance	None	I don't know
State (N=626)	69%	9%	8%	58%	4%	0%
Area 1 (N=137)	78%	12%	12%	51%	4%	0%
Area 2 (N=70)	66%	11%	13%	60%	7%	1%
Area 3 (N=138)	65%	9%	7%	55%	6%	0%
Area 4 (N=129)	58%	6%	4%	68%	2%	1%
Area 5 (N=118)	74%	7%	9%	59%	4%	1%
Area 6 (N=34)	76%	6%	3%	59%	3%	0%

Quality of Life

Quality of life indicates an individual's general well-being in terms of health and happiness. This may involve physical health, mental health, personal environment, social belonging, leisure activities, and overall ability to enjoy activities that are important to the individual. Most survey respondents (80%) reported a good or very good quality of life, with only 5% reporting poor or very poor.

Table 19: Overall Quality of Life

Region	Very Good	Good	Fair	Poor	Very Poor
State (N=626)	36%	44%	15%	4%	1%
Area 1 (N=137)	33%	46%	15%	6%	0%
Area 2 (N=70)	31%	43%	16%	9%	1%
Area 3 (N=138)	37%	40%	20%	3%	0%
Area 4 (N=129)	47%	41%	9%	2%	2%
Area 5 (N=118)	36%	48%	11%	4%	1%
Area 6 (N=34)	21%	53%	24%	3%	0%

Quality of Life and Household Income

More than half of respondents (54%) have a household income less than $30,000 as shown earlier in Table 17, yet 80% of respondents reported a good or very good quality of life. Even for the 12% of respondents with very low income (less than $10,000), nearly 60% report that their overall quality of life is good or very good (Figure 6). Significantly more respondents in the lower three income levels reported a "fair" quality of life than those in the top three income levels.

Figure 6: Quality of Life Compared to Household Income
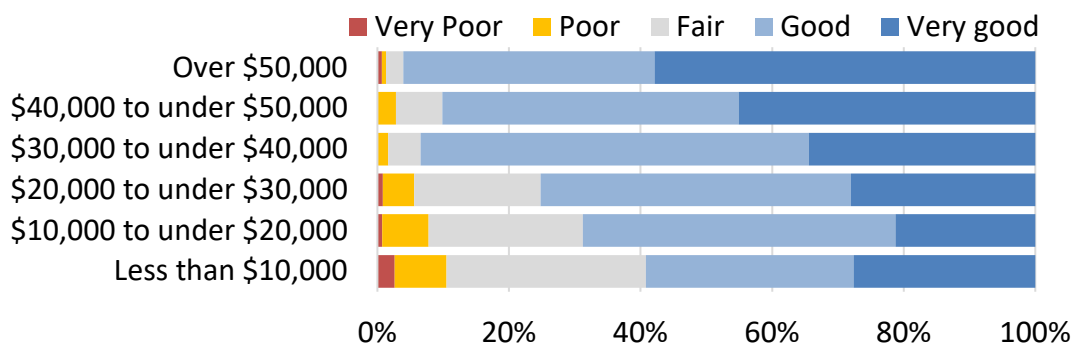
Participation in Activities

Another measure of quality of life is an individual's ability to participate in activities as much as they would like to do so. Response options were as often as I want, not nearly as often as I want, and not interested. Results are presented in Table 20 and Figure 7 for all respondents. The "Interested" column in the table

below (in italics) is the sum of the first two columns. Nearly 80% of respondents were interested in participating in these activities on average, although for specific activities the interest level ranged from 53% (sporting events) to 96% (medical appointments). Two-thirds of respondents (67%) were unable to participate in one or more activities as much as they wanted, and 45% were unable to participate in three or more desired activities. For example, about one-third of respondents reported that they are unable to attend education programs or take part in exercise or other physical activities as much as they want. Only 30% of respondents were not interested in participating in three or more of these activities.

Table 20: Participation in Activities, All Respondents

State (N=626)	As Often as I Want	Not Nearly as Often as I Want	Not Interested	*Interested*
Community events, groups	56%	26%	18%	*82%*
Sporting events	35%	19%	47%	*53%*
Volunteer work	48%	28%	24%	*76%*
Education programs	37%	33%	30%	*70%*
Exercise, physical activities	46%	36%	18%	*82%*
Family activities	63%	27%	10%	*90%*
Library	51%	21%	27%	*73%*
Medical appts, pharmacy	84%	12%	4%	*96%*
Parks	57%	23%	20%	*80%*
Religion, worship	60%	14%	26%	*74%*
Senior centers	40%	20%	40%	*60%*
Shopping	74%	20%	5%	*95%*
Average	*54%*	*23%*	*22%*	*78%*

Figure 7: Participation in Activities, Ordered by Level of Interest
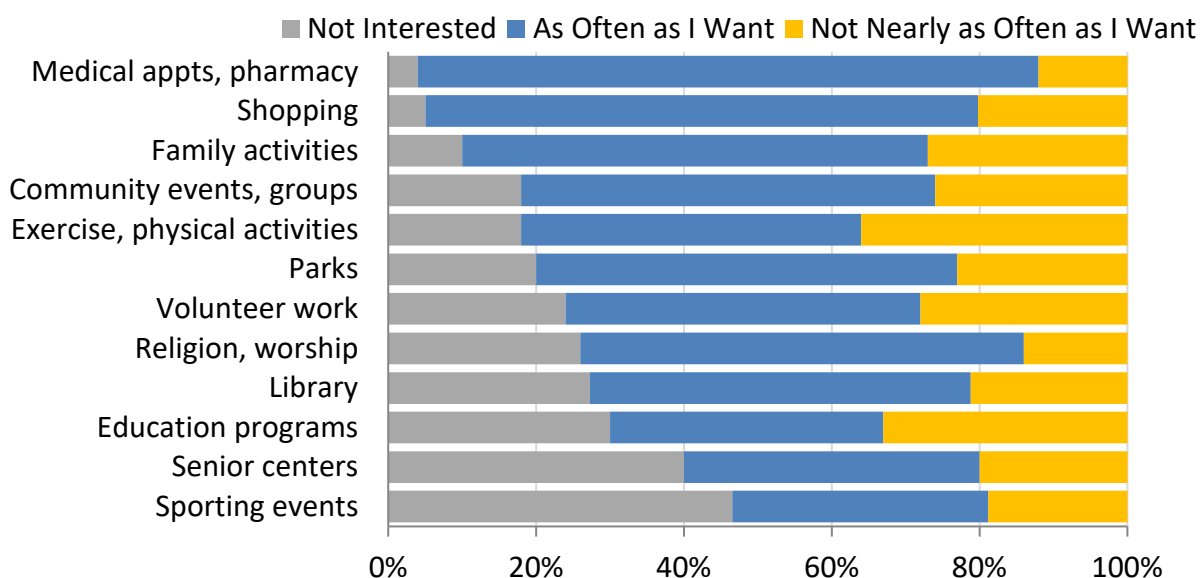
Results are presented for each response option by AAA region in the next three tables. Most respondents reported that they were able to attend medical appointments (84%) and go shopping (74%) as often as they wanted.

Table 21: As Often as I Want, I Go to or Participate in the Following Activities

As Often as I Want	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Community events, social clubs, support groups	**56%**	62%	47%	46%	59%	65%	44%

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As Often as I Want	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Sporting events	**35%**	28%	40%	32%	42%	38%	24%
Volunteer work	**48%**	44%	53%	42%	57%	47%	44%
Education programs	**37%**	29%	30%	38%	50%	41%	18%
Exercise, fitness, physical activities	**46%**	46%	41%	46%	50%	46%	44%
Family activities	**63%**	61%	54%	59%	67%	67%	79%
Library	**51%**	56%	44%	56%	50%	51%	32%
Medical appointments and pharmacy	**84%**	85%	79%	84%	84%	85%	85%
Parks	**57%**	59%	44%	58%	60%	57%	62%
Religion, worship	**60%**	58%	61%	53%	65%	63%	59%
Senior centers	**40%**	43%	36%	27%	50%	50%	21%
Shopping	**74%**	80%	66%	71%	75%	76%	76%

Lack of ability to participate as much as desired can lead to social isolation, which is a known risk factor for aging adults who want to remain in their own homes. Barriers to participation in desired activities may include issues such as physical ability, transportation, financial limitations, or depression. About one-third of respondents reported that they are unable to attend education programs and to exercise or take part in other physical activities as much as they want. About one-fourth reported that they do not participate in community events or groups, volunteer work, or family activities as much as they want.

Table 22: Not Nearly as Often as I Want, I Go to or Participate in the Following Activities

Not Nearly as Often as I Want	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Community events, social clubs, support groups	**26%**	24%	30%	34%	26%	18%	21%
Sporting events	**19%**	18%	14%	22%	20%	14%	21%
Volunteer work	**28%**	34%	19%	34%	26%	25%	21%
Education programs	**33%**	37%	37%	36%	26%	30%	41%
Exercise, fitness, physical activities	**36%**	38%	36%	37%	36%	34%	35%
Family activities	**27%**	26%	33%	31%	29%	22%	12%
Library	**21%**	18%	29%	22%	28%	12%	29%
Medical appointments and pharmacy	**12%**	12%	20%	13%	9%	12%	9%
Parks	**23%**	20%	29%	26%	22%	23%	15%
Religion, worship	**14%**	12%	19%	14%	13%	14%	12%
Senior centers	**20%**	23%	23%	18%	21%	14%	24%
Shopping	**20%**	15%	29%	22%	22%	17%	21%

A number of respondents reported that they were not interested in participating in particular activities. For example, nearly half said they were not interested in attending sporting events, and 40% were not interested in participating in senior center activities. At least one quarter were not interested in education programs, library, religious worship, or volunteer work.

Table 23: Not Interested in Going to or Participating in the Following Activities

Not Interested	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Community events, social clubs, support groups	**18%**	14%	23%	20%	16%	17%	35%
Sporting events	**47%**	54%	46%	46%	38%	47%	56%
Volunteer work	**24%**	23%	29%	24%	18%	28%	35%
Education programs	**30%**	34%	33%	26%	24%	30%	41%
Exercise, fitness, physical activities	**18%**	16%	23%	17%	15%	20%	21%
Family activities	**10%**	12%	13%	9%	5%	11%	9%
Library	**27%**	26%	27%	22%	22%	37%	38%
Medical appointments and pharmacy	**4%**	3%	1%	3%	6%	3%	6%

Not Interested	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Parks	**20%**	20%	27%	16%	18%	20%	24%
Religion, worship	**26%**	29%	20%	33%	22%	23%	29%
Senior centers	**40%**	34%	41%	55%	29%	36%	56%
Shopping	**5%**	5%	6%	7%	3%	7%	3%

Problems in Last 12 Months

The final quality of life question asked participants to think back over the last 12 months and identify how much of a problem each of the listed items has been for them. Response options were major problem, minor problem, and no problem. As seen in Figure 8 and Table 24, respondents had the most problems, both major and minor, with home maintenance (52%), housework (42%), and finding information about services (39%). Feeling lonely, sad, or isolated was also a problem for more than a third of respondents (37%), as was managing your own health (35%). About a quarter of respondents (24%) reported no problems in any of these areas, 44% reported only minor problems, 30% reported both major and minor problems, and fewer than 2% reported only major problems. These results are consistent with the overall quality of life question which 80% of respondents reported as good or very good.

Figure 8: Problems over the Last 12 Months
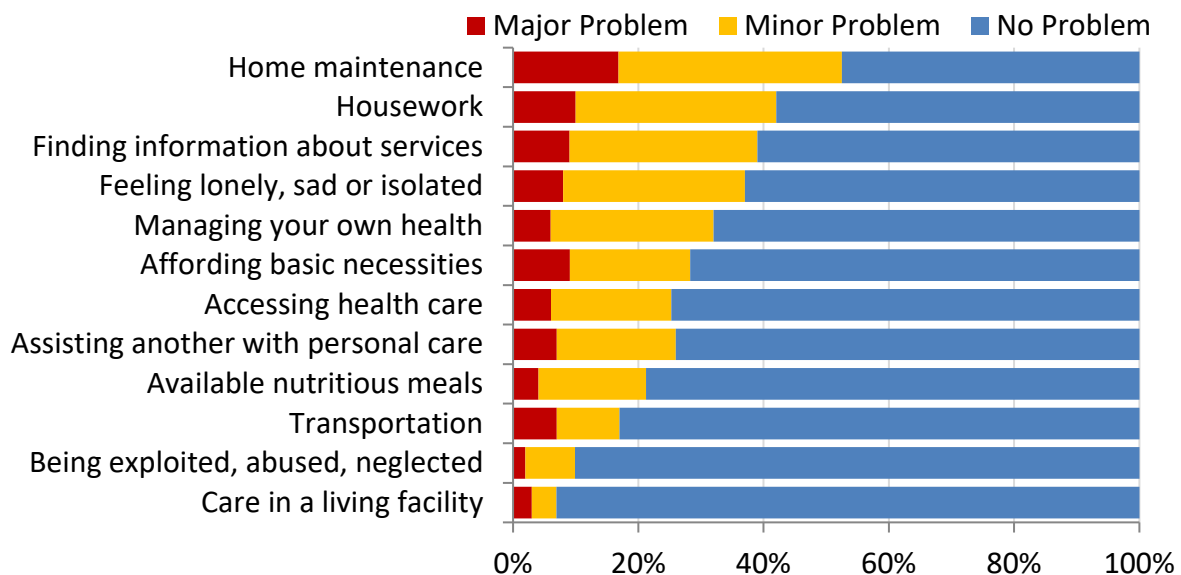
Table 24: Problems over the Last 12 Months

State (N=626)	Major Problem	Minor Problem	No Problem
Home maintenance	17%	36%	48%
Housework	10%	32%	58%
Finding information about services	9%	30%	61%
Feeling lonely, sad or isolated	8%	29%	63%
Managing your own health	6%	26%	68%
Affording basic necessities	9%	19%	71%
Accessing health care	6%	19%	74%
Assisting another with personal care	7%	19%	74%
Available nutritious meals	4%	17%	78%
Transportation	7%	10%	83%
Being exploited, abused, neglected	2%	8%	91%
Care in a living facility	3%	4%	94%

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Results are presented for each response option by AAA region in the next three tables. Nearly one-third of respondents (31%) reported at least one major problem. The biggest problems were home maintenance (17%), housework (10%), finding information (9%), and affording basic necessities (9%). Transportation was also a major problem for 16% of respondents in Region 2, and feeling lonely, sad, or isolated was a major problem for 12-16% of respondents in Regions 2 and 6.

Table 25: Major Problems over the Last 12 Months

Major Problem	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Available nutritious meals	**4%**	4%	9%	1%	4%	5%	6%
Housework	**10%**	9%	13%	9%	10%	6%	15%
Home maintenance	**17%**	14%	23%	19%	16%	16%	15%
Accessing health care	**6%**	4%	11%	8%	5%	5%	6%
Transportation	**7%**	6%	16%	7%	6%	5%	3%
Care in nursing or assisted living facility	**3%**	2%	7%	2%	2%	3%	0%
Feeling lonely, sad or isolated	**8%**	8%	16%	5%	6%	8%	12%
Finding information about services and supports	**9%**	5%	20%	9%	8%	6%	15%
Being exploited, abused or neglected	**2%**	1%	4%	1%	1%	1%	3%
Assisting another individual with personal care	**7%**	4%	10%	7%	8%	5%	6%
Managing your own health	**6%**	5%	10%	5%	7%	7%	3%
Affording basic necessities such as groceries, gas, medications, utilities	**9%**	11%	14%	7%	11%	3%	15%

About a third of respondents reported minor problems with home maintenance and housework, and 25% to 30% reported minor problems with finding information about services and supports, feeling lonely or isolated, and managing their own health. Overall, 74% of respondents reported at least one minor problem in the last twelve months.

Table 26: Minor Problems over the Last 12 Months

Minor Problem	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Available nutritious meals	**17%**	18%	20%	20%	12%	16%	24%
Housework	**32%**	27%	37%	40%	22%	40%	26%
Home maintenance	**36%**	36%	34%	42%	26%	37%	41%
Accessing health care	**19%**	23%	29%	15%	16%	19%	21%
Transportation	**10%**	7%	11%	15%	7%	10%	15%
Care in nursing or assisted living facility	**4%**	7%	9%	1%	2%	3%	6%
Feeling lonely, sad or isolated	**29%**	32%	30%	33%	22%	31%	21%
Finding information about services and supports	**30%**	32%	27%	32%	25%	36%	21%
Being exploited, abused or neglected	**8%**	4%	8%	12%	8%	8%	6%
Assisting another individual with personal care	**19%**	19%	20%	17%	19%	20%	24%
Managing your own health	**26%**	26%	27%	38%	16%	24%	24%
Affording basic necessities such as groceries, gas, medications, utilities	**19%**	17%	19%	25%	16%	22%	15%

Only 24% of respondents reported no problems in all of these areas. For each specific area, the majority of respondents did not report any problems over the past twelve months, except for home maintenance where just under half reported no problems.

Table 27: No Problems over the Last 12 Months

No Problem	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Available nutritious meals	**78%**	78%	71%	79%	84%	79%	71%
Housework	**58%**	64%	50%	51%	68%	54%	59%
Home maintenance	**48%**	50%	43%	39%	58%	47%	44%
Accessing health care	**74%**	72%	60%	77%	79%	76%	74%
Transportation	**83%**	88%	73%	78%	87%	85%	82%
Care in nursing or assisted living facility	**94%**	91%	84%	96%	97%	95%	94%
Feeling lonely, sad or isolated	**63%**	60%	54%	62%	72%	61%	68%
Finding information about services and supports	**61%**	63%	53%	59%	67%	58%	65%
Being exploited, abused or neglected	**91%**	95%	86%	87%	91%	92%	91%
Assisting another individual with personal care	**74%**	77%	70%	76%	73%	75%	71%
Managing your own health	**68%**	69%	63%	57%	78%	69%	74%
Affording basic necessities such as groceries, gas, medications, utilities	**71%**	72%	67%	69%	73%	75%	71%

Long-Term Care Services and Supports

Information and Assistance

This service area provides information regarding local long-term care resources. These questions aim to find out whether participants are aware of services available from various agencies and organizations and to discover the most effective advertising media and educational sources.

Use of Information Resources

The first question asked how often the respondent has used the following information resources to find out about services and supports for seniors and people with disabilities. Results are presented in Table 28 and Figure 9 for all respondents (see next section for the use of these information resources by age group). Conversations with friends, family, and other individuals are an important source of information for most people, as 84% of respondents used this resource either often or sometimes. Online resources were the next most commonly used, with 76% of respondents reporting that they often (47%) or sometimes (29%) access these resources via a computer, tablet, or cell phone. Although about the same number (68-70%) get relevant information from television, newspaper, or other printed resources, the split is more evenly divided between often use and sometimes use for television and newspaper than it is for online resources, while other printed materials are often used by only 21% of respondents. The 2-1-1 Idaho Careline was rarely used (10% often or sometimes) and the local AAA was used by only 29% of respondents (often or sometimes). Fewer than 6% of respondents reported never using any of these resources to find out about services and supports for seniors.

Table 28: Use of Information Resources

Source	Often	Sometimes	Never
Area Agency on Aging	8%	21%	71%
2-1-1 Idaho Careline	1%	9%	90%
Senior Center	15%	28%	57%
Church	21%	29%	50%
Library	13%	34%	53%
Other organization	9%	39%	52%
Individuals (family, friends, neighbors)	38%	46%	16%
Radio	18%	33%	49%
Television	33%	35%	32%
Newspaper	31%	39%	30%

Source	Often	Sometimes	Never
Other printed materials	21%	48%	32%
Computer, tablet, or cell phone (internet)	47%	29%	24%

Figure 9: Use of Resources to Find Long-Term Care Services and Supports
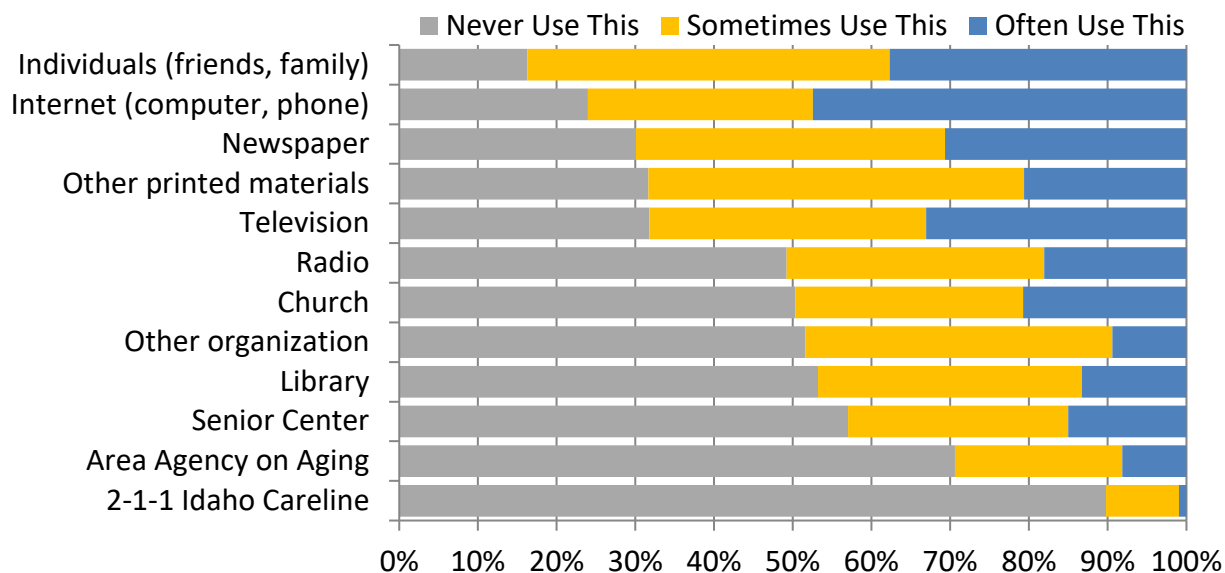
Results by AAA region, as well as the statewide results shown above, are presented in the next three tables below.

Table 29: Often Use These Information Resources to Find Out about Services and Supports

Often Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Area Agency on Aging	**8%**	7%	9%	4%	15%	9%	0%
2-1-1 Idaho Careline	**1%**	2%	0%	1%	0%	2%	0%
Senior Center	**15%**	20%	4%	5%	22%	21%	6%
Church	**21%**	23%	16%	16%	22%	25%	24%
Library	**13%**	20%	11%	12%	8%	16%	9%
Other organization	**9%**	13%	4%	8%	9%	12%	3%
Individuals (family, friends, neighbors)	**38%**	46%	29%	32%	39%	39%	38%
Radio	**18%**	20%	14%	20%	16%	16%	26%
Television	**33%**	39%	33%	29%	30%	32%	41%
Newspaper	**31%**	40%	31%	27%	23%	32%	29%
Other printed materials	**21%**	26%	19%	17%	16%	24%	21%
Computer, tablet or cell phone (internet)	**47%**	50%	41%	52%	45%	46%	44%

Table 30: Sometimes Use These Information Resources to Find Out about Services and Supports

Sometimes Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Area Agency on Aging	**21%**	26%	27%	17%	22%	19%	15%
2-1-1 Idaho Careline	**9%**	7%	11%	12%	14%	3%	6%
Senior Center	**28%**	30%	31%	22%	28%	32%	24%
Church	**29%**	28%	37%	25%	35%	26%	18%
Library	**34%**	31%	31%	36%	40%	29%	32%
Other organization	**39%**	46%	37%	38%	33%	44%	26%

Sometimes Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Individuals (family, friends, neighbors)	**46%**	42%	43%	54%	47%	44%	41%
Radio	**33%**	30%	41%	30%	33%	33%	32%
Television	**35%**	29%	30%	41%	41%	33%	29%
Newspaper	**39%**	35%	40%	41%	47%	36%	35%
Other printed materials	**48%**	47%	43%	55%	49%	45%	38%
Computer, tablet or cell phone (internet)	**29%**	29%	30%	30%	32%	25%	18%

Table 31: <u>Never Use</u> These Information Resources to Find Out about Services and Supports

Never Use This	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Area Agency on Aging	**71%**	67%	64%	80%	63%	72%	85%
2-1-1 Idaho Careline	**90%**	91%	89%	87%	86%	95%	94%
Senior Center	**57%**	50%	64%	73%	50%	47%	71%
Church	**50%**	48%	47%	59%	43%	49%	59%
Library	**53%**	50%	57%	52%	53%	55%	59%
Other organization	**52%**	41%	59%	54%	58%	44%	71%
Individuals (family, friends, neighbors)	**16%**	12%	29%	14%	14%	17%	21%
Radio	**49%**	50%	44%	50%	51%	51%	41%
Television	**32%**	32%	37%	30%	29%	35%	29%
Newspaper	**30%**	25%	29%	33%	30%	32%	35%
Other printed materials	**32%**	27%	39%	28%	35%	31%	41%
Computer, tablet or cell phone (internet)	**24%**	20%	29%	18%	23%	29%	38%

Use of Information Resources by Age

Conversations with friends, family, and other individuals are the most commonly used source of information for all age groups of respondents (80-90%), except for those age 60-69 who were slightly more likely to use online resources (86% vs 84%). The top five most important resources also included newspaper, television, and other printed materials for all age groups, with usage ranging from 59% to 74% as seen in Table 32. For those age 80 and older, Senior Centers was among the top five information resources, while online resources were among the top five (in fact, the top two) for those under age 80. The variation by age group for these two resources is illustrated in Figure 10.

Table 32: Information Resources Used by Age

Use Often or Sometimes	All	50-59	60-69	70-79	80-89	90-99
Individuals	**84%**	90%	84%	80%	84%	84%
Newspaper	**70%**	69%	71%	69%	73%	59%
Other printed materials	**68%**	66%	74%	66%	65%	65%
Television	**68%**	67%	65%	70%	74%	65%
Online	**76%**	90%	86%	74%	52%	29%
Senior Centers	**43%**	30%	34%	51%	59%	59%

Figure 10: Information Resources Used by Age
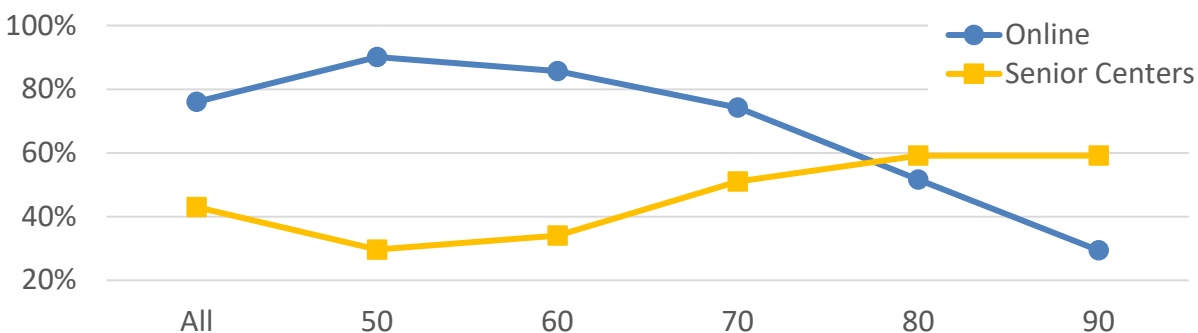
Awareness of Services Provided

The second question in this section asked about respondents' awareness (and use) of services provided by the Area Agency on Aging, 2-1-1 Idaho Careline, and Senior Centers as well as other agencies and organizations. Results for all respondents are presented in Table 33 and Figure 11. Response options were aware of the services, have used the services, and not aware of and have never used the services. While more than one response option was allowed for this question, only a few respondents who have used a particular service also reported that they were aware of it.

On average, about equal numbers of respondents were aware and not aware of the services provided by these agencies or organizations (46% and 47%), and fewer than 10% have used any of the services. However, there was a wide range of awareness reported for specific agencies and organizations. For example, 62% of respondents are aware of services provided by Senior Centers but only 28% are aware of those provided by the State Independent Living Council.

Table 33: Awareness and Use of Services Provided, All Respondents (N=626)

Agency/Organization	Aware	Have Used	Not Aware and Never Used
2-1-1 Idaho Careline	39%	6%	57%
Area Agency on Aging	51%	11%	41%
Idaho Commission on Aging	44%	5%	52%
Centers for Independent Living	38%	3%	59%
Disability Rights of Idaho	35%	3%	62%
Idaho Department of Health and Welfare/Medicaid	58%	14%	31%
Idaho Department of Labor	53%	13%	36%
State Independent Living Council	28%	1%	70%
State Health Insurance Benefits Advisors (SHIBA)	45%	12%	46%
Idaho Division of Veterans Services	51%	7%	43%
Idaho Legal Aid (non-profit)	52%	5%	44%
Community Action Partnership (non-profit)	41%	7%	53%
Senior Centers (non-profit)	62%	20%	22%
Average	*46%*	*8%*	*47%*

As shown in Figure 11, more than half of respondents were not aware of services provided by six of these organizations: State Independent Living Council, Disability Rights of Idaho, Centers for Independent Living, 2-1-1 Idaho Careline, Community Action Partnership, and Idaho Commission on Aging.

Figure 11: Awareness and Use of Services Provided from Agencies and Organizations

Legend: ■ Not Aware and Never Used ■ Aware ■ Have Used
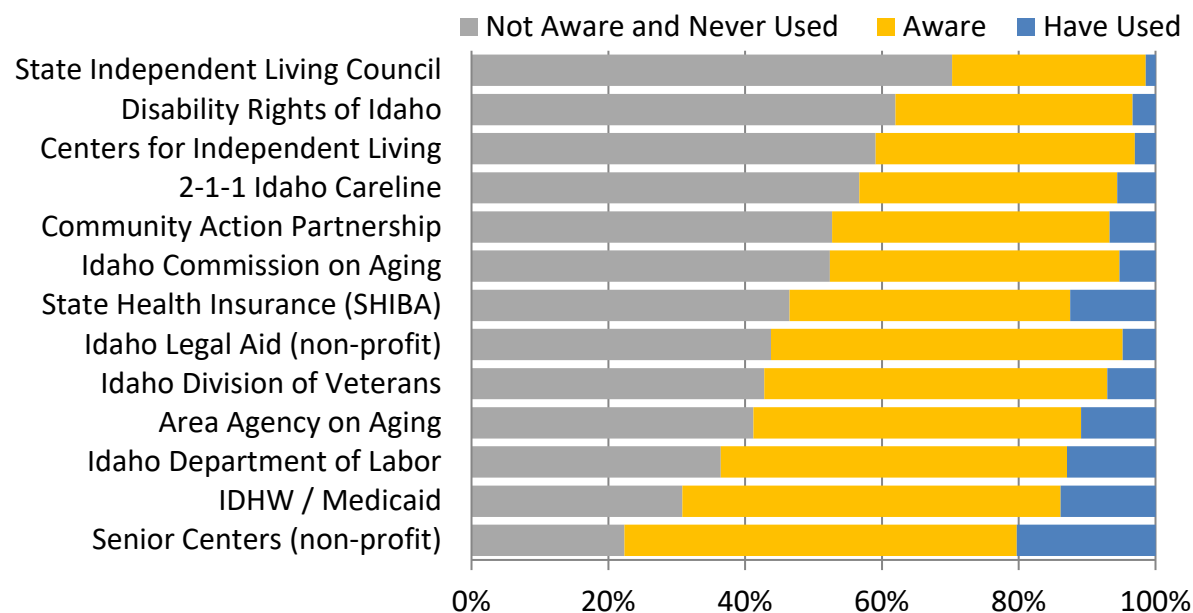
Results by AAA Region, as well as the statewide results shown in the above figure, are presented for each response option in the next three tables.

Table 34: Have Used the Services that Each Agency or Organization Provides

Have Used Services	State	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
2-1-1 Idaho Careline	6%	4%	6%	9%	7%	3%	3%
Area Agency on Aging	11%	7%	17%	4%	19%	13%	0%
Idaho Commission on Aging	5%	3%	4%	3%	11%	7%	0%
Centers for Independent Living	3%	5%	0%	2%	5%	2%	3%
Disability Rights of Idaho	3%	4%	6%	2%	3%	3%	0%
Idaho Department of Health and Welfare / Medicaid	14%	14%	20%	9%	13%	17%	15%
Idaho Department of Labor	13%	15%	11%	12%	16%	13%	6%
State Independent Living Council	1%	2%	0%	1%	3%	1%	0%
State Health Insurance Benefits Advisors (SHIBA)	12%	15%	11%	8%	13%	16%	6%
Idaho Division of Veterans Services	7%	7%	6%	7%	9%	5%	9%
Idaho Legal Aid (non-profit)	5%	6%	6%	2%	5%	5%	6%
Community Action Partnership (non-profit)	7%	8%	20%	1%	10%	3%	0%
Senior Centers (non-profit)	20%	24%	16%	9%	24%	31%	6%

If a respondent has used the services from a particular agency or organization, then they must also be aware of those services. A few respondents marked both of these options. For analysis purposes, the data presented in Table 35 and in Figure 11 have been corrected to remove these duplicate responses.

Table 35: <u>Aware</u> of the Services that Each Agency or Organization Provides

Aware of Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
2-1-1 Idaho Careline	39%	42%	44%	36%	47%	33%	18%
Area Agency on Aging	51%	51%	50%	44%	64%	50%	29%
Idaho Commission on Aging	44%	45%	39%	43%	55%	38%	24%
Centers for Independent Living	38%	39%	30%	30%	58%	34%	24%
Disability Rights of Idaho	35%	42%	36%	25%	47%	31%	21%
Idaho Department of Health and Welfare / Medicaid	58%	56%	51%	57%	65%	56%	53%
Idaho Department of Labor	53%	50%	43%	53%	62%	54%	38%
State Independent Living Council	28%	31%	24%	20%	40%	28%	15%
State Health Insurance Benefits Advisors (SHIBA)	45%	47%	36%	43%	55%	43%	26%
Idaho Division of Veterans Services	51%	50%	47%	52%	59%	51%	32%
Idaho Legal Aid (non-profit)	52%	51%	57%	47%	61%	53%	32%
Community Action Partnership (non-profit)	41%	41%	50%	28%	57%	38%	26%
Senior Centers (non-profit)	62%	58%	63%	63%	66%	62%	62%

Table 36: <u>Not Aware of and Have Never Used</u> the Services that Each Agency or Organization Provides

Not Aware of and Have Never Used Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
2-1-1 Idaho Careline	57%	55%	53%	59%	46%	64%	79%
Area Agency on Aging	41%	42%	33%	54%	21%	44%	71%
Idaho Commission on Aging	52%	52%	57%	56%	36%	58%	76%
Centers for Independent Living	59%	57%	70%	68%	37%	64%	74%
Disability Rights of Idaho	62%	53%	61%	73%	50%	67%	79%
Idaho Department of Health and Welfare / Medicaid	31%	31%	33%	36%	23%	31%	35%
Idaho Department of Labor	36%	35%	47%	38%	25%	36%	56%
State Independent Living Council	70%	66%	76%	79%	57%	71%	85%
State Health Insurance Benefits Advisors (SHIBA)	46%	42%	54%	54%	35%	45%	68%
Idaho Division of Veterans Services	43%	43%	47%	43%	34%	44%	62%
Idaho Legal Aid (non-profit)	44%	43%	39%	51%	35%	43%	62%
Community Action Partnership (non-profit)	53%	52%	33%	71%	33%	59%	74%
Senior Centers (non-profit)	22%	22%	21%	30%	16%	18%	32%

Congregate and Home Delivered Meals

This service area provides meals served in a community setting and/or at least one meal per day in the home. Additionally, it provides participants with nutrition counseling, education, and other nutrition services. Only a small percentage of respondents (2%) currently use home delivered meals, although twice that number would like to use them and 33% would use them in future. Table 38 shows a relatively high percentage of respondents are currently using congregate meals (17%), but this is largely due to those respondents who participated in the needs assessment at a Senior Center (59% of those respondents reported using congregate meals, compared to about 10% of respondents from other

sources). In general, respondents indicated a preference for home delivered meals in the future (33%) rather than congregate meals (24%). More also reported knowing others who could benefit from home delivered meals (23%) than from congregate meals (17%).

Table 37: Nutrition Services: Home Delivered Meals

Home Delivered Meals	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**2%**	2%	1%	1%	2%	2%	3%
I would like to use this	**4%**	4%	4%	5%	2%	3%	3%
I don't use this	**56%**	58%	54%	52%	57%	58%	53%
I would use this in future	**33%**	31%	26%	43%	29%	35%	29%
I know others who could benefit from this	**23%**	19%	27%	19%	30%	21%	24%

Table 38: Nutrition Services: Congregate Meals

Congregate Meals	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**17%**	23%	19%	6%	22%	23%	6%
I would like to use this	**4%**	4%	3%	6%	3%	3%	3%
I don't use this	**51%**	47%	51%	59%	47%	49%	62%
I would use this in future	**24%**	23%	21%	31%	25%	22%	18%
I know others who could benefit from this	**17%**	13%	19%	18%	21%	16%	18%

Homemaker Services

This service area provides participants with assistance with services related to the home such as meal preparation, medication management, shopping, light housework, and bathing/washing. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. More respondents are using informal homemaker services than formal ones (11% vs 4%). However, more would like to use formal services (7%). About one-third of respondents would use these services in the future, with a few more willing to use formal homemaker services (34%) than informal services (28%).

Table 39: Formal Homemaker Services

Formal Homemaker Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**4%**	3%	3%	7%	4%	2%	3%
I would like to use this	**7%**	9%	13%	9%	3%	5%	6%
I don't use this	**54%**	55%	44%	50%	58%	58%	59%
I would use this in future	**34%**	34%	41%	38%	25%	36%	18%
I know others who could benefit from this	**19%**	15%	23%	20%	22%	14%	24%

Table 40: Informal Homemaker Services

Informal Homemaker Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**11%**	9%	17%	14%	7%	8%	15%
I would like to use this	**4%**	6%	6%	5%	2%	4%	3%
I don't use this	**54%**	55%	47%	46%	62%	57%	47%
I would use this in future	**28%**	26%	31%	34%	20%	31%	24%
I know others who could benefit from this	**17%**	12%	17%	22%	17%	19%	21%

Chore Services

This service area provides participants with household maintenance services such as pest control and minor house repairs. More respondents are using informal chore services than formal ones (15% vs 3%), although more respondents would like to use formal chore services than informal ones (11% vs 6%). Similarly, more would use formal chore services in future (32%) than informal ones (28%).

Table 41: Formal Chore Services

Formal Chore Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	3%	3%	7%	1%	2%	3%	3%
I would like to use this	11%	11%	11%	15%	6%	11%	9%
I don't use this	56%	53%	43%	55%	63%	59%	53%
I would use this in future	32%	37%	43%	34%	23%	31%	24%
I know others who could benefit from this	16%	11%	21%	19%	19%	14%	18%

Table 42: Informal Chore Services

Informal Chore Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	15%	12%	20%	17%	12%	13%	29%
I would like to use this	6%	8%	6%	6%	2%	9%	6%
I don't use this	50%	47%	39%	50%	57%	54%	41%
I would use this in future	28%	35%	34%	26%	22%	27%	18%
I know others who could benefit from this	16%	9%	17%	20%	19%	15%	15%

Transportation

This service area provides patrons with transportation to essential services such as social services, medical, health care, and meal programs. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. The tables below show that informal transportation services are used nearly four times as often as formal services (19% vs 5% for all respondents). More respondents are using informal transportation services (19%) than any other service included in this needs assessment.

Table 43: Formal Transportation Services

Formal Transportation Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	5%	4%	10%	7%	5%	3%	0%
I would like to use this	5%	7%	3%	8%	2%	4%	3%
I don't use this	59%	55%	54%	59%	60%	65%	56%
I would use this in future	33%	35%	33%	38%	27%	32%	24%
I know others who could benefit from this	19%	16%	24%	18%	22%	15%	21%

Table 44: Informal Transportation Services

Informal Transportation Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	19%	20%	26%	23%	15%	14%	15%
I would like to use this	2%	4%	1%	3%	1%	3%	0%
I don't use this	50%	48%	44%	49%	52%	54%	47%
I would use this in future	31%	31%	34%	32%	28%	31%	24%
I know others who could benefit from this	17%	13%	19%	20%	19%	14%	15%

Legal Assistance

This service area provides participants with legal advice, counseling, or representation. Overall, only 2% of respondents use these services, including 6% of the respondents from Region 6 and none from Region 3. A higher percentage (8%) would like to use these services. However, nearly 40% indicated that they would use these services in future, which is the highest result for any of the service areas included in this needs assessment (see Table 54 in the Comparison section below).

Table 45: Legal Assistance Services

Legal Assistance Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**2%**	3%	1%	0%	1%	3%	6%
I would like to use this	**8%**	12%	7%	12%	3%	4%	3%
I don't use this	**56%**	47%	50%	58%	66%	55%	53%
I would use this in future	**38%**	42%	40%	39%	29%	43%	29%
I know others who could benefit from this	**16%**	10%	20%	21%	19%	10%	12%

Disease Prevention and Health Promotion Programs

This service area promotes programs for improving health through health screenings, assessment, and organized fitness activities. Fifteen percent of respondents are using these programs, 10% would like to use them, and 33% would use these programs in future. Respondents in Region 3 indicated significantly more interest (43%) in future use of these services than those in other regions.

Table 46: Disease Prevention and Health Promotion Programs

Disease Prevention & Health Promotion Programs	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**15%**	15%	16%	14%	16%	15%	15%
I would like to use this	**10%**	12%	11%	11%	5%	12%	9%
I don't use this	**47%**	45%	44%	46%	50%	49%	41%
I would use this in future	**33%**	31%	34%	43%	29%	29%	24%
I know others who could benefit from this	**15%**	9%	20%	17%	16%	18%	12%

Caregiver Services

This service area provides information, training, decision support, problem solving alternatives, and social supports to better take care of individuals with long-term physical, mental, and/or cognitive conditions. Very few respondents use these services (3%) and slightly more would like to use them (4%). More respondents in Region 3 would use these services in future (41%) than those in Region 6 (21%). Respondents in Region 1 were much less likely to know others who could benefit (9%) than those in Region 4 (25%).

Table 47: Caregiver Services

Caregiver Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**3%**	2%	6%	4%	4%	3%	0%
I would like to use this	**4%**	4%	4%	4%	2%	4%	3%
I don't use this	**58%**	64%	47%	54%	59%	62%	56%
I would use this in future	**33%**	34%	36%	41%	26%	31%	21%
I know others who could benefit from this	**17%**	9%	21%	17%	25%	14%	24%

Respite Services

This is a specific service within the Caregiver Services area which provides participants with in-home or adult daycare in order to provide relief to caregivers. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. Only 1% of respondents currently use formal respite services, while 8% use informal respite services. Fewer than 30% of respondents indicated that they would use respite services in future, either formal or informal.

Table 48: Formal Respite Services

Formal Respite Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**1%**	1%	1%	1%	2%	1%	0%
I would like to use this	**3%**	4%	3%	3%	3%	3%	0%
I don't use this	**65%**	69%	54%	67%	60%	67%	76%
I would use this in future	**28%**	26%	36%	33%	26%	30%	12%
I know others who could benefit from this	**15%**	9%	20%	15%	22%	11%	15%

Table 49: Informal Respite Services

Informal Respite Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**8%**	7%	7%	9%	7%	6%	12%
I would like to use this	**2%**	2%	3%	1%	2%	3%	0%
I don't use this	**62%**	66%	54%	62%	59%	66%	62%
I would use this in future	**26%**	25%	29%	30%	22%	27%	18%
I know others who could benefit from this	**15%**	11%	19%	15%	22%	9%	9%

Ombudsman Services

This service area protects the health, safety, welfare, and rights of long-term care residents. Additionally, the ombudsman service investigates complaints made by or on the behalf of residents with issues such as resident care, quality of life, or facility administration. Only 1% of respondents indicated current use of this service. In Region 2, 7% of respondents would like to use this service, which is noticeably higher than the other regions. A third of all respondents indicated they would use this service in the future, although this ranged from 18% of those in Region 6 to 39% of those in Regions 1 and 3.

Table 50: Ombudsman Services

Ombudsman Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**1%**	1%	3%	1%	1%	1%	0%
I would like to use this	**2%**	2%	7%	1%	2%	2%	0%
I don't use this	**64%**	61%	57%	62%	66%	71%	65%
I would use this in future	**33%**	39%	27%	39%	26%	35%	18%
I know others who could benefit from this	**15%**	10%	24%	12%	22%	8%	18%

Adult Protection Services

This service area safeguards and protects vulnerable adults that are, or are suspected to be, victims of abuse, neglect, self-neglect, or exploitation. Relatively few respondents indicated any current or future need for these services. This service area had the lowest reported needs of any of the service areas included in this needs assessment (see Table 54 in the Comparison section below).

Table 51: Adult Protection Services

Adult Protection Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**1%**	1%	0%	1%	2%	0%	0%
I would like to use this	**2%**	0%	1%	4%	2%	2%	0%
I don't use this	**74%**	70%	76%	77%	70%	75%	85%
I would use this in future	**21%**	25%	20%	21%	23%	20%	9%
I know others who could benefit from this	**13%**	12%	19%	10%	19%	12%	6%

Case Management Services

This service area assists individuals in managing their own in-home, long-term care services. Case managers are assigned to assess an individual's independent living needs, develop and implement a service plan, and coordinate and monitor in-home services. The overall use of this service area is quite low (2%). About 27% of respondents indicated that they would use this service in the future, although this ranged from 12% of those in Region 6 to 31% of those in Region 1.

Table 52: Case Management Services

Case Management Services	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
I am using this	**2%**	1%	0%	3%	2%	2%	0%
I would like to use this	**2%**	1%	4%	2%	2%	3%	0%
I don't use this	**68%**	65%	61%	73%	66%	70%	74%
I would use this in future	**27%**	31%	29%	29%	24%	27%	12%
I know others who could benefit from this	**15%**	13%	20%	14%	22%	9%	18%

Comparison Across All Services

More informal services are being used than formal services, as shown in Table 53 for the four service areas which specifically asked about this. However, more respondents want to use formal services than informal ones, perhaps indicating that they would rather pay for such services than ask for additional assistance from busy family members and friends.

Table 53: Formal and Informal Services

	Using		Want to Use	
	Formal	**Informal**	**Formal**	**Informal**
Homemaker Services	4%	11%	7%	4%
Chore Services	3%	15%	11%	6%
Transportation Services	5%	19%	5%	2%
Respite Services	1%	8%	3%	2%

Table 54 presents the results across all of the different service areas described above for all survey respondents. The service area with the maximum percentage for each response is marked in orange, and the minimum for each is marked in gray. The results show that most respondents do not use Adult Protection Services (74%) and very few would like to use this service now (2%) or in future (21%). About half of the respondents reported that they do not use each of the service areas (average 58%, range from 47% to 74%). On average, about one third of all respondents would use each service area in the future, and 17% of respondents know others who could benefit from each service area.

For each service area, between 2% and 11% of respondents would like to use these services (average of 5%). More people reported wanting a service than are currently receiving it for 9 of the 16 service areas included in the needs assessment. The largest difference is for formal chore services, which 11% report that they would like to use but only 3% currently use.

Table 54: Results for All Service Areas, from All Respondents

| All Services, State (N=626)	Am Using	Would Like to Use	Know Others Who Could Benefit	Would Use in Future	Don't Use
Home-Delivered Meals	2%	4%	**23%**	33%	56%
Congregate Meals	17%	4%	17%	24%	51%
Formal Homemaker Services	4%	7%	19%	34%	54%
Informal Homemaker Services	11%	4%	17%	28%	54%
Formal Chore Services	3%	**11%**	16%	32%	56%
Informal Chore Services	15%	6%	16%	28%	50%
Formal Transportation Services	5%	5%	19%	33%	59%
Informal Transportation Services	**19%**	**2%**	17%	31%	50%
Legal Assistance Services	2%	8%	16%	**38%**	56%
Disease Prevention/Health Promotion Programs	15%	10%	15%	33%	**47%**
Caregiver Services	3%	4%	17%	33%	58%
Formal Respite Services	**1%**	3%	15%	28%	65%
Informal Respite Services	8%	2%	15%	26%	62%
Ombudsman Services	**1%**	**2%**	15%	33%	64%
Adult Protection Services	**1%**	**2%**	**13%**	**21%**	**74%**
Case Management Services	2%	**2%**	15%	27%	68%
Average	*7%*	*6%*	*17%*	*30%*	*58%*

The range of responses across all service areas is shown in Figure 12. Fewer than 20% of respondents currently use any of these services (average 7%), and 21% to 38% would use each service area in future.

Figure 12: Range of Responses Across All Service Areas
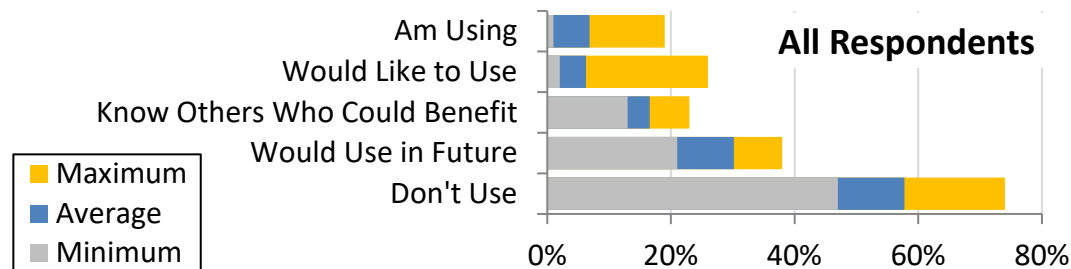
The maximum percentage for each response option, along with its respective service area, is shown in the figure below. These are the same values marked in orange in Table 54 above.

Figure 13: Service Area with Maximum for Each Response Option
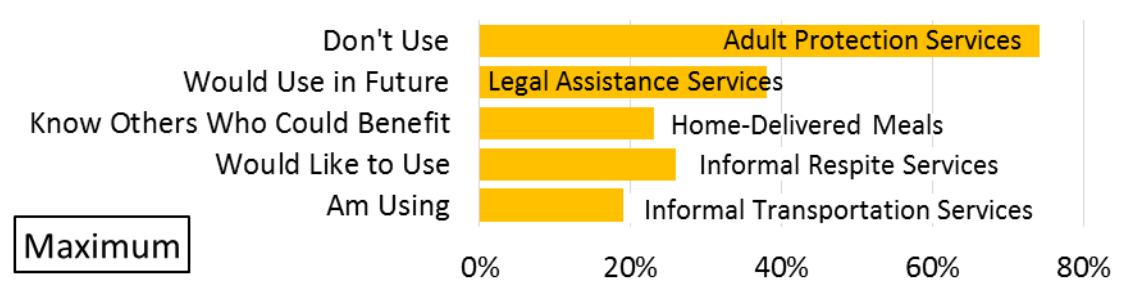
Comparison Across Services Areas by Age

Older respondents were more likely on average to be using services than younger respondents, ranging from 13% of those age 90-99 to 3% of those age 50-59. Younger age groups indicated that they would use services in future more than older age groups, from about 35% for those under age 70 down to 19% for those over 90. Younger respondents were also more likely to report knowing others who could benefit

from the services, with the average across all services decreasing steadily from 28% for age 50-59 to 4% for age 90-99. The percentage of respondents who would like to use services was fairly constant across all age groups at 4-6% across all services, increasing to 9% for those age 90 and older. The number of specific service areas which more people would use than are currently using ranged from six (age 80-89) to eleven (age 50-59) of the 16 service areas. However, the average difference between wanting and receiving services ranged from less than 1% for those under age 70 to 4-6% for those age 80 and over.

Top Needs for Services

The top three current needs most often identified by respondents overall were (1) Information and Assistance (61%), (2) Disease Prevention & Health Promotion Programs (37%), and (3) Transportation (34%). Home delivered meals were selected as a top need more often than congregate meals (28% vs 22%). For future needs, Transportation and Information & Assistance were tied for first place (46%), and the third most important need was Home Delivered Meals (34%). Respondents estimated that in the future they would need significantly less Information and Assistance and fewer Disease Prevention & Health Promotion Programs than they need today, but would need more Transportation and Home Delivered Meals. Home delivered meals were selected as a top need in the future more than twice as often as congregate meals (34% vs 16%).

Current Needs

The top three current needs most often identified by respondents overall were (1) Information and Assistance (61%), (2) Disease Prevention & Health Promotion Programs (37%), and (3) Transportation (34%) as shown by the blue line in Figure 14. Home delivered meals were selected as a top need more often than congregate meals (28% vs 22%).

Figure 14: Top 3 Needs for Services, Today and in Future, sorted by Today's Need
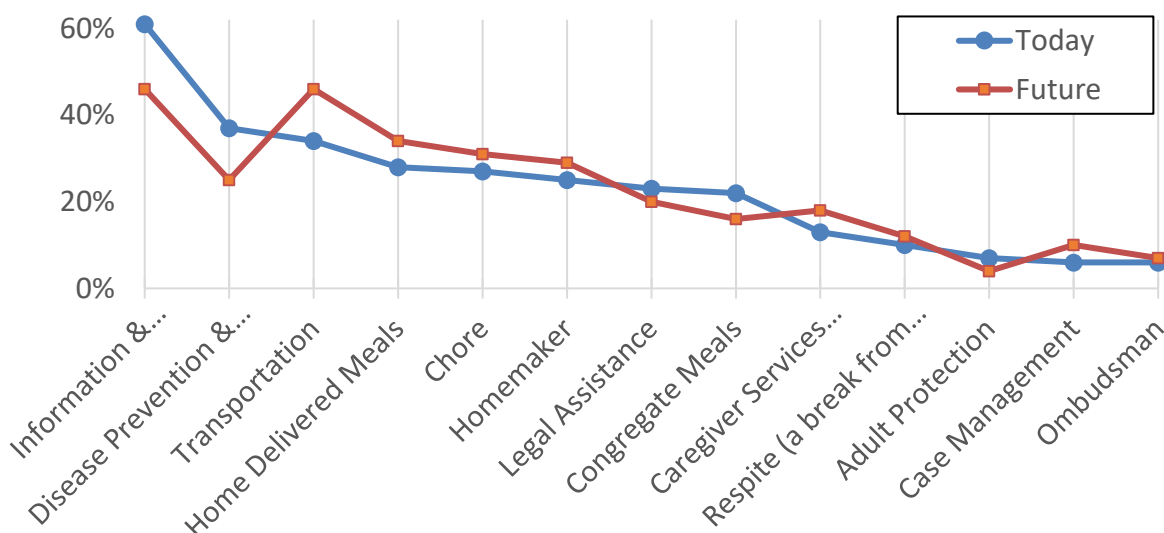
As shown in Table 55, the top three current needs selected most often were the same for all AAA regions except for the following:

- Region 4 reported that Home Delivered Meals are more important today than Disease Prevention & Health Promotion Programs (39% vs 30%).

- Region 6 reported that Legal Assistance is more important today and Transportation is less important (35% vs 26%).

The biggest differences between AAA regions for the top three current needs were seen for Home Delivered Meals, Congregate Meals, Disease Prevention & Health Promotions Programs, Information & Assistance, and Legal Assistance. Each of these five service categories had a 15-20 percentage point

spread across the regions. For example, 35% of Region 6 respondents identified legal assistance as a top current need compared to only 19% of Region 4 respondents.

Table 55: Top Three Services that You Think are Most Important to You <u>Today</u>

Top 3 Needs - Today	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Information & Assistance	**61%**	58%	59%	63%	52%	69%	65%
Congregate Meals	**22%**	26%	20%	11%	29%	27%	12%
Home Delivered Meals	**28%**	26%	21%	25%	39%	25%	29%
Homemaker	**25%**	22%	26%	27%	29%	19%	24%
Chore	**27%**	26%	33%	34%	22%	25%	29%
Transportation	**34%**	34%	39%	35%	37%	29%	26%
Legal Assistance	**23%**	25%	24%	21%	19%	25%	35%
Disease Prevention & Health Promotions Programs	**37%**	39%	36%	36%	30%	42%	47%
Caregiver Services (training/support group)	**13%**	12%	16%	15%	12%	10%	21%
Respite (break from caregiving)	**10%**	7%	7%	15%	16%	7%	6%
Ombudsman	**6%**	10%	7%	9%	2%	5%	0%
Adult Protection	**7%**	8%	3%	5%	6%	11%	3%
Case Management	**6%**	8%	10%	4%	6%	6%	3%

Future Needs

For future needs, Transportation and Information & Assistance were tied for first place (46%), and the third most important need was Home Delivered Meals (34%) as shown by the red bars in Figure 15. Respondents estimated that in the future they would need significantly less Information and Assistance and fewer Disease Prevention & Health Promotion Programs than they need today, but would need more Transportation and Home Delivered Meals. Home delivered meals were selected as a top need in the future more than twice as often as congregate meals (34% vs 16%).

Figure 15: Top 3 Needs for Services, Today and in Future, sorted by Future Need
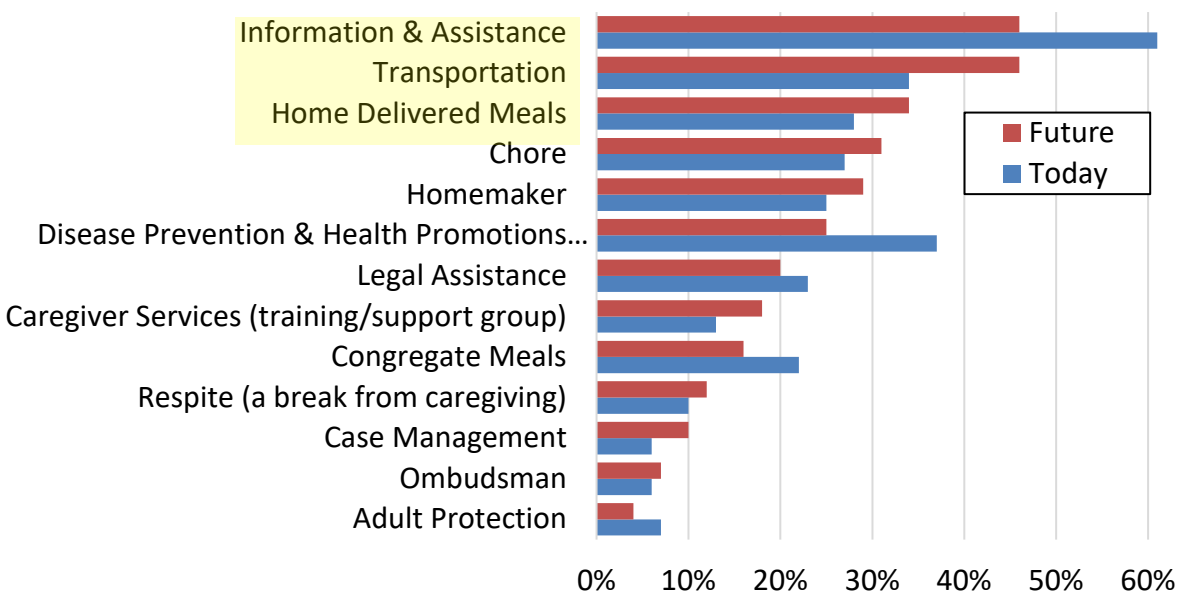
The top three future needs were similar for all regions except for the following:

- Regions 1 and 2 estimated that chore services would be more important to them in the future than home delivered meals (39% and 34% vs 31% and 21% for chore services and home delivered meals, respectively).

- Region 6 estimated that homemaker services would be more important to them in the future than either chore or home delivered meal services (41% vs 29% and 35%).

The biggest differences between AAA regions for the top three future needs were seen for Home Delivered Meals, Disease Prevention & Health Promotions Programs, and Homemaker Services. Each of these three service categories had a 15-20 percentage point spread across the regions. For example, 40% of Region 4 respondents identified home delivered meals as a top future need compared to only 21% of those in Region 2.

Table 56: Top Three Services that You Think are Most Important to You in the <u>Future</u>

Top 3 Needs - Future	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Information & Assistance	**46%**	45%	49%	41%	48%	47%	53%
Congregate Meals	**16%**	15%	17%	13%	22%	15%	9%
Home Delivered Meals	**34%**	31%	21%	35%	40%	38%	35%
Homemaker	**29%**	26%	30%	30%	29%	26%	41%
Chore	**31%**	39%	34%	32%	25%	27%	29%
Transportation	**46%**	41%	51%	50%	50%	43%	41%
Legal Assistance	**20%**	26%	21%	16%	17%	21%	26%
Disease Prevention & Health Promotions Programs	**25%**	25%	17%	27%	27%	25%	35%
Respite (a break from caregiving)	**12%**	8%	11%	16%	9%	13%	12%
Caregiver Services (Training/Support Group)	**18%**	19%	19%	23%	16%	14%	12%
Ombudsman	**7%**	10%	9%	4%	7%	8%	3%
Adult Protection	**4%**	4%	3%	3%	3%	9%	0%
Case Management	**10%**	11%	17%	9%	5%	12%	3%

Results by Respondent Source

As described in the Survey Distribution section, there were three ways that Idaho residents could participate in the needs assessment of older adults. The first method was via paper surveys mailed to a targeted population sample, second was the online survey, and third was paper surveys distributed and collected at Senior Centers. Each response was identified as coming from one of these three sources. About half of the total responses (49%) came from the online survey, with 36% from the targeted mailings and 15% from Senior Centers as shown in Figure 2. Selected results for each of these subgroups are presented in the following sections.
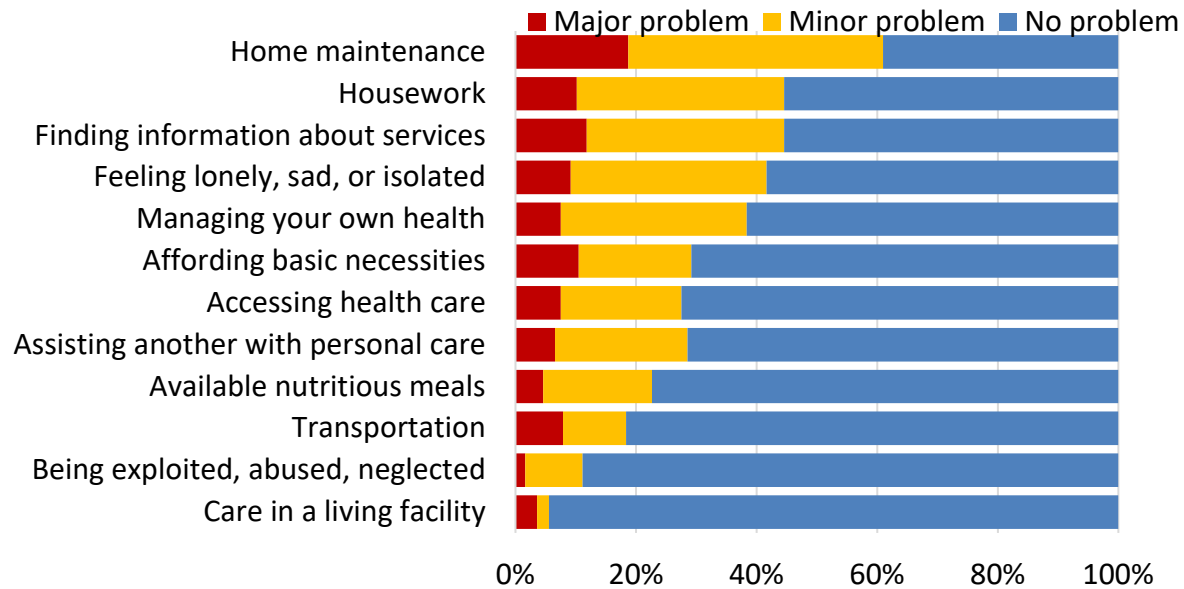
Online Surveys

Those who responded via the online survey tended to be younger, as shown earlier in Figure 3 and Table 11. Fewer online respondents were age 70 or older as compared to all respondents (30% vs 50%). The majority of those under age 70 responded via the online survey: 82% of respondents age 50-59 and 61% of respondents age 60-69.

The online respondents were much less likely to report no interest in participating in the listed activities, by 6% on average. The exception was senior centers for which 6% more of online respondents reported no interest, as compared to all respondents. More online respondents reported that they did not participate in activities nearly as often as they wanted, by an average of 3% across all listed activities.

Online respondents were significantly more likely to report major and/or minor problems over the last 12 months, with an average of 3% fewer respondents who reported no problems across all listed areas. Results from online respondents are presented in the following figure (see Figure 8 for all respondents).

**Figure 16: Problems in Last 12 Months, from Online Respondents**

Overall, online survey respondents use slightly fewer services than all respondents.

Senior Center Surveys

The subgroup of Senior Center respondents was more likely to report no interest in the listed activities, by 3% on average. The biggest exception was senior centers for which 26% fewer of this subgroup reported no interest, as compared to all respondents. Fewer of these respondents reported that they did not participate in activities nearly as often as they wanted, by an average of 7% across all listed activities.

Respondents from Senior Centers were much less likely to report major and/or minor problems over the last 12 months. An average of 10% more respondents reported no problems across all listed areas as compared to all respondents, for example with home maintenance (68% vs 48%) and finding information about services (80% vs 61%).

Figure 17: Problems in Last 12 Months, from Senior Center Respondents
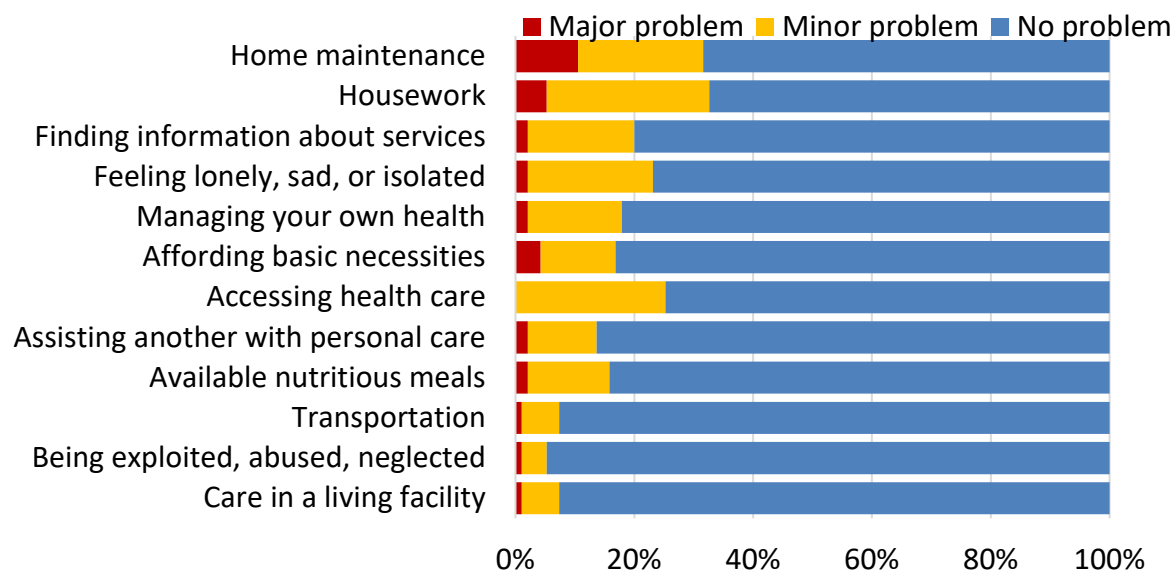
More Senior Center respondents reported using congregate meals by nearly a factor of six compared to the respondents from other sources (59% vs about 10%). However, only 11% would use congregate meals in future, compared to 24-29% of respondents from other sources. More respondents from Senior Centers are also using disease prevention and health promotion services (26% vs 15%), but 7% fewer use informal chore services or informal transportation. Overall, respondents from Senior Centers are using more services than all respondents, and reported only three service areas in which more respondents would like to use services than are currently using them (formal homemaker and chore services and legal assistance).

Targeted Mailed Surveys

The subgroup of targeted mailing respondents was much more likely to report no interest in participating in the listed activities, by 7% on average.

Most other differences between this subgroup and all respondents were small.

Results for Respondents Who Live Alone

Next we consider only those respondents who reported that they live alone. Living alone is a risk factor for older adults staying in their home as they age. This subgroup represented 43% of all respondents, which is higher than that indicated by population as discussed earlier in the Demographics section (see Table 15). The location of respondents in this subgroup was similar to that of all respondents, except for Region 1 which had a few more and Region 3 which had a few less (3% difference in each).

The age distribution of respondents who live alone is shifted toward the older age groups as compared to that of all respondents combined, as shown in Figure 18 below. Nearly 80% of those who reported living alone are age 65 or older. There were 9% fewer respondents in their 50s and 60s in this subgroup, and about 7% more in their 80s and 90s.

Figure 18: Age of Respondents Living Alone Compared to All Respondents
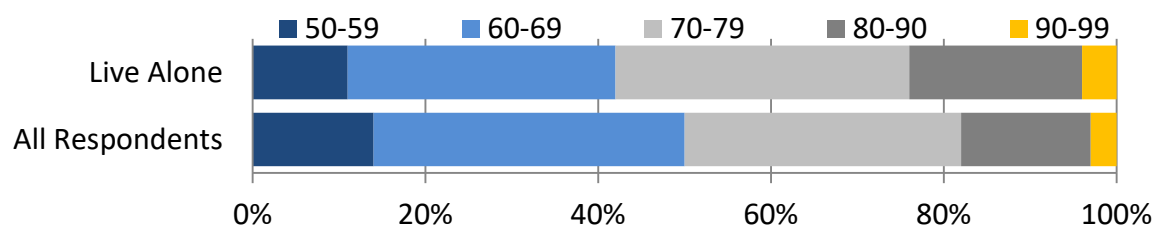
Of those respondents who live alone, 18% participated from a senior center, 37% participated via the online survey, and the remaining 46% participated through the targeted mailings. Looking at all respondents by source, one-third (33%) of online respondents live alone and about half of senior center (51%) and mail-in (55%) respondents live alone.

Fewer respondents in this subgroup were aware of services provided by most of the agencies and organizations, by as much as 7% compared to all respondents (average 2% difference), except for SHIBA which 2% more of those living alone knew about.

More respondents who live alone reported having major and/or minor problems in the past 12 months. For example, 9% more reported problems with feeling lonely, sad, or isolated than that reported by all respondents combined, and 6% more reported problems with available nutritious meals and finding information about services and supports. Regarding participation in activities, more respondents who live alone reported no interest in many of the listed activities, most differing by 3-6% from that reported by all respondents. The exceptions were religion/worship and community events and groups, which did not differ from that of all respondents, and senior centers which 4% fewer of this subgroup reported as not interested as compared to all respondents.

Additional selected results for this subgroup are compared with results for all respondents in Table 57. For example, significantly more respondents living alone reported an annual household income below $20,000 (55% vs 34%).

Table 57: Selected Results for Those Living Alone Compared to All Respondents

	Live Alone	All Respondents
Quality of life (good or very good)	75%	80%
Household income < $30,000	79%	54%
Household income < $20,000	55%	34%
Working full- or part-time	22%	32%
Medicare and/or Medicaid	85%	77%

Overall, those who live alone were slightly more likely to be using services compared to all respondents. More people reported wanting a service than were currently receiving it for 9 of the 16 service areas included in the needs assessment. Those who live alone were less likely to report knowing others who could benefit from the services, and fewer indicated that they would use services in the future except for home delivered meals and legal assistance. Those who live alone were less likely to select caregiver services or respite care as one of their top three needs now or in the future, by 5-8% for each of these services. They were more likely to select home delivered meals as a top need for the future, by about 6%.

Appendix A: ISU Press Releases Announcing Survey

Idaho State
UNIVERSITY

October 27, 2015

Released by Idaho State University, Marketing and Communications

Idaho Commission on Aging seeks feedback to
improve senior services in Idaho

As you age, will you be able to take care of yourself or need to rely on others? What services and supports will you need? Are they available in your community?

These are a few of the questions that a new statewide assessment is trying to answer.

The Idaho Commission on Aging—in partnership with Idaho State University's Institute of Rural Health—are exploring the needs of older Idahoans, their awareness of services in their communities and if those services are adequate. The ICOA is developing a four-year statewide plan to assess senior needs in Idaho under the Older Americans Act and State Senior Services Act.

The online assessment can be accessed at www.tinyURL.com/AgingNeeds

Based on your responses, the ICOA and the aging network stakeholders will develop strategies to fund senior services in your community.

Responses are anonymous. The deadline to return the questionnaire is Nov. 20, and results will be posted on the ICOA's website at www.aging.idaho.gov in the coming months. If you have any questions, contact Russell Spearman at 208-373-1773 or Dr. Cyndy Kelchner at 208-282-6457.

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Idaho State
U N I V E R S I T Y

November 19, 2015

Released by Idaho State University, Marketing and Communications

Statewide assessment to

improve senior services in Idaho

As you age, will you be able to take care of yourself or need to rely on others? What services and supports will you need? Are they available in your community?

These are a few of the questions that a new statewide assessment is trying to answer. If you have received this survey in the mail, please complete and return it by the end of November.

If you are an Idaho resident age 50 or over and did not receive a survey, you can complete the assessment online at www.tinyURL.com/AgingNeeds

The Idaho Commission on Aging—in partnership with Idaho State University's Institute of Rural Health—are exploring the needs of older Idahoans, their awareness of services in their communities and if those services are adequate. The ICOA is developing a four-year statewide plan to assess senior needs in Idaho under the Older Americans Act and State Senior Services Act.

Based on your responses, the ICOA and the aging network stakeholders will develop strategies to fund senior services in your community.

Responses are anonymous. The deadline to complete the survey is November 30, and results will be posted on the ICOA's website at www.aging.idaho.gov in the coming months. If you have any questions, contact Russell Spearman at 208-373-1773 or Dr. Cyndy Kelchner at 208-282-6457.

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Appendix B: Survey Instrument

See the following two PDF files for the final needs assessment survey instrument:

Print version: ICOA_Needs Assessment_to_print_30Oct15
Online version: ICOA_Needs_Assessment_Survey_online_version_6Nov15

Attachment L

CIVIL RIGHTS

Title VI, Civil Rights Act of 1964
Title VII, Equal Employment Opportunity Act of 1972
Sections 503 and 504 of the Rehabilitation Act of 1973
Age Discrimination Act of 1975
Title II, Americans with Disabilities Act of 1990

SECTION I: *STATEMENT OF POLICY*

As a recipient of federal and state funds, the Area Agency on Aging serving Eastern Idaho (referenced in this document as AAA) complies with all anti-discrimination statutes which address provision of programs/ services, contracting for provision of programs/services, and/or hiring of employees.

The AAA does not discriminate against any person or class of persons on the basis of race, color, national origin, sex, creed, age (subject to age eligibility requirements of the Older Americans Act of 1965, as amended, and requirements for participation in Older Worker Programs), marital status, veteran's status, or disability.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color, or national origin, with Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990 which prohibit discrimination against qualified individuals with disabilities, and with regulations of the Department of Health and Human Services issued pursuant to the Acts (Title 45, Code of Federal Regulations [CFR], Parts 80 and 84). In addition to the provision of programs and services, Title VI, Section 504, and the ADA cover employment under certain conditions.

Any questions, concerns, complaints, or requests for additional information regarding the rights of individuals under any of the above-mentioned Acts may be obtained upon written request to:

Area VI Agency on Aging serving Eastern Idaho
935 E. Lincoln Rd.
Idaho Falls, ID 83401
(208) 522-5391, Monday-Friday 8am-4:30pm

A. Nondiscrimination Policy

In accordance with Titles VI and VII of the Civil Rights Act, Executive Order 11246, as amended by Executive Order 11375, Section 504 of the Rehabilitation Act of 1973, and the Americans With Disabilities Act of 1990, AAA policy states that no qualified individual may, on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability, be subjected to discrimination, or be excluded from participation, in any AAA program or activity receiving federal or state funds.

This policy applies to all aspects of AAA programs/services and other activities or by their contracting organizations-- all entities which use federal or state funds.

This policy *does not apply* to agencies, associations, corporations, schools and institutions operated by religious organizations such as churches and denominational societies, or other sectarian entities, with respect to employment of individuals of a particular religious affiliation to provide programs/services with funds not derived from federal or state sources.

B.   Specific Discriminatory Practices Prohibited

1.   The AAA, and all subcontractors may not, under any program, directly or through contractual or other arrangements, on the grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:

    a) discharge, bar, or refuse to hire or promote any qualified individual;

    b) deny any qualified individual any service, financial aid, or other benefit;

    c) afford a qualified individual an opportunity to participate or benefit from aid or service that is *not equal to that afforded others;*

    d) provide a qualified individual with aid, benefits, or services that are *not as effective, or otherwise are inferior to, those provided to others;*

    e) provide different or separate benefits or services to a qualified individual or class of individuals *unless such action is necessary to provide such individuals with benefits or services that are as effective as those provided to others;*

    f) aid or perpetrate discrimination against an individual or class of individuals by providing assistance to an agency, organization, or person who discriminates against individuals or a class of individuals on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability;

    g) deny a qualified individual the opportunity to participate as a volunteer, consultant, conferee, or member of a planning or advisory board.

2.   Neither the AAA, and all subcontractors may, directly or through contractual or other arrangements, use criteria or methods of administration which:

    a) have the effect of subjecting any individual or class of individuals to discrimination; or

    b) have the effect of defeating or of substantially impairing accomplishment of the program's objectives.

3.   In determining a program site or location, contracting agencies and grantees may not select facilities that have the effect of excluding individuals or a class of individuals, thereby denying them the benefits of participation in the program/receipt of services, or subjecting them to discrimination.

4.   The AAA, and all subcontractors shall establish measures to assure that recruitment and employment practices do not discriminate against any qualified individual.

5.   The AAA and all subcontractors shall actively solicit representative participation from local minority communities, as well as voluntary participation by persons with disabilities, on advisory councils and policy making boards which are integral elements of program planning and service provision;

6. The AAA and all subcontractors shall have procedures for monitoring all aspects of their operations to assure that no policy or practice is, or has the effect of being, discriminatory against beneficiaries or other participants. Monitoring shall include, but not be limited to:

   a) location of offices and facilities;
   b) manner of assigning applicants or clients to staff;
   c) dissemination of information;
   d) eligibility criteria for participation in programs/receipt of services;
   e) referral of applicants/clients to other agencies and facilities;
   f) contracts with minority, women's, and disability organizations;
   g) use of volunteers and/or consultants;
   h) provision of services;
   i) program accessibility;
   j) reasonable efforts to make accommodations and provide auxiliary aids for applicants/clients with disabilities;
   k) use of available statistical data pertaining to demographics and needs of low-income minority groups and other targeted classes residing in the region relative to their:

      i. potential participation in programs,
      ii. actual (historic) participation in programs,
      iii. employment patterns, especially, their use as employees or staff in programs administered by the agency or contractor,
      iv. membership on advisory councils,
      v. number and nature of complaints alleging discrimination which have been filed,
      vi. number of bilingual staff and staff qualified as sign language interpreters; and

   l) written assurances of compliance with Title VI, Sections 503 and 504, and the Americans With Disabilities Act.

7. The AAA and subcontractors shall assure that no qualified individual with a disability shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination due to facilities being inaccessible to, or otherwise unusable by persons with disabilities.

8. The AAA shall take corrective action to overcome the effects of discrimination in instances where the AAA, or their subcontractors have discriminated against any persons on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.

9. Any contractor or subcontractor who refuses to furnish assurances of nondiscrimination, or who fails to comply with federal and/or state laws as outlined in this policy, must be refused federal or state financial assistance. Such action will be taken only after there has been an opportunity for review before the appropriate officials, and after a reasonable amount of time has been allowed for compliance with the policy. All incidents of noncompliance will be referred to the appropriate federal or state agencies in a timely manner.

SECTION II: *Nondiscrimination Language in Contracts and Employment*

A. Contract Reference to "Nondiscrimination in Client Services"

1. The AAA requires a policy of nondiscrimination in services as an integral part of each contract.

2. Each contract shall contain an inclusion, by reference or attachment, the following clause pertaining to nondiscrimination in client services:

   Nondiscrimination in Client Services: The contractor and any sub-contracting party will not, on grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:

   a) deny a qualified individual any services or benefits provided under this agreement or any contracts awarded pursuant to this agreement;

   b) provide any services or other benefits to a qualified individual which are different, or are provided in a manner differing from that provided to others under this agreement, or any contract awards pursuant to this agreement;

   c) subject an individual to segregation or separate treatment in any manner in receipt of any service(s) or other benefit(s) provided to others under this agreement;

   d) deny any qualified individual the opportunity to participate in any program(s) provided by this agreement, or any contracts awarded pursuant to this agreement for the provision of services, or otherwise afford an opportunity to do so which is different from that afforded others.

   e) Contractors will not use criteria or methods of administration which have the effect of defeating or substantially impairing accomplishment of the objectives of this agreement with respect to individuals of a particular race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.

B. Nondiscrimination in Employment
   1. The AAA requires that a nondiscrimination in employment policy be an integral part of every agreement with its subcontractors.

C. The AAA Assurance of Compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975

The AAA provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services. The AAA hereby agrees to comply with:

   a) **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80), to the end that, in accordance with Title VI of the Act and the Regulation, no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the AAA receives Federal financial assistance from the Department.

   b) **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 84), to the end that, in accordance with Section 504 of the Act and the Regulation, no otherwise qualified disabled individual in the United States shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the AAA receives Federal financial assistance from the Department.

c) **Title IX of the Educational Amendment of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the AAA receives Federal financial assistance from the Department.

d) **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the AAA receives Federal financial assistance from the Department. The AAA agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the AAA, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the AAA by the Department, this assurance shall obligate the AAA, or in the case of any transfer of such property, any transferee, for the period during which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the AAA for the period during which it retains ownership or possession of the property. The AAA further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance. The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the AAA to the above provisions.

Section III: *COMMUNICATION WITH PERSONS WITH LIMITED ENGLISH PROFICIENCY STATEMENT OF POLICY*

The AAA will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of the AAA is to ensure meaningful communication with LEP consumers and their authorized representatives. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and consumers and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

The AAA will conduct a regular review of the language access needs of consumers, as well as update and monitor the implementation of this policy and these procedures, as necessary.

A. **AAA** *PROCEDURES:*

1. **Identifying Limited English Proficiency (LEP) persons and their language:** The AAA will identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with consumers or family members, the language used to communicate with the LEP person will be included as part of the record.

2. **Obtaining a qualified interpreter:** The AAA is responsible for:
(a) Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff;
(b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;
(c) Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person. Children and other clients/patients/residents will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. **Providing written translations:** When translation of documents is needed, the AAAwill submit documents for translation into frequently-encountered languages. Original documents being submitted for translation will be in final, approved form with updated and accurate information.

4. **Providing notice to LEP persons:** The AAA will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations.

5. **Monitoring language needs and implementation:** On an ongoing basis, the AAA will assess changes in demographics, types of services or other needs that may require reevaluation of this procedure. In addition, the AAA will regularly assess the efficacy of these procedures.

GOVERNING BODY
Eastern Idaho Community Action Partnership
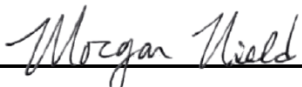**Jay Doman, Executive Director**

Signature: _____   Date: __6/15/17__

AREA AGENCY ON AGING
Area VI Agency on Aging serving Eastern Idaho
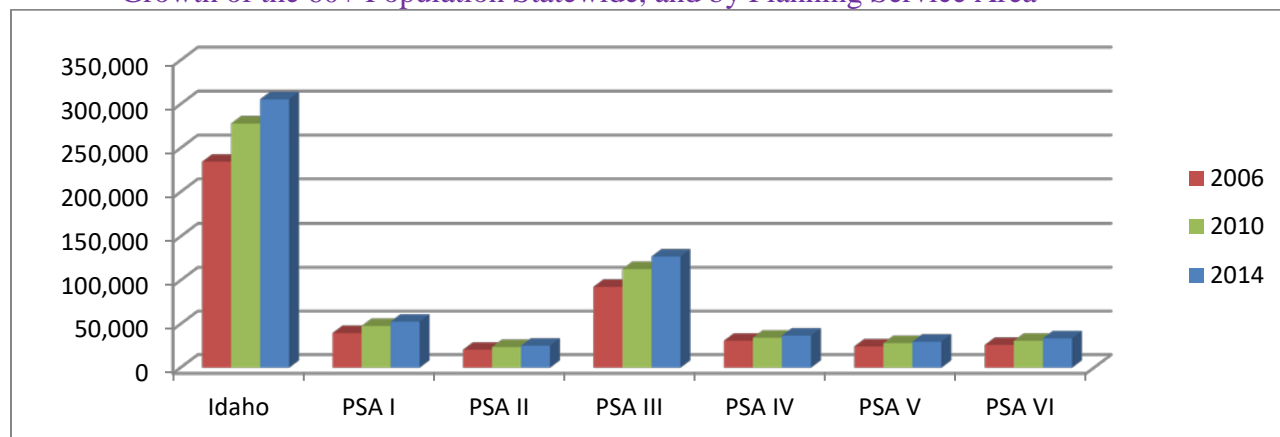**Morgan Nield, AAA Director**

Signature: _____   Date: __6/15/17__

ATTACHMENT M

PLANNING AND SERVICE AREA DEMOGRAPHICS

Overview

Growth of the 60+ Population Statewide, and by Planning Service Area

Prepared by the Idaho Commission on Aging from *Idaho Vital Statistics 2013*, Idaho Department of Health and Welfare, Division of Health, Bureau of Vital Records and Health Statistics, March 2014. U.S. Bureau of the Census, 2005-2013 American Community Survey 5-Year Estimates, December 2014, Table S0101

PSA VI
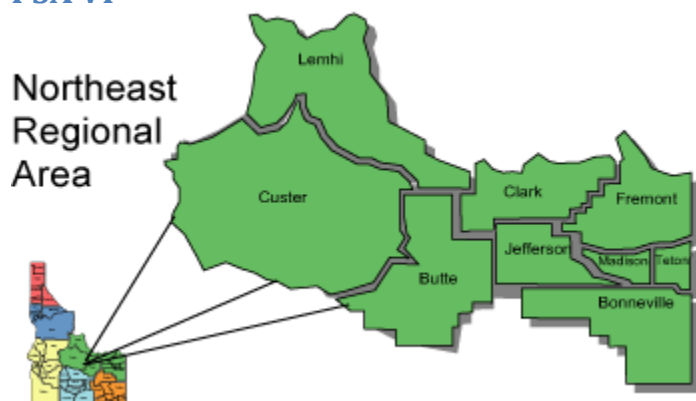
Geographic Information:
The region in PSA VI covers 19,330 square miles in nine eastern-most counties in the state: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton. The AAA serving PSA VI operates out of Idaho Falls and is part of Eastern Idaho Community Action Partnership. From the high plains of Bonneville County to the mountainous terrain of Lemhi County, the region's topography is diverse. PSA VI borders Wyoming near Yellowstone National Park and the Teton Mountains.

Demographic Information:
Based on the 2014 American Community Survey Estimates, the total population in PSA VI was 209,982 of which 33,677 (16%) individuals were over the age of 60. Idaho Falls is the largest city. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+

living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is 33,894.

Exhibit 1A Idaho Growth Change and Demographics

Prior to the latter half of the Twentieth Century, the percentage of Americans who lived long enough to attain "old age" was relatively small. There were several reasons for this, including a high infant mortality rate and the fact that many women died in childbirth. Limited understanding of proper hygiene, good nutrition, and the mechanisms by which contagious diseases were spread also contributed to the premature deaths of many children and young adults. Additionally, most people in the past worked on farms, in mines and lumber mills, in manufacturing, or in other industrial occupations. At that time, attention to worker safety had not yet become a requirement of corporate or public policy. Thus, disabling or even immediately fatal job-related accidents were frequent occurrences.

U.S. Elderly Population by Age: 1900 to 2050 - Percent 65+ and 85+

Year and Census date	% 65+	% 85+
1900	4.1	0.2
1910	4.3	0.2
1920	4.7	0.2
1930	5.4	0.2
1940	6.8	0.3
1950	8.1	0.4
1960	9.2	0.5
1970	9.8	0.7
1980	11.3	1.0
1990	12.5	1.2
2000	12.4	1.5
2010	13	2.0
2020	16.3	2.2
2030	19.7	2.6
2040	20.4	3.9
2050	20.7	5.0

Numbers in this chart are from Census data and Census Bureau projections based on historic data.
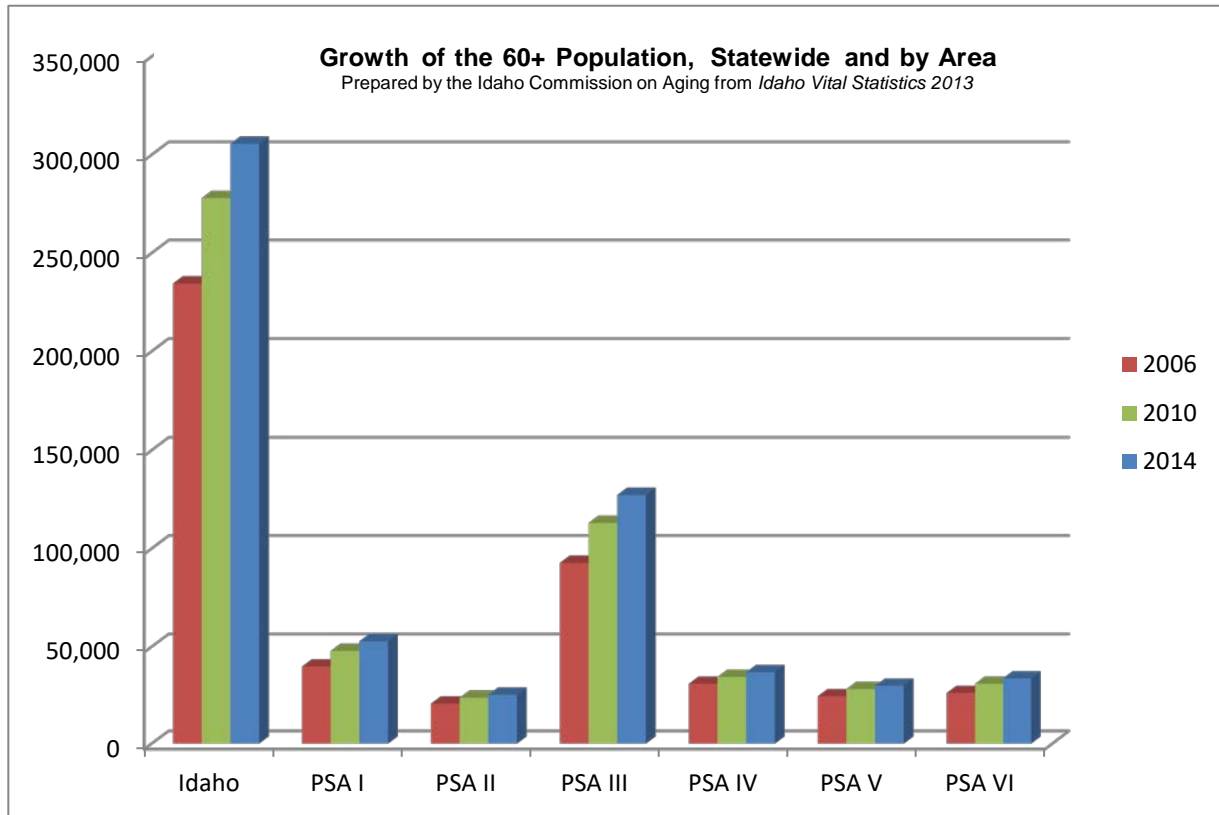
According to the Idaho State Historical Society, the entire population of Idaho numbered only 17,804 in 1870. By 1880 it had reached 32,610. When Idaho officially became the 43rd state on July 3, 1890, the population had reached 88,548— an increase of nearly 400 percent in just two decades. The state's two major industries were mining and logging. Frontier conditions, often involving a hard-scrabble lifestyle, persisted throughout much of the state well into the 20th Century. When Idaho celebrated its Statehood Centennial in 1990, the Census count evidenced a population increase to 1,006,749— over 1,000 percent.

Ten years later, the Millennial Census count showed 1,293,953 Idahoans. Nearly 15% of them were aged 60 or older. The most recent post-Census estimates (the 2014 American Community Survey Estimates) show that Idaho's overall population had increased another 23.6% to 1,599,464 and nearly 19% of them were aged 60 or older.

The raw number of older citizens has also continued to grow in every region as well as in the state as a whole. However, the proportionate percentage or ratio of seniors to younger Idahoans has declined somewhat as a consequence of overall population growth (all ages). The percentage of older people is highest in areas that have become attractive as retirement destinations. Most recently, this has been the situation in the northernmost region of the state, although the actual numbers for all age groups are highest in the most urbanized area of the state which includes several counties and rapidly growing cities.

Based on the 2014 American Community Survey Estimates, Idaho's total population is 1,599,464 people, 305,607 (19.1%) were aged 60 or older. Of that older subpopulation, 25,556 (8.3%) were at least 85 years old. This oldest group comprised 1.5% of the state's total population.

For those individuals who in the past did survive to the traditional age of retirement (65), their likelihood of living many more years was diminished by a level of medical knowledge and technology far below that which exists today. It has only been within the last few decades of the 20th century that medical advances have resulted in a high rate of long-term survival for victims of many chronic illnesses and conditions.

Growth of the 60+ Population, Statewide and by Area
Prepared by the Idaho Commission on Aging from *Idaho Vital Statistics 2013*

Idaho's highest percentage growth counties: April 1, 2010 to July 1, 2013 [1]

County	PSA	Percent Growth
Ada	III	6.1%
Canyon	III	5.3%
Kootenai	I	4.2%
Twin Falls	VI	3.5%

…and greatest loss counties:

County	PSA	Percent Decline
Clark	VI	-11.7%
Butte	VI	- 8.6%
Camas	IV	- 6.6%
Adams	III	- 3.7%

The state (overall):	Percent Growth	Number Added (all ages)
Idaho	2.8%	44,554

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[1] From *2013 Idaho Vital Statistics, Annual Report* published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

All these factors, combined with the dramatic growth of the nation's population overall and the aging of the Baby Boomers, has resulted in substantially increased numbers of older persons, many of whom continue to live well into their 80s and beyond. U.S. life expectancy in 2005 was 77.8 years overall (75.2 years for men and 80.4 years for women). The nation's elderly are projected to constitute 20% --a full fifth-- of the total U.S. population by 2030.

Idaho Resident Life expectancy 2013

| If you have reached age:	Number of additional years expected by sex (Male/Female)[2] is:	
50	30.6	33.6
55	26.4	29.2
60	22.4	24.8
65	18.7	20.6
70	15.1	16.7
75	11.7	13.1
80	8.9	9.8
85	6.5	7.1

Idaho's population also reflects another national trend in that it is becoming more racially and ethnically diverse. This diversification is occurring across all age groups although it is most pronounced among younger people, leaving the oldest cohort the most homogeneous. Between 2010 and 2014, the state's white population (all age groups) increased by 3.6%, its black population by 23.2%, its American Indian/Alaska Native population by 9.1%, its Asian/Pacific Islander population by 16.6%, and its Hispanic population by 11%. The greatest increases have occurred in the most urbanized areas of the state.

But because Idaho is and remains one of the most racially and ethnically homogeneous states in the nation, large *percentage* increases in minority groups reflect only small increases in numerical population counts. Of Idaho's 2014 total population by race of 1,599,464 people, 1,552,607 (97.1%) are estimated to be white, while only 18,982 (1.2%) are black, 32,662 (2%) are American Indian or native Alaskan, 30,267 (1.9%) are Asian or Pacific Islander. Included in the race population is 196,502 (12.3%) who are ethnic Hispanics.[3]

Diversity in the older (aged 60+) segment of Idaho's population is less, but growth, in terms of percentages, has been dramatic. The 2010 Census found only 14,960 persons aged 60+ (5.2% of the state's total 60+) who identified themselves as belonging to an ethnic or racial minority; the 2014 estimate count was 22,136 (7.2% of all persons aged 60+ in Idaho). This is 48% growth in the number of minority seniors over just a four-year period. The entire 60+ segment of the population grew by 10% in the same time period.

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[2] From *2013 Idaho Vital Statistics,* published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

[3] Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, Vintage 2014

Older population by Age: 1900-2050 - 65+ and 85+

Legend: %65+ (green), %85+ (blue)
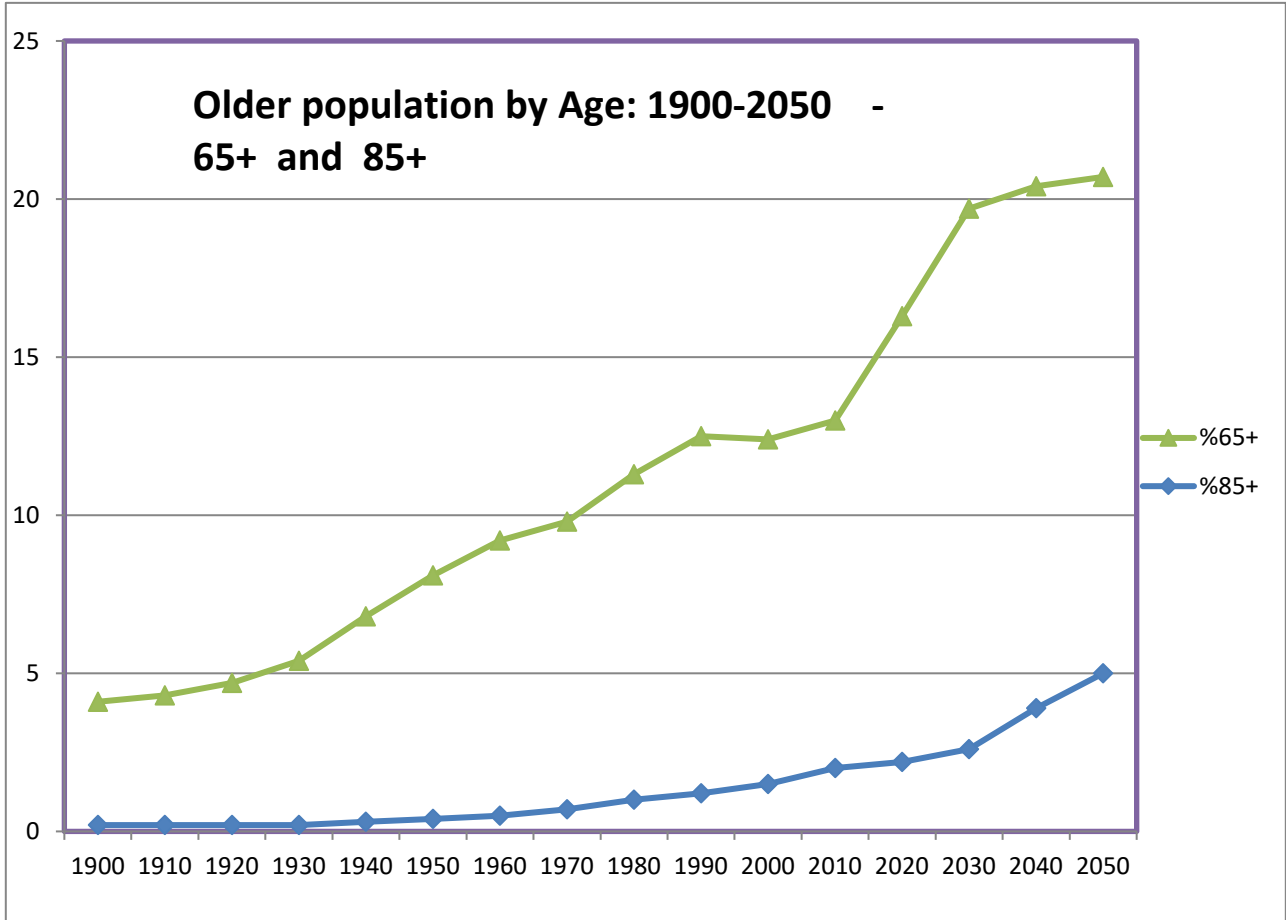
The growth of Idaho's older population reflects predicted growth in this population nationwide as a consequence of the aging of the Baby Boomer generation. The chart above depicts this anticipated growth in Idaho and in the US overall.

Planning and Service Area VI

PSA VI: Population Growth Comparison			
Total Population in 2010	*Total Population in 2014	Total 60+ in 2010	*Total 60+ in 2014
207,499	**209,982**	**30,854**	**33,677**

*Data comes from the 2014 American Community Survey Estimates

PSA VI: Population Distribution by County
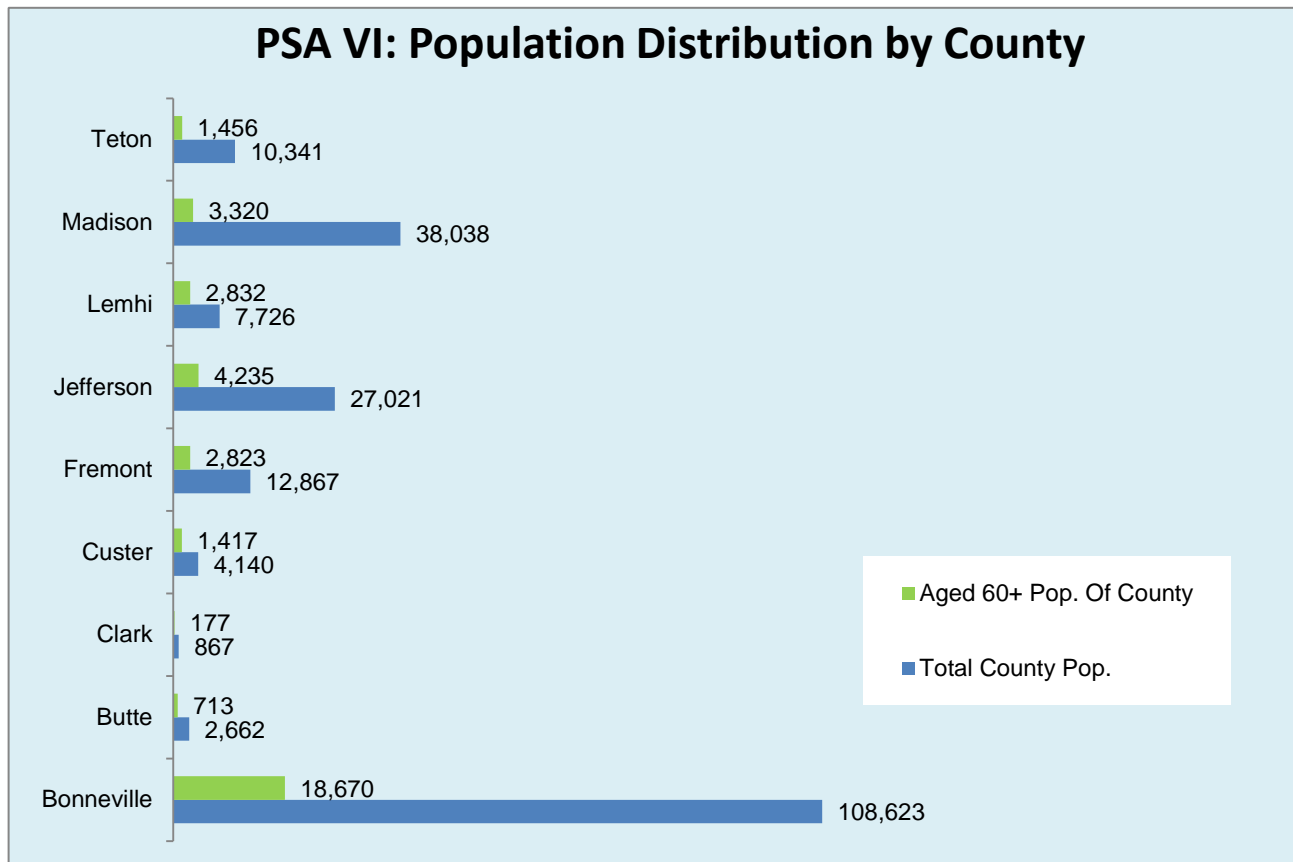
The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. Department of Health and Human Services, Bridged-Race Population Estimate, Vintage 2014

ATTACHMENT N

AREA AGENCY ON AGING serving Eastern Idaho

EMERGENCY PREPAREDNESS PLAN

TO MEET THE NEEDS OF SENIORS IN THE EVENT OF NATURAL OR MAN-MADE DISASTER OR OTHER WIDESPREAD EMERGENCY

The Idaho Commission on Aging (ICOA) is actively involved in the emergency management planning and operations of the State of Idaho as a supporting agency. The Administrator of ICOA has appointed a staff member as the Emergency Preparedness/Disaster Coordinator, and two other as the alternates. These individuals work with the Idaho Bureau of Homeland Security (BHS), state agencies and the regional Area Agencies on Aging (AAAs) to plan for and respond to the needs of seniors in an emergency event. The State of Idaho`s Executive Order No. 2010-09 and the Idaho Emergency Operations Plan assign specific emergency support activities to the ICOA and the AAAs in assisting and in supporting local and state government prior to and during emergencies and disasters.

As the primary agency, BHS notifies the appropriate persons/agencies and activates the Idaho Emergency Operations Plan (IDEOP). The ICOA supports with following functions:

- Assessing the needs of the elderly and homebound elderly including older individuals with access and functional needs.
- Coordinating senior services through the AAAs during natural or man-made disasters.
- Providing information/assistance to their clientele and the public.
- Coordinating senior citizen centers for shelter, mass feeding, and rest centers.
- Identifying homebound/isolated elderly clients.

The Administration for Community Living (ACL) and the Aging Network composed of State and AAAs, Native American Tribal Organizations, service providers and educational institutions have the legislative mandate to advocate on behalf of older persons and to work in cooperation with other federal and state programs to provide needed services. The authority and responsibility of ACL and the Aging Network to provide disaster services is found within the charge from the Older Americans Act to serve older persons in greatest need and from Title III, Sec. 310, and Disaster Relief Reimbursements, which provides for limited resources to fund disaster response services.

Older adults and people with disabilities are frequently overlooked during the disaster planning, response, and recovery process. Emergency management planning integrates older adults and people with disabilities of all ages—and their caregivers—into community emergency planning, response, and recovery. ACL provides the following link http://www.acl.gov/Get_Help/Preparedness/Index.aspx with best practices to support the needs of older adults and people of all ages with disabilities during an emergency.

Statement of Understanding (SOU) between the American National Red Cross and The Administration on Aging further demonstrates the commitment and responsibility of the Aging Network to prepare for and respond in disaster relief situations. This SOU emphasizes the Aging Network's ability to perform two basic types of disaster assistance service, which are:

- Advocacy and Outreach – assuring that older persons have access to and the assistance necessary to obtain needed services, including locating older persons; getting medical attention if needed, including medications and assistive devices; assisting in the completion and filing of applications for financial and other assistance; and follow-up monitoring to assure needs are met.
- Gap-filling – to assure that needed services and follow-up are provided beyond the timeframes and restrictions of other relief efforts if necessary. OAA funds can be used for chore, homemaker, transportation, nutrition, legal, and other temporary or one-time only expenses which help older persons retain maximum independent living.

Methods of Cooperation agreed upon and encouraged in the *Statement of Understanding* include; disaster planning and preparedness, sharing statistical and other data on elderly populations, establishment of disaster advocacy and outreach programs, and making congregate and home delivered meals programs available to the general public during a disaster.

To help meet these obligations, to ensure business continuity and to meet the needs of older citizens in an emergency, the Area Agency on Aging is required to develop an emergency disaster plan, that supports ICOA`s emergency disaster plan.

Basic Components of an Area-Wide Disaster Plan:

1. Name, title, and contact information of AAA person responsible for implementation of area's Disaster Plan:

NAME	TITLE/POSITION	TELEPHONE / EMAIL
Morgan Nield	Senior Services Director	208-522-5391 Ext. 1052/mnield@eicap.org

2. Names, titles and duties of other AAA staff with Emergency Assignments:

NAME (AAA STAFF)	TITLE/POSITION	TELEPHONE	EMERGENCY ASSIGNMENT
Jay Doman	Executive Director	208-522-5391	Contact employees and support Senior Services Director

Casie Adams	Contracts Manager	208-522-5391	Contact contractors
Jennifer Keith	Operations Manager	208-522-5391	Coordinate incoming calls & messages and link clients to resources
Tera Fellows	Ombudsman	208-522-5391	Coordinate Skilled Nursing & Assisted Living Centers
Ruby Messerli	Intake Specialist	208-522-5391	Coordinate Spanish speaking incoming calls & messages
Brian Payton	Intake Specialist	208-522-5391	Document all Events

3. Alternate AAA business location if primary office is inaccessible or uninhabitable:

LOCATION NAME AND ADDRESS	TELEPHONE / OTHER CONTACT NUMBERS
275 Stationery Place Rexburg, ID 83440	208-356-8849
955 Riverfront Dr., Suite A Salmon, ID 83467	208-756-3999 or 1-800-359-9163

4. Describe the AAA's process to have personal and community disaster preparedness information available for clients, services providers and the general public:

The Area VI AAA has a good working relationship with the Eastern Idaho Public Health (EIPH) Department, who is very involved in community disaster preparedness. In addition, the AAA attends regular Healthcare Coalition Meetings at EIPH, where emergency and disaster preparedness for the communities are discussed. Included in these meetings are physicians, first responders, local emergency coordinators, behavioral and mental health specialists, and representatives of EIPH. The AAA obtains community disaster preparedness information at these meetings and has this information readily available at the office. In addition, the AAA has partnering agencies that provide emergency access to information through Home Delivered Meals, Meal volunteers, in Congregate Meal Site settings, and through notifying registered consumers.

5. Local Emergency coordinators and Red Cross coordinators in EACH county or city with whom the AAA coordinates emergency planning for the needs of older citizens, and will collaborate during an emergency or disaster situation:

AGENCY NAME AND ADDRESS	COUNTY/ OTHER JURISDICTION	CONTACT NAME	PHONE / E-MAIL

Emergency Management Services 605 N Capital Ave. IF	Bonneville	Tom Lenderink	208-529-1223
Butte County Sheriff's Dept. 256 Grande Ave., Arco	Butte	Wes Collins	208-527-8553
Clark County Emergency Management 320 W. Main, Dubois	Clark	Russ Kerr	208-374-5403 208-768-7549
Custer County Disaster Coordinator PO Box 385, Challis	Custer	Michael Graham	208-833-6168
Fremont County Emergency Management 146 N. 2nd W., St. Anthony	Fremont	Keith G. Richey	208-624-1535
Jefferson County Emergency Management 134 N Clark, Rigby	Jefferson	Emily Cramer	208-745-0868
Lemhi County Emergency Services 206 Courthouse Dr., Salmon	Lemhi	Janet Nelson	208-756-2815 Ext. 266
Madison County CERT 145 E. Main, Rexburg	Madison	John Corpany	208-502-0742
Teton County Civil Defense 89 N Main, Driggs	Teton	Greg Adams	208-201-6898
American Red Cross 410 Memorial Dr. #204, Idaho Falls	Area VI	Trevor Covington	1-800-853-2570 Ext.702 208-243-0517 Cell

6.   Included clauses in contracts, grants and agreements with service providers describing and assuring their response during a disaster or emergency.

> The below language is in the Statement of Work for all of our in-home service providers:
>
> Training & Supervision:
>
> - All service worker shall receive an employee orientation from the provider before performing homemaker/respite/chore services. Orientation shall include the purpose and philosophy of the service review of necessary skills, program regulations, policies and procedures, proper conduct in relating to clients, and handling of confidential and emergency situations involving a client.
> - CPR: Service workers shall complete CPR training within three months of hire

and shall maintain certification thereafter.
- In-Service Training: Providers shall annually provide service workers with a minimum of ten hours training, including CPR, for the purpose of upgrading their skills and knowledge.
- Supervision: All Providers shall maintain written job descriptions for service workers and shall have written personnel policies. All service workers shall receive an annual performance evaluation. Service worker supervisors shall be available to service workers during work hours to discuss changes in clients' circumstances, to resolve problems with schedules, or to respond to emergencies.

Medical Emergencies:

- In case of a medical emergency, the service worker shall immediately call 911 or the available local emergency medical services and, if appropriate, shall initiate CPR.

7. List service providers of major programs (transportation, nutrition, homemaker, etc.) with whom the AAA will coordinate emergency services.

SERVICE PROVIDER NAME AND ADDRESS	COUNTY/ OTHER JURISDICTION	CONTACT NAME	PHONE / E-MAIL
Ashton Senior Center 52 Main Street Ashton, ID 83420	Fremont	Jackie	208-652-3594
Challis Senior Citizens Center, Inc. 695 Challis Cr Rd. Challis, ID 83226	Custer	Sheila Funk	208-879-6338
Idaho Falls Senior Center 535 W 21st St. Idaho Falls, ID 83402	Bonneville	Valisa Say	208-522-4357
Lost River Senior Center 555 S Water Street Arco, ID 83213	Butte	Joyce Collins	208-527-8296
Mackay Senior Citizens Inc. PO Box 413 Mackay, ID 83251	Custer	Otto or Betty Higbee	208-588-2105
Madison County Senior Citizens Center 41 S. 2nd W. Rexburg, ID 83440	Madison	Andrew Rail	208-356-0080

Rigby Senior Center 392 Community Ln. Rigby, ID 83442	Jefferson	Stephanie Butler	208-745-8211
Ririe Senior Citizens Center 395 Main Street Ririe, ID 83443	Jefferson/Bonneville	Jim Wilson	208-538-7313
Salmon Nutrition Site, Inc. 200 Main Street Salmon, ID 83467	Lemhi	Arla Boots	208-756-3556
South Fremont Senior Citizens, Inc. 420 N Bridge St., Ste. D St. Anthony, ID 83445	Fremont/Madison	Karolyn Hodge	208-624-3458
Senior West of the Tetons 60 S Main St. Driggs, ID 83422	Teton	Debra Parsons	208-354-6973
West Jefferson Senior Citizens 1075 E. 1500 N. Mud Lake, ID 83450	Jefferson	Shawna Bare	208-663-4916

8. Describe the AAA's process to identify homebound, frail, disabled, isolated and/or vulnerable clients who may need assistance in the event of a man-made or natural disaster:

> All recipients of Home Delivered Meals, Homemaker, and Respite Services have an addresses and/or directions to their home on file at the AAA in the database system. Those files also include listings of drugs and oxygen needs of clients per their annual assessments. The data base has client demographics and emergency contact information in order to determine the status of the individual that there may be a concern about.

9. Provide a process for "call downs" to service providers, nursing homes and residential care facilities, individual case management clients, etc., to check on their preparedness status and welfare in the event of an emergency:

> Refer to #2 above: Names, titles and duties of other AAA staff with Emergency Assignments.

10. Describe the AAA's process for intake and recording of information about the disaster related needs of older people, providing access to needed services, and follow-up during and beyond the recovery period.

The capability and extent of assistance the AAA`s are able to provide, in case of a disaster or emergency are limited. Primary to the mission is disaster relief and assistance. The first 24 hours of a disaster or emergency are key to accessing relief and assistance. In case of a disaster or emergency the following information should be recorded on any known victims:

- Name
- Home address
- Telephone number, if working
- Known health conditions
- Next of kin and telephone number
- Nature of need
- Location of individual if not at home

This information should be relayed to Bureau of Homeland Security (BHS) if rescue is required. The AAA Director should be made aware of all efforts accomplished by the ICOA and BHS.

It is imperative any contracted nutrition providers who provide commodities or meals during a disaster or emergency, keep extensive and accurate records of what was provided to whom, when, and under what circumstances and at whose direction. These services are reimbursable by the federal government if properly authorized but require good records in order to make a claim.

The AAA involved must be able to indicate how many older persons might be residing in a given area and pass this information onto the Idaho Commission on Aging.

11. Describe the AAA's process for staff and service providers to record employee's time and expenses associated with disaster related activities:

AAA staff and service providers must maintain accurate records during an emergency event, including time worked, emergency purchases made, personal miles driven for work purposes, as well as noteworthy benchmark activities, instructions and information. These documents will be required for monetary reimbursement and payroll, and be invaluable after the event in order to improve emergency preparedness plans.

Refer to Example below: necessary to apply for reimbursement in the event of a presidential disaster declaration

Authorized Peron's Name: _____

Date	Time Worked	Emergency Purchases Made	Purpose of Purchase	Costs of Emergency Purchase	Personnel Miles Driven	Store Purchase made and Location	Receipt Required	Instructions & information	Instructions Came From

12. Describe activities the AAA will undertake during the contract period to expand emergency preparedness of the Aging Network within the PSA (i.e. attend LEPC meetings, work with local emergency management officials to advocate for inclusion of older citizens' needs in emergency planning, establish CERT Training in senior centers, make 72-hour kits available for homebound clients, establish "call-down' lists and procedures to be used during emergencies, include emergency preparedness activities in contracts with providers, etc.)

- We will attend Emergency Management Meetings (East Idaho Volunteer Organizations Active in Disasters EIDVOAD) and Emergency Preparedness Meetings to continue to forge relationships with those individuals in addition to the Department of Homeland Security. We will also work to update our call down lists annually.
- AAA will research grant opportunities to purchase 72 hour kits (or coordinate with the local Humanitarian Center) that can be distributed to seniors. Excess kits will be kept at the AAA or senior centers.
- AAA will contact the senior centers in the area to identify person who wish to become CERT trained.
- AAA will contact senior centers to assist them in organizing call down lists.

Emergency Preparedness for Idahoans

Idaho is a state with a large area. Idaho's most noteworthy natural disasters are flooding, wildfires and earthquakes, according to a report released by the Idaho Bureau of Homeland Security. Being prepared for any disaster could save time and lives.

Stocking up now on emergency supplies can add to your safety and comfort during and after any natural disaster. Store enough supplies for at least 72 hours.

Emergency Supply Checklist:

Survival

❖ Water-2 quarts to I gallon per person per day
❖ First aid kit, freshly stocked
❖ Food {packaged, canned, no-cook and baby food and food for special diets)
❖ Blankets or sleeping bags
❖ Portable radio flashlight and spare batteries
❖ Essential medication and glasses
❖ Fire extinguisher
❖ Money

Sanitation Supplies

❖ Soap and liquid detergent
❖ Toothpaste and toothbrushes
❖ Feminine and infant supplies
❖ Toilet paper
❖ Household bleach

Personal

❖ ID
❖ Will
❖ Insurance
❖ Credit cards
❖ Passport
❖ Green card
❖ Family records

Safety and Comfort

❖ Sturdy shoes
❖ Heavy gloves for clearing debris
❖ Candles and matches
❖ Knife or razor blades
❖ Tent
❖ Gun and ammunition

Cooking & Tools

❖ Camp stove, propane appliances
❖ Fuel for cooking (camp stove fuel, etc.)
❖ Paper towels
❖ Pot for cooking
❖ Shovel and chainsaw

Emergency Supplies to Be Stored:

After a major earthquake, electricity, water and gas may be out of service. Emergency aid may not reach you for several days. Make sure you have the following items in your home, at your office or in your car.
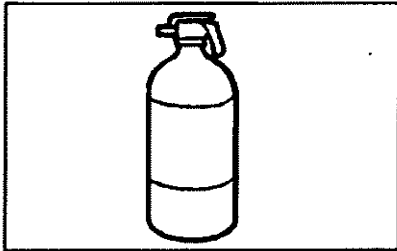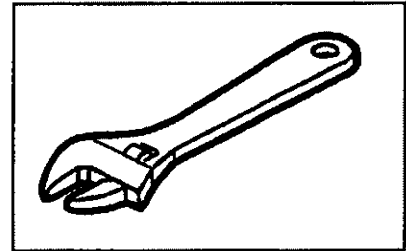

Fire extinguisher

Your fire extinguisher should be suit-able for all types of fires and should be easily accessible.
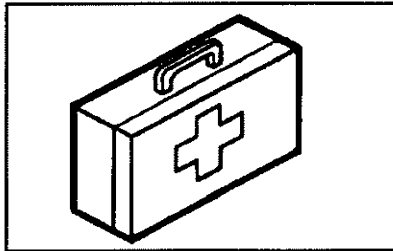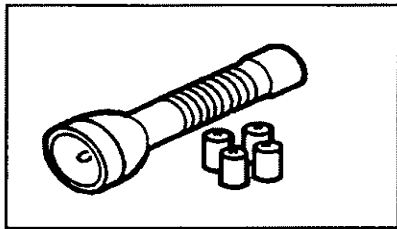

First aid kit

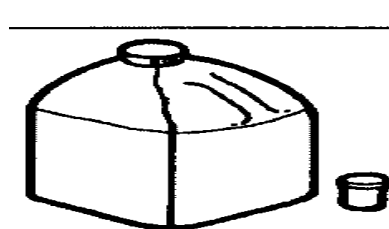Put your first aid kit in a central location and include emergency instructions.


Wrench

Have crescent or pipe wrench to turnoff gas and water valves if necessary.


Flashlight and extra batteries: Keep flashlights in several locations in case of a power failure. Extra batteries last longer if you keep them in the refrigerator.

Water and disinfectant Store several gallons of water for each person. Keep a disinfectant such as iodine tablets or chlorine bleach to purify water if necessary.
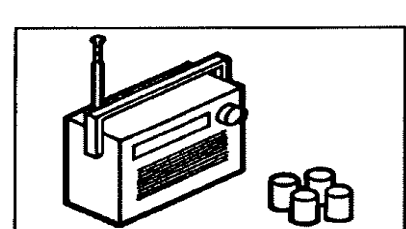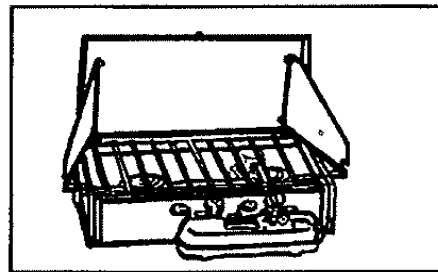

Radio and extra batteries Transistor radios will be useful for receiving emergency broadcasts and current disaster information.
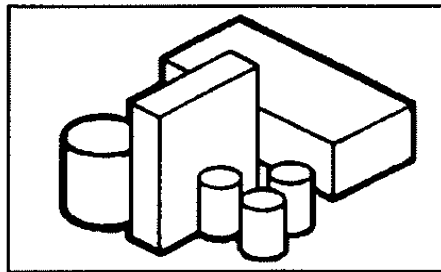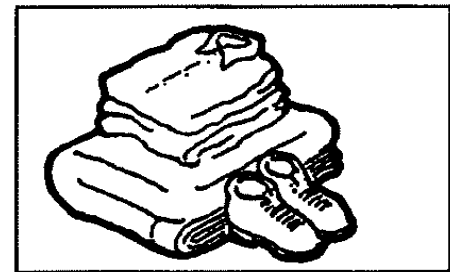

Dry or canned food

Store a one-week supply of food for each person. It is preferable to store food that does not require cooking.

Alternate cooking source Store fuels and appliances and matches for cooking in case utilities are out of service.

Blankets, clothes and shoes Extra blankets and clothing may be required to keep warm. Have shoes suitable for walking through debris.

Recommended Items to Include in a Basic Emergency Supply Kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation.
- Food, at least a three-day supply of non-perishable food.
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both.
- Flashlight and extra batteries.
- Rain proved matches and a candle.
- First aid kit.
- Whistle to signal for help.
- Moist towelettes, garbage bags.
- Wrench or pliers to turn off utilities.
- Cell phone with solar charger or Spot unit.

Additional Items to Consider Adding to an Emergency Supply Kit:

- Prescription medications and glasses.
- Infant formula and diapers.
- Pet food and extra water for your pet.
- Sleeping bag or warm blanket for each person.
- Household chlorine bleach and medicine dropper- When diluted nine parts water to one ppart part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.

Pandemic Influenza &Emergency Preparedness:

Pandemic Flu

Pandemic Flu
Rarely happens (three times in 20th century)
People have little or no immunity because they have no previous exposure to the virus
Healthy people may be at increased risk for serious complications
Health care providers and hospitals may be overwhelmed
Vaccine probably would not be available in the early stages of a pandemic
Limited supplies http://www.cdc.gov/flu/antivirals/whatyoushould.htm
Number of deaths could be high (The U.S. death toll during the 1918 was approximately 675,000 http://wwwnc.cdc.gov/eid/article/12/1/05-0979_article)
Symptoms may be more severe
May cause major impact on the general public, such as widespread travel restrictions and school or business closings
Potential for severe impact on domestic and world economy

Plan for a Pandemic:

- Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.

- Periodically check your regular prescription drugs to ensure a continuous supply in your home.

- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.

- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.

- Volunteer with local groups to prepare and assist with emergency response.

- Get involved in your community as it works to prepare for an influenza pandemic.

Make a Pet Disaster Supply Kit:

Your pet depends on you for care after a disaster. The following are items you should place in a pet disaster supply kit. Prepare your kit before a disaster occurs.

Pet Emergency Supplies:

- Sturdy crate as a pet carrier.
- Identification tag containing accurate, up-to-date information.
- A sturdy leash.
- Food and water for at least three days.
- Large plastic bags for cat litter disposal and dog clean up.
- Prescriptions and special medications.
- A copy of your pet's veterinary records.
- Recent photo of your pet.
- Blankets.
- Phone number of the local emergency veterinary clinic.
- Phone number of your local and county animal shelter.

Pet First Aid:

- Large and small bandages.
- Tweezers.
- Q-tips.
- Antibiotic ointment.
- Scissors.
- Elastic tape.
- Ear cleaning solutions.
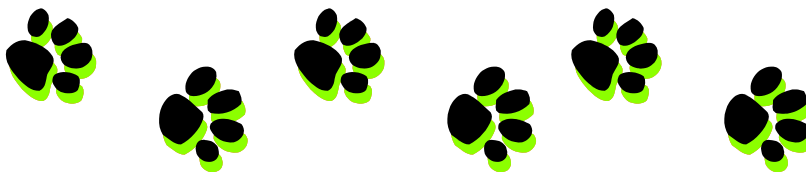
Information Specific for people who are deaf or hard of hearing:

Hearing Aides

- Store hearing aid(s) in a consistent and secured location so they can be found and used after a disaster.

Batteries

- Store extra batteries for hearing aids and implants. If available, store and extra hearing aid with your emergency supplies.

- Maintain TTY batteries. Consult your manual for information.

- Store extra batteries for your TTY and light phone signaler. Check the owner's manual for proper battery maintenance.

Communication

- Determine how you will communicate with emergency personnel if there is no interpreter or if you don't have your hearing aids. Store paper and pens for this purpose.

- Consider carrying a pre-printed copy of important messages with you , such as: "I

  Speak American Sign Language (ASL) and need an ASL interpreter.

- If possible obtain a battery-operated television that has a decoder chip for access to signed or captioned emergency reports.

- Determine which broad casting systems will be accessible in terms of continuous news that will be captioned and/or signed. Advocate so that television stations have a plan to secure emergency interpreters for on-camera emergency duty.

Special Considerations for Those with a Disability:

- Find two friends or family members that would be willing to help you in the event of evacuation and know how to operate equipment you might need.
- Learn what to do in case of power outages and personal injuries. Know how to connect or start a back-up power supply for essential medical equipment.
- Learn your community's evacuation routes.
- Listen to battery-operated radio for emergency information.

Disaster Supply Kit:

- In addition to the general supply kit listed above persons with disabilities might want to include:
- Extra wheelchair batteries, oxygen, medication, catheters, food for guide or service dogs, or other special equipment you might need.
- A stock of non-perishable food items that may be necessary for diet restrictions.
- A list of the style and serial numbers of medical devices such as pacemakers.
- Store back-up equipment, such as a manual wheelchair, at your neighbor's home, school, or your workplace.
- If preparation is done ahead of time the following are suggestions on how you can prepare for an evacuation easier in regards to special consideration when caring for persons with disabilities and elderly caring for those with special needs:

Special Checklist Considerations:

- Remember your special needs family member or friend is under stress and may be preoccupied during the event of an evacuation and may not pack everything they need. Following is a checklist of important items to remember in an evacuation in addition to the checklist stated above.
- Have a list of all prescription medications; times they are to be take, and an extra supply of this medication.
- Have the names and phone numbers of their doctors, pharmacy and home health agency.
- Pack all of their personal hygiene articles, including denture cleansers and adhesives.

When Do You Get Involved?

Citizen Corps actively involves citizens in making our communities and our nation safer, stronger, and better prepared. We all have a role to play in keeping our hometowns secure from emergencies of all kinds. Citizen Corps works hard to help people prepare, train, and volunteer in their communities. **What role will you play?** Being ready starts with you, but it also takes everyone working together to make our communities safer. Citizen Corps provides a variety of opportunities for you to get involved. You can provide valuable assistance to local fire stations, law enforcement, emergency medical services, and emergency management. Get connected to disaster volunteer groups through your local Citizen Corps Council, so that when something happens, you can help in an organized manner. Citizen Corps programs build on the successful efforts that are in place in many communities around the country to prevent crime and respond to emergencies. You can join the Citizen Corps community by:

- Volunteering for local law enforcement agencies through the Volunteers in Police Service (VIPS) Program.

- Being part of a Community Emergency Response Team (CERT) to help people immediately after a disaster and to assist emergency responders.

For further information go to:

www.citizencorps.gov

www.fema.gov

www.bhs.gov

The next time disaster strikes, you may not have much time to act. Prepare yourself for a sudden emergency. Learn how to protect yourself and cope with disaster by planning ahead. This will help you get started. Discuss these ideas with your family, and then prepare an emergency plan. Post the plan where everyone will see it. For additional information about how to prepare for hazards in your community, contact your local emergency management or civil defense office and American Red Cross chapter.

Emergency Checklist:

❖   Call your Emergency Management Office or American Red Cross Chapter.
❖   Find out which disasters could occur in your area.
❖   Ask how to prepare for each disaster.
❖   Ask how you would be warned of an emergency.
❖   Learn your community`s evacuation routes.
❖   Ask about special assistance for children, elderly or disabled persons.
❖   Ask your workplace about emergency plans.

Create an Emergency Plan:

❖   Meet with household members to discuss emergency cases.
❖   Find the safe spots in your home for each type of disaster.
❖   Show family members how to turn off the water, gas and electricity at main switches when necessary.
❖   Have emergency phone numbers near to you.
❖   Teach persons when and how to use 911.
❖   Pick an emergency meeting place.
❖   Take a First Aid and CPR class.

Appeals Template 1 for Denials: Client Determined Ineligible

EASTERN IDAHO COMMUNITY ACTION PARTNERSHIP

P.O. Box 51098
935 E. Lincoln Rd
Idaho Falls, Idaho 83405
(208) 522-5391
FAX (208) 522-5453
1-800-632-4813

Date: 09/07/2017

PSA Address: P.O. Box 51098, 935 Lincoln Road Idaho Falls , ID, 83405

Applicant Name
Applicant Address

Dear Applicant,

Recently you contacted our agency for (Service Type listed in GetCare) service, but were determined ineligible because (Reason for Denial listed in GetCare).

If you disagree with this decision, please submit a written appeal's letter to the AAA Director requesting reconsideration within 30 days of receiving the denial notification. The AAA Director will review the appeal and all related documentation and make a decision within 10 business days of receiving the letter.

If the dispute remains unresolved, you may file your appeal with the Idaho Commission on Aging (ICOA) within 30 days following the AAA Director's decision. ICOA will establish a complaint file containing all participant case information: the appeals statement, chronological log of events, relevant correspondence, and a record of the resolution attempted. Depending on the nature of the complaint, the ICOA Administrator will render a final determination.

PSA 6 - Eastern Idaho Community Action Partnership
P.O. Box 51098, 935 Lincoln Road Idaho Falls , ID, 83405
208-522-5391

Idaho Commission on Aging
PO Box 83720, Boise, ID 83720-0007
(208)-334-3833 Fax: 208-334-3033
icoa@aging.idaho.gov

Appeals Template 2 for Denials: Determined Eligible, but no available service or funding

EASTERN IDAHO COMMUNITY ACTION PARTNERSHIP

P.O. Box 51098
935 E. Lincoln Rd
Idaho Falls, Idaho 83405
(208) 522-5391
FAX (208) 522-5453
1-800-632-4813

Date: 09/07/2017

PSA Address: P.O. Box 51098, 935 Lincoln Road Idaho Falls, ID, 83405

Applicant Name
Applicant Address

Dear Applicant,

Recently you contacted our agency for (Service Type listed in GetCare) service. Although you were determined eligible, there is a lack of available service personnel or funding and per your request have (Reason For Waitlist listed in GetCare).

If you disagree with this decision, please submit a written appeal's letter to the AAA Director requesting reconsideration within 30 days of receiving the denial notification. The AAA Director will review the appeal and all related documentation and make a decision within 10 business days of receiving the letter.

If the dispute remains unresolved, you may file your appeal with the Idaho Commission on Aging (ICOA) within 30 days following the AAA Director's decision. ICOA will establish a complaint file containing all participant case information: the appeals statement, chronological log of events, relevant correspondence, and a record of the resolution attempted. Depending on the nature of the complaint, the ICOA Administrator will render a final determination.

PSA 6 - Eastern Idaho Community Action Partnership
P.O. Box 51098, 935 Lincoln Road Idaho Falls , ID, 83405
208-522-5391

Idaho Commission on Aging
PO Box 83720, Boise, ID 83720-0007
(208)-334-3833 Fax: 208-334-3033
icoa@aging.idaho.gov

Appeals Template 1 for Terminations (Note, if a person died, only document in the note section of the client file. Do not send a letter)

EASTERN IDAHO COMMUNITY ACTION PARTNERSHIP
P.O. Box 51098
935 E. Lincoln Rd
Idaho Falls, Idaho 83405
(208) 522-5391
FAX (208) 522-5453
1-800-632-4813

Date: 09/07/2017

PSA Address: P.O. Box 51098, 935 Lincoln Road Idaho Falls, ID, 83405

Applicant Name
Applicant Address

Dear Applicant,

You have been receiving (Service Type listed in GetCare) service, and this letter is to inform you that your service will be discontinued on **(Enter Day/Month/Year)** because (Reason For Termination listed in GetCare).

If you disagree with this decision, please submit a written appeal's letter to the AAA Director requesting reconsideration within 30 days of receiving the denial notification. The AAA Director will review the appeal and all related documentation and make a decision within 10 business days of receiving the letter.

If the dispute remains unresolved, you may file your appeal with the Idaho Commission on Aging (ICOA) within 30 days following the AAA Director's decision. ICOA will establish a complaint file containing all participant case information: the appeals statement, chronological log of events, relevant correspondence, and a record of the resolution attempted. Depending on the nature of the complaint, the ICOA Administrator will render a final determination.

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(208)-334-3833 Fax: 208-334-3033
icoa@aging.idaho.gov

(For clients whose home is hazardous to the service provider (make sure to get prior notification of the AAA Director with final approval being at the discretion of the AAA Director)

(For clients behavior is a threat to the service provider (make sure to get prior notification of the AAA Director with final approval being at the discretion of the AAA Director)

(For clients who refuse to pay cost share (this is only for homemaker, respite or chore when only state funds are being used for the program)

IDEAS FOR CARING FOR AN OLDER PARENT, SPOUSE or LOVED ONE
IN-HOME SERVICES --- HELP COMES TO YOUR HOME!

As we grow older and our health needs increase, we prefer to have services in our own homes. Fortunately, more and more services are now available. Below is a list of services that include: a brief description of each service and some groups or organizations that can provide the service. Please note that some services may have a fee, while other services are free or encourage donations. ***Some fees may be paid for by Medicare, private insurance, Medicaid or private pay.*** Please contact your local **Area Agency on Aging** for more information: **Idaho Falls Office: 208-522-5391, 1-800-632-4813**

Reassurance Call: A daily phone call to a senior by a volunteer, to be sure the person is doing well.
Provided by: 1.Local Senior Center (*free or donation*)
     or   2. Local faith-based organizations

Emergency Telephone Service Connection: A special telephone line connected to a call center to call identified friends or relatives in cases of emergency. A personal response service.
Provided by: 1. Private providers: Walmart; Lifelink, AssureLink Phillips Lifeline, etc. (*private pay, Medicaid/HCBS if eligible*)
     Or 2. Private Telephone Service set up (e.g. Radio Shack) (*private pay*)

Homemaker: A program that can provide housekeeping, grocery shopping, and other limited household tasks. Some services may include limited bathing assistance.
Provided by: 1. Area Agency on Aging (*sliding fee scale with grant)*
    Or 2. Private individuals/organizations (*private pay*, *Medicaid/HCBS*)

Chore Service: A service that provides inside or outside work on the home to keep the home safe (e.g. snow removal, one-time clean up)
Provided by: 1. Area Agency on Aging *(free)*
     2. Local Service organizations/groups (*Boy Scouts, Lions, etc*)
    or   3. Private individuals or businesses *(private pay, Medicaid/HCBS)*

Home Delivered Meals: A program that provides lunches to homebound individuals or couples on a regular basis.
Provided by: 1. Local Senior Center (*donation, Medicaid/HCBS)*
    or   2. Private companies/restaurants/people (*private pay)*

Respite & Adult Day Care: A program that gives family members who are caring for an ill parent or spouse a needed break so they can rest or do other things. Respite provides a person in the home. Adult day care requires the ill person to go to an appropriate care facility.
Provided by: 1. Area Agency on Aging (*sliding fee*)
    or   2. Private individuals/organizations (*private pay, Medicaid/HCBS*)

Case Management: A program that assesses the needs of person and then locates

and coordinates services to help person stay in his/her home. Other names for this service are Care Coordination or Social Services.
Provided by: 1. Area Agency on Aging. (Special rules may apply) (*free*)
               2. Private individuals/organizations (*Medicare, Medicaid, or private pay*)

Home Health: A program that provides skilled nursing care; physical, occupational, or speech therapies; may also include bathing and/or dressing assistance. Home health is offered by various private organizations offering home health care programs. Each program has different requirements and offers different services. *(The program may be paid for by Medicare, Medicaid, private insurance or private pay.)*

      Medicare is the health insurance program administered by the FEDERAL government that may pay for this program in full, if you meet all the requirements. Home Health requirements include: 1. a Doctor's order;
2. the need for a skilled medical need (e.g. skilled nurse, physical therapy, diabetic education, etc.);
3. the skilled need must be ordered for a limited time; and
4. you must be homebound.
      Private health insurance may cover certain parts of home health. Check your policy.

Personal Care Services (PCS): A program that may provide a number of services including: bathing, dressing, grocery shopping, housekeeping, meal preparation, medication monitoring, exercise, etc. There are various private organizations offering personal care programs. Each program has different requirements and offers different services. *(The program may be paid for by Medicaid, private insurance or private pay.)*

      Medicaid is the health insurance administered by the State of Idaho. ***Medicaid*** may pay for Personal Care Services if you already have a Medicaid Card or if you need a combination of the above services to prevent you from going into a nursing home. This Medicaid program is called the **Home and Community Based Services (HCBS) Program.** This program allows aged or disabled individuals to receive services in their home, preventing nursing home placement. The program requirements include: (1) need for care, (2) a limited **individual** monthly income and (3) limited resources. This program has other names such as: an alternative to nursing home care, custodial care, chronic care, or the Medicaid "Waiver Program". **Please be aware that there are special rules for couples, if only one spouse needs care.** Also be aware that certain resources are exempt such as the house you live in, your car and certain irrevocable burial plans. Contact your local Health & Welfare Office for information and an application.

      Private insurance may cover certain portions of personal care service. Check your policy.
      Veterans Administration has a special program called "Aid and Attendance". If you are a veteran or your spouse was a veteran contact your local Veterans Affairs Office to see if you are eligible.
      Private Pay: Once all other options are exhausted most of these services are available though private pay.

Hospice: This is a team approach to care for a terminally ill person and their family. These services are offered by Home Health and Hospice Agencies. Services are available in homes, assisted living centers and skilled nursing facilities. (*Medicare, Medicaid, insurance and/or donation.*)   8/14

LICENSED RESIDENTIAL and ASSISTED LIVING FACILITIES
The area includes: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton Counties

The following facilities provide assisted living care for older people, people with a diagnosis of dementia, people with physical disabilities or people with a mental health diagnosis, within these nine counties. When selecting a facility for yourself or a loved one, remember to call the facility to set up an appointment to tour and to have a meal so that you can determine if you or your loved one would be comfortable living there. Some of these facilities provide adult day care or respite as space is available.

The State of Idaho's Department of Health and Welfare visits each assisted living facility on a regular basis. You can view a copy of the findings at each facility. You can view or download a copy at: www.facilitystandards.idaho.gov . Scroll to Survey Results Index. Scroll to Residential and Assisted Living Facilities (RALF). Then identify the facility of choice.

For more information about the facilities, what to look for when selecting a facility, or volunteering; contact your local Ombudsman:

Tera Fellows, Long Term Ombudsman
Eastern Idaho Community Action Partnerships (EICAP)
Area VI Agency on Aging
935 East Lincoln Road- P.O. Box 51098
Idaho Falls, ID 83405
(208) 522-5391 or 1-800-632-4813
tfellows@eicap.org

Facilities in the Idaho Falls area are marked with an asterisk (*).

ANTELOPE CREEK LIVING CENTER
3668 West 3700 North
Darlington, ID 83231
208-588-2700   Contact: Trenna Bowhay

BROADWAY FIELDS ASSISTED LIVING
178 & 185 Constellation Dr.
Idaho Falls, ID 83402
208-227-6760   Contact: Malynda Seiler

DISCOVERY CARE CENTER (Assisted Living)
600 Shanafelt
Salmon, ID 83467
208-756-8391   Contact: Steve Lish

*EAGLE ROCK ASSISTED LIVING
755 Lomax
Idaho Falls, ID 83401
208-552-2860   Contact: Ellen Avery

*FAIRWINDS/SANDCREEK

3310 Valencia Drive
Idaho Falls, ID 83401
208-542-6200   Contact: Kelly Martin

*THE GABLES
1405 Curlew Drive
Ammon, ID 83406
208-542-3400   Contact: Tammy Hall

THE GARDENS OF RIGBY
144 Stockham Blvd.
Rigby, ID 83442
208-745-7290   Contact: Amy Johnson

GOLDEN PINES SHELTER HOME
235 North 4200 East
Rigby, ID 83442
208-745-7454   Contact: Jill Williams

HERITAGE HOMES OF REXBURG
3685 Highway 33
Rexburg, ID 83440
208-356-7668   Contact: Susanna O

HOMESTEAD ASSISTED LIVING @ CARRIAGE COVE

410 W. 1st N.
Rexburg, ID 83440
208-356-9800   Contact: Garren Shakespear

HOMESTEAD ASSISTED LIVING OF REXBURG
408 West Main Street
Rexburg, ID 83440
208-656-8942   Contact: Sam Stoddard

HOMESTEAD ASSISTED LIVING OF ST. ANTHONY
610 North Bridge Street
St. Anthony, ID   83445
208-624-1088   Contact: Jenn Wood

*LILY HOME & SYRINGA HOMES
830/840 1st Street
Idaho Falls, ID 83401
208-522-2484/523-0302   Contact: Mary White

*LINCOLN COURT RETIREMENT COMMUNITY
850 Lincoln Drive
Idaho Falls, ID 83401
208-529-3456   Contact: Joe Huskinson

MEADOWS ASSISTED LIVING CENTER
16 Airport Road
Salmon, ID 83467
208-756-1043   Contact: Michelle or Jim Bingham

*MORNING STAR SENIOR COMMUNITY
4000 S. 25th East
Idaho Falls, ID 83404
208-522-1591   Contact: Glenda Stoddard

*MT. VERNON ASSISTED LIVING
3620 Potomac Way
Idaho Falls, ID 83404
208-528-0467   Contact: DawnRae Rider

*MONTICELLO ASSISTED LIVING
3616 Potomac Way
Idaho Falls, ID 83404

208-528-0467   Contact: DawnRae Rider

*PARKWOOD MEADOWS ASSISTED LIVING COMMUNITY
1885 Parkwood Street
Idaho Falls, ID 83401
208-523-7800   Contact: Kaddy Fyfe

*PINEBROOK OF IDAHO FALLS
1140 Science Center Drive
Idaho Falls, ID 83402
208-542-6856   Contact: Michelle Mori

RIGBY COUNTRY LIVING CENTER
4202 East 300 North
Rigby, ID 83442
208-745-9096 Contact: Jill Williams

SAFE HAVEN ASSISTED LIVING FACILITY
1050 N. Clinic Road
Challis, ID 83226
208-879-3030   Contact: Lisa Stucker

SAGE GROVE ASSISTED LIVING
290 N. 4064 E.
Rigby, ID 83442
208-745-6229   Contact: Amy Rackham

TETON PEAKS ASSISTED LIVING
655 Valley Center Drive
Driggs, ID 83422
208-354-0263   Contact: Michelle Pacheco

TETON VALLEY ASSISTED LIVING HOME
P.O. Box 319; 73 West 900 South
Victor, ID 83455
208-787-2861   Contact: Clint & Lori Calderwood

*TURTLE & CRANE ASSISTED LIVING
1950 East First Street
Idaho Falls, ID 83406
208-557-0186   Contact: Sheila Bates

Assisted living 5/16

LICENSED AND CERTIFIED SKILLED NURSING FACILITIES of EASTERN IDAHO

The area includes: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton Counties. The following facilities provide skilled nursing and therapy services. You can find their latest

annual review, staffing information, resident demographics and problem areas on the medicare.gov website. The complete survey can be found on the Idaho.gov/health and welfare website. When selecting a facility, use a checklist and be sure to visit and try a meal.

ASHTON LIVING CENTER
P.O. Box 838; 700 North 2nd East
Ashton, ID 83420
208-652-7461; Administrator: Shon Sholberg

DISCOVERY CARE CENTER
600 Shanafelt
Salmon, ID 83467
208-756-8391; Administrator: Steve Lish

EASTERN IDAHO REGIONAL MEDICAL CENTER:
TRANSITIONAL CARE UNIT (TCU)
3100 Channing Way
Idaho Falls, ID 83403-2077
208-529-7690; Administrator: Renae Oswald

GOOD SAMARITAN SOCIETY, IDAHO FALLS VILLAGE
840 East Elva
Idaho Falls, ID 83401
208-523-4795; Administrator: Remick Clark

LIFE CARE OF IDAHO FALLS
2725 East 17th
Idaho Falls, ID 83406
208-529-4567; Administrator: Landon

MADISON CARRIAGE COVE SHORT STAY REHAB
410 W. 1st N.
Rexburg, ID 83440
208*359-7676; Administrator: Trevor Cardon

PROMONTORY POINT
3909 S. 25th East
Ammon, ID 83406
208-528-4000; Administrator: Tyler Fackrell

REXBURG CARE & REHAB
660 South 200 West
Rexburg, ID 83440
208-356-0220; Administrator: Monte Jones

TETON POST ACUTE CARE & REHABILITATION
3111 Channing Way
Idaho Falls, ID 83404
208-529-0067; Administrator: Joshua Bowman

For more information about these and other long term care facilities in your area, contact your local Long Term Care Ombudsman at 208-522-5391 or 1800-632-4813, ombudsman@eicap.org.

Area VI AAA Termination and Denial of Services Procedures

If the CONSUMER chooses to terminate services:
- If a consumer calls I&A to inform the AAA of their desire to discontinue services or if I&A is already on the phone doing a Follow-Up or Review Assessment and the consumer indicates that they want to discontinue services, the I&A worker will need to indicate this in the notes section in the call log and submit it for a file review for Operations Manager. I&A will also need to contact the provider to inform them of the consumer's choice to discontinue services.
- The Operations Manager will see the file review in SAMS, complete the file review and close out the file. Operations Manager will then generate and send off a termination letter to the consumer. ***Consumers do NOT need to be given a two week notice if they are the ones initiating the discontinuing of services. For consumers who are terminating meals, the close out date of their file will need to be the last day of that month (so that they will still show up on the senior center's rosters for billing purposes for that month).*** Operations Manager will just indicate on the termination letter that services were discontinued on the day that the consumer informed us that they no longer desired services. The Operations Manager will also notify the Contracts Manager of this closure via email.
- If a consumer indicates that they would like to discontinue services, a complaint form does NOT need to be filled out (as there will be documentation in the notes section as to why the consumer wished to discontinue services).
- The only time a termination letter does not need to be sent is if the consumer passes away.

If the service provider informs the AAA that a consumer has terminated services:
- Contracts Manager will communicate to all providers that they will need to contact and inform the Contracts Manager (rather than I&A) ASAP of any consumer driven terminations (i.e. due to death, consumer moves out of the area, is placed in assisted living, consumer no longer desires the service, etc.) they are aware of, rather than waiting to notify the AAA of changes once per month when they submit their billing.
- After the provider notifies Contracts Manager of a consumer deciding to terminate services the Contracts Manager, Operations Manager, or I&A will contact the consumer to confirm that they indeed do want to discontinue the service. Once this has been confirmed, the Operations Manager will do a file review, generate and send off a termination letter to the consumer and close out that consumer's file.
- The only time a termination letter does not need to be sent is if the consumer passes away.

If the SERVICE PROVIDER desires to discontinue services:
- Contracts Manager will communicate to all providers that they will need to contact and inform the Contracts Manager (rather than I&A) ASAP if they desire to discontinue providing services due to the consumer being chronically absent when meals or services are scheduled to be delivered, if the consumer is being verbally abusive to staff, etc. ***The provider does not have the ability to terminate services for a consumer (although they can chose to no longer work with that individual if there is a health or safety risk). It is the responsibility of the AAA to determine if services need to be terminated completely, or if the consumer is offered the option of choosing a different provider.***
- Contracts Manager will ask for documentation from the provider as to why they are requesting to discontinue services and will discuss this with the AAA Director.

- Based on the information provided by the provider and after examination of the rules and guidelines for terminating services, a decision will be made by the AAA Director regarding whether it is necessary to terminate the consumer's services entirely, or if the consumer has the option of choosing a different provider.
- If the decision is made to terminate the consumer's service, the AAA Director will inform both the Operations Manager and the Contracts Manager and the following will take place:
    1. The Contracts Manager will submit a file review to the Operations Manager.
    2. The Operations Manager will complete the file review, generate and mail off a Termination Letter, and inform the Contracts Manager of the consumer's termination date (they must be given a 2 week notice). During this two week period, services must continue (unless the provider refuses to continue to provide services due to a health or safety risk). This two week period also allows the consumer to appeal the decision of termination of services in writing.
    3. The Contracts Manager will contact and communicate the consumer's termination date to the provider.
- Terminations are staffed and determined on a case by case basis by the AAA Director and should follow policies and procedures if the issue is due to non-compliance. Should an individual's services be terminated and they either appeal the decision or desire to start services up again at a later time (within one year of services being terminated), this needs to be staffed with Operations Manager and AAA Director. Depending on the circumstances, the individual may be given a second chance to utilize services, granted that they comply with policies and expectations outlined in Provider Contracts. If an individual's services have to be terminated 2 times due to non-compliance or for other reasons, the AAA Director may choose to cancel AAA services permanently for that individual.

Things to keep in mind:
- Any communication regarding follow up that I&A need to do should come directly from their supervisor—the Operations Manager. If there is anything that the Contracts Manager needs to have I&A follow up on, they will email the Operations Manager directly, and the Operations Manager will assign the task to one of the I&A workers.
- If Contracts Manager needs clarification about something, and no follow-up needs to be done/task needs to be completed, they can simply just email or call I&A directly.
- Any voicemails or emails regarding major COMPLAINTS from providers that I&A receive should be forwarded directly to the Contracts Manager.
- Any voicemails or emails regarding major COMPLAINTS from consumers that I&A receive should be forwarded directly to Operations Manager.
- Contracts Manager and Operations Manager will communicate with each other if they have to deal with any major complaint or concern regarding a provider or a consumer.
- Operations Manager will be the one to generate and mail off ALL termination and denial letters.

In addition, the below language in included on all of the Termination and Denial Letters that the AAA sends out:

RIGHT TO APPEAL

You have the right to appeal this agency initiated termination (or denial) to the Area Agency on Aging (AAA) Director at the Eastern Idaho Community Action Partnership P.O. Box 51098, Idaho Falls, ID 83405. You must request a "fair hearing" in writing, thirty days (30) from receipt of this Notice of Termination. If the dispute remains unresolved at that level, a written complaint may be filed with the Idaho Commission on Aging (ICOA) within thirty days (30) following AAA's decision. At that time, the Idaho Commission on Aging will establish a complaint file which contains all participant case file information, the complaint statement, and chronological log of events, relevant correspondence, and a record of the resolution attempted. Depending on the nature of the complaint, the ICOA Administrator will render a decision for final determination.

AREA VI AGENCY ON AGING
Serving Eastern Idaho
Community Needs Assessment

We appreciate your responses to the following questions so that we can best determine how to allocate funding for services to help seniors in our nine county planning and service area of Eastern Idaho.

1. What city do you live in?

City _____

2. What county do you live in?

County _____

3. What is your gender? Male _____   Female _____

4. What is your age? _____

5. Are you a veteran? Yes _____   No _____

6. Are you the spouse of a veteran? Yes _____   No _____

7. Are you: (Please circle one)
   a. Widowed
   b. Divorced
   c. Single
   d. Married

8. Is your income: (Please check one)

   Below $990 per month   _____

   Between $991 and $1,237 per month   _____

   Between $1,238 and $1,485 per month   _____

   Over $1,486 per month   _____

9. How many people, including yourself, live in your household? _____

10. Who lives with you? (Check all that apply)
   _____Spouse (wife/husband)   _____Other relative(s)

The Area VI Agency on Aging is funded by the Administration for Community Living (ACL) and the Idaho Commission on Aging (ICOA).

_____Significant other   _____Unrelated adults/friends

_____At least one child   _____Grandchildren/Great-grandchildren

_____Child(ren) and his/her/their family   _____Parents

_____Other_____   _____Live by myself

11. Are you retired? Yes _____   Semi-retired _____   No _____

12. Do you have ongoing, adequate access to food? Yes _____   No _____

13. Do **you need help** with any of the following activities? (Mark all that apply)
   ___Personal care such as bathing, dressing, toileting

   ___Transportation

   ___Housekeeping

   ___Meal Preparation

   ___Shopping

   ___Emotional Support

   ___Financial Assistance (do not have enough money to pay for the necessities)

   ___Money Management (unable to decide what to pay or need help writing checks)

   ___Companionship

   ___Chore or yard care

   ___Medicare, Medicaid, or other Insurance issues

   ___Assistance with medications

   ___Legal assistance

   ___Dental, Vision or Hearing

   ___Housing

   ___Caregiving

   ___Access to Mental Health Services

   ___Access to Medical Health Care

   ___I do not need assistance, Go to Question 15

   ___Other _____

14. If assistance is needed, and you are not receiving it, is it because: (Mark all that apply)

    ___ I do not know what is available in our community

    ___ I do not have family, friends, neighbors, or church support available

    ___ I do not want to ask for help

    ___ I am afraid to ask for help because someone may say I should be in a facility

    ___ I do not have enough money to pay for help

    ___ I do not want to pay for help

    ___The help I need is not available in our area

     Please explain: _____

    ___Other _____

15. Does **someone you know need help** with any of the following activities? (Mark all that apply)

    ___Personal care such as bathing, dressing, toileting

    ___Transportation

    ___Housekeeping

    ___Meal Preparation

    ___Shopping

    ___Emotional Support

    ___Financial Assistance (do not have enough money to pay for the necessities)

    ___Money Management (unable to decide what to pay or need help writing checks)

    ___Companionship

    ___Chore or yard care

    ___Medicare, Medicaid, or other Insurance issues

    ___Assistance with medications

    ___Legal assistance

    ___Dental, Vision or Hearing

    ___Housing

    ___Caregiving

    ___Access to Mental Health Services

___Access to Medical Health Care

___They do not need assistance, go to Question 17

___Other _____

16. If assistance is needed, and they are not receiving it, is it because: (Mark all that apply)

___They do not know what is available in our community

___They do not have family, friends, neighbors, or church support available

___They do not want to ask for help

___They am afraid to ask for help because someone may say they should be in a facility

___They do not have enough money to pay for help

___They do not want to pay for help

___The help they need is not available in our area

Please explain: _____

___Other _____

17. If you needed assistance, is there someone you could call for help?

___No
___Yes, a family member
___Yes, a friend or neighbor
___Yes, other _____

18. Do you provide unpaid care for one or more family members or friends on a regular basis?

Yes _____   No _____ (If No, go to Question 22)

19. If you do provide unpaid care, whom do you provide care for? (Mark all that apply)

___Spouse (wife/husband)

___Significant other

___At least one child

___Child(ren) and his/her/their family

___Other relatives

___Unrelated adults/friends

___Grandchildren/Great-grandchildren

___Parents

___Other _____

20. How many hours per week do you spend providing care for this person or these persons? _____

21. What kinds of assistance could you use more help in within your caregiving role? (Mark all that apply)

     ___Organized support group

     ___Formal advice or emotional support (from a therapist, counselor, psychologist, psychiatrist or primary care physician) on issues such as caring for grandchildren and other caregiving issues

     ___Services such as respite (a temporary break from caregiving)

     ___Communication tips for people with reduced mental function (i.e. dementia, Alzheimer's)

     ___Physical care information (lifting, diapering, transporting, cleaning)

     ___Equipment (such as assistive devices, ramps, rails, etc.)

     ___Home Modifications for safety (wheelchair ramp, grab bars, railings, etc.)

     ___Medication Management

     ___Caregiver Education/Training

     ___Support with advocating for the care recipients rights and needs from staff at the facility they live in

22. Does anyone in your household have behaviors due to: (Mark all that apply)

     ___Addictions

     ___Alzheimer's/Dementia

     ___Developmental Disabilities

     ___Traumatic Brain Injury (TBI)

     ___Mental Health Issue

     ___Not Applicable

     ___Other

23. Have you, or anyone you know, been abused, neglected, or exploited?

___Yes

___No

24. Have you, or anyone you know, contacted adult protective services?

       ___Yes

       ___No

25. How do you find out about community activities, events, and resources? (Mark all that apply)

       ___TV News

       ___TV Advertisements

       ___Newspaper

       ___Radio

       ___Internet/Social Media

       ___Family, Friends, Neighbors, Church

       ___Area Agency on Aging

       ___Local Senior Center

       ___Other _____

26. For most of your trips, how do you travel? (Please select one)

       ___Drive myself

       ___Ride with a family member or friend

       ___Walk

       ___Use a volunteer service

       ___Public Transportation

       ___Take a taxi, van, minibus

       ___Not Applicable – I do not leave my home

27. Within the last 12 months, how often has it been difficult for you to arrange transportation for each of the following activities?

	Frequently	Sometimes	Never
e. Medical trips	_____	_____	_____
f. Shopping	_____	_____	_____
g. Personal errands	_____	_____	_____
h. Recreational or social trips	_____	_____	_____

28. When you have trouble getting the transportation you need, what would you say are the reasons? (Check all that apply)

___I have to rely on others

___Weather

___Not available when I need to go

___Car doesn't work/problems with vehicle

___Transportation does not go where I need to go

___Can't afford it

___Don't know who to call

___Disability or health related reasons

___Not available in my community

___Too far/ Distance related

___Have trouble getting around without someone to help

___Not applicable

___Other _____

29. Do you use a computer at home? Yes _____   No _____

30. Do you send and receive email?   Yes _____   No _____

31. Do you search the internet for information? Yes _____   No _____

32. Do you go to your local Senior Center for meals or activities? Yes _____   No _____

33. If so, what do you like about the Senior Center?

_____

_____

_____

34. What suggestions do you have for the Senior Center? (If any)

_____

_____

_____

35. If you do not go to the local Senior Center, why not?

_____

_____

_____

36. Have you utilized assistance or support from one or more of the following services the

Area Agency on Aging is able to **offer within the last 12 months**? (Mark all that apply)

    ___Information and Assistance

    ___Long Term Care Ombudsman

___Senior Medicare Patrol

___Homemaker

___ Chore

___Respite Care

___Powerful Tools for Caregivers Classes

___Grandparents Raising Grandchildren or Caregiver Support Group

___Home Delivered Meals

___Congregate Meals

___Legal Assistance

___Adult Protective Services

___Chronic Disease Health Management (CDSMP or DSMP) Classes

___ Fit And Fall Proof Classes

37. Have you **EVER** utilized any of the following assistance or supports from any of the

following services the Area Agency on Aging offers? (Mark all that apply)

___Information and Assistance

___Long Term Care Ombudsman

___Senior Medicare Patrol

___Homemaker

___ Chore

___Respite Care

___Powerful Tools for Caregivers Classes

___Grandparents Raising Grandchildren or Caregiver Support Group

___Home Delivered Meals

___Congregate Meals

___Legal Assistance

___Adult Protective Services

___Chronic Disease Health Management (CDSMP or DSMP) Classes

___ Fit And Fall Proof Classes

38. Any other comments you would like to make:

_____

_____

_____

THANK YOU for taking the time to complete this survey! If you would like further information about the services available from the Area VI Agency on Aging, you may call us at **208-522-5391** or **1-800-632-4813** and speak to an Information and Assistance Specialist.