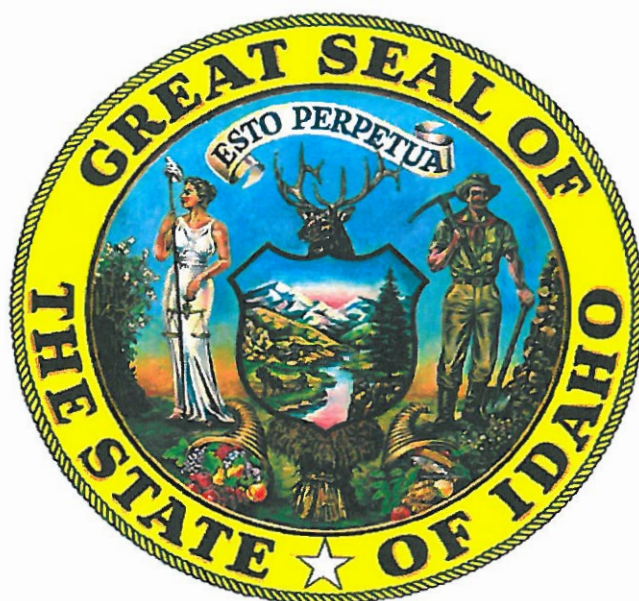


Area Agency on Aging of North Idaho  
Planning and Service Area I  
North Idaho College

# 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 1, the Area Agency on Aging of North 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

**North Idaho College**  
Chris Martin, VP for Finance and Business Affairs

Signature: 

Date: 6/15/17

### AREA 1 ADVISORY COUNCIL CHAIRPERSON


**Tanya Chestnut**

Signature: 

Date: 6/16/17

### AREA AGENCY ON AGING

**Area Agency on Aging of North Idaho**  
Dan English, Director

Signature: 

Date: 6/30/17

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## Executive Summary

Every four years, with annual updates thereafter, the Area I Agency on Aging of North 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 five counties of Planning and Service Area (PSA) I: Benewah, Bonner, Boundary, Kootenai, and Shoshone 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 I Agency on Aging’s mission statement is: ***Our mission is to work in partnership with older adults, families, and the community to secure information and services that maximize independence and quality of life.*** As an authorized department of North Idaho College our mission is supported by NIC’s Board of Trustees and we are one of the departments supervised by the Vice President of Finance and Business Affairs.

The AAA of North Idaho is guided by the following Value Statements:

- Elderly persons should have the option to remain in their own homes for as long as they choose, to the extent possible. Older persons should be accorded dignity and respect with their safety and autonomy preserved.
- Knowledge of programs and services is the key to empowering Idaho’s seniors and their families.
- Older persons are a valuable human resource; they can continue to contribute to their communities through volunteer work, or if they choose, by remaining in the workforce.

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. 006

The funding formula considers 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 I uses OAA and SSA funds to implement the following services in our 5 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**

The proposed 4-Year Area Plan for Area 1 is built upon many years of combined experience of the AAA staff, local providers, and a host of other partners who have the joint goal of serving the needs of our older residents. Area 1 consists of Benewah, Bonner, Boundary, Kootenai, and Shoshone Counties. Area 1 has the second largest number of “At-Risk” population of the six Idaho Area Agencies on Aging.

In developing the Area Plan, Area I 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 I’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 using following data and information:

- Idaho Commission on Aging Needs Assessment Survey Results, published in February 2016, as conducted by the Institute of Rural Health at Idaho State University
- Analysis of Census Data to determine population trends for PSA I and percentage of Native Americans residing in all 5 counties of the PSA vs. total population
- Analysis of service delivery trends during SFY 2015-2016

- FY 2013 Report to Congress: Older Americans Act –Administration for Community Living (ACL) 007
- Idaho Commission on Aging Joint Finance-Appropriations Committee (JFAC) FY 2017 Budget Hearing

The ICOA Statewide Needs Assessment provided data regarding gaps between existing services and community need. We utilized needs assessment data and historical units of service 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.

The planning process has been a long-term project that began with directions from the Idaho Commission on Aging as early as November 2016 and will continue past the submission of this final draft 4-Year Area Plan. This will be an on-going dynamic process and not intended as a static complete project.

It's important to recognize that some service levels have been directed by funding parameters set by The Idaho Commission on Aging. ICOA 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 boundaries. Area I 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 I 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 few comments received are provided in Attachment J. It is anticipated that we may have additional comments before the final statewide plan deadline of October 15, 2017.

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. Most 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

# 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 No.	Service Hours
Kootenai Co. Transit (City Links)	400 NW Boulevard, Cd'A, ID	(208) 446-1608	M-F 6am – 10pm
Selkirks-Pend O'reille Transit Authority (SPOT)	31656 Hwy 200, Box 8 Ponderay, ID 83852	(208) 263-3774	M-Sun 6:24am – 6:27pm
Shoshone Co. (Silver Express)	700 Bank St., Wallace, ID 83873	(208) 752-3331	M-F 8am – 5:30pm
Hayden Senior Center	9428 N Govt Way, Hayden, ID 83835	(208) 762-7052	M-F 9am – 4pm
Post Falls Senior Center	1215 E 3 <sup>rd</sup> Ave, Post Falls, ID 83854	(208) 773-9582	M-F 8am – 4pm

**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	\$11,009	\$27,910	\$38,919
SFY 2017 (July 2016 – June 2017) Actual	\$44,132	\$10,511	\$54,642
SFY 2018 (July 2017 – June 2018) Budget	\$51,000	\$30,000	\$81,000
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**A. Transportation Service Delivery Strategy:** Efforts will continue to expand existing fixed route and paratransit contracted service and encourage development of more demand response and group transportation options for seniors.

**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	8,316	\$4.68	Not Available
SFY 2017 (July 2016 – June 2017) Actual	27,859	\$1.96	Not Available
SFY 2018 (July 2017 – June 2018) Actual			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**Benchmark:** Transportation in Area 1 should see an overall 5% annual increase in boardings.

**B. Transportation Coordination Strategy:** Coordination efforts will involve AAA participation in transportation planning committees in Area 1.

**Performance Measure:** Participation in transportation committee meetings in Area 1.

**Baseline:**

State Fiscal Year (SFY)	Transportation Committees in Benewah	Transportation Committees in Boundary	Transportation Committees in Bonner	Transportation Committees in Kootenai	Transportation Committees in Shoshone	ITD Transportation Meetings
SFY 2016 (July 2015 – June 2016)	0	1	1	0	2	1
SFY 2017 (July 2016 – June 2017)	1	1	1	4	1	1
SFY 2018 (July 2017 – June 2018)	1	1	1	4	1	1
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

**Benchmark:** AAA participation in transportation planning committees in all counties.

**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, 2120 Lakewood Dr., Ste B, Coeur d’Alene, ID 83814, 208-667-3179, M-F 8:30-4:00

**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	\$10,880	\$10,880
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$3,755	\$3,755
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$5,200	\$5,200
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**A. Outreach Service Delivery Strategy:** Increase AAA outreach to registered consumers categories who are at the greatest social and economic need (living in poverty, alone, or rural area, or are aged 75 or older, have limited English, or are low-income minority).

<b>Performance Measure:</b> Total outreach counts.		
<b>Baseline:</b>		
<b>State Fiscal Year (SFY)</b>	<b>One-to-one Contacts</b>	
SFY 2016 (July 2015 – June 2016) Actual	1,504	
SFY 2017 (July 2016 – June 2017) Actual	2,692	
SFY 2018 (July 2017 – June 2018) Actual		
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		
<b>Benchmark:</b> Increase registered consumers with greatest economic and social need to meet or exceed the Census level of seniors.		
<b>B. Outreach Coordination Strategy:</b> Increase public awareness of AAA core services through outreach in partnership with community organizations, such as senior centers, hospitals, medical clinics, Disability Action Center, food banks, Panhandle Health District, county VSO programs, tribal wellness programs, etc. Outreach will target seniors who are at the greatest social and economic need to provide greater awareness of Family Caregiver Support Programs, nutrition, homemaker, and transportation, as well as other AAA support services.		
<b>Performance Measure:</b> Number of outreach partners and/or events		
<b>Baseline:</b> FY 2016 – 7 events.		
<b>State Fiscal Year (SFY)</b>	<b>Outreach Partners</b>	<b>Outreach Events</b>
SFY 2016 (July 2015 – June 2016)	5	5
SFY 2017 (July 2016 – June 2017)	7	7
SFY 2018 (July 2017 – June 2018)		
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		
<b>Benchmark:</b> Increase outreach partners and/or events annually.		

<b>3: Information and Assistance (I&amp;A) Objective:</b> 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.
<b>Service Description:</b> 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.
<b>Service Eligibility:</b> General public needing long-term care services and supports.
<b>Service Implemented by:</b>
<ul style="list-style-type: none"> <li>Area Agency on Aging, 2120 Lakewood Dr., Ste B, Coeur d’Alene, ID 83814, 208-667-3179, M-F 8:30-4:00</li> </ul>
<b>Funding Source:</b> (Actual expenditures for completed year and Budget for current year)

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$151,303	\$151,303
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$150,668	\$150,668
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$170,000	\$170,000
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**A. I&A Service Delivery Strategy:** Identify best practices for data and tracking systems to monitor efficiencies and effectiveness of I&A service.

**Performance Measure:**

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

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Total Annual Contacts</u>	<u>Average Cost per Contact</u>	<u>Allocated Number of I&amp;A Staff</u>	<u>Average Monthly Contact per I&amp;A Staff</u>
SFY 2016 (July 2015 – June 2016) Actual	5,172	\$29.25	4	113
SFY 2017 (July 2016 – June 2017) Actual	4,663	\$32.31	3	131
SFY 2018 (July 2017 – June 2018) Actual			3	
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

**Benchmark:** Increase contact counts by 2% annually.

**B. I&A Coordination Strategy:** Increase networking and reciprocal exchange of service information with community partners, such as non-profits and social services agencies to increase awareness of I&A and AAA services.

**Performance Measure:** Number of community partners that receive I&A and AAA services information.

**Baseline:**

County	Community partners that receive AAA services information
SFY 2016 (July 2015 – June 2016)	7
SFY 2017 (July 2016 – June 2017)	7
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

**Benchmark:** Provide I&A and AAA service information to a minimum of 5 community partners each year.

**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.

<p><b>Service Implemented by:</b> Area Agency on Aging, 2120 Lakewood Dr., Ste B, Coeur d'Alene, ID 83814, 208-667-3179, M-F 8:30-4:00</p>																																									
<p><b>Funding Source:</b> Federal: Administration for Community Living (ACL), and the State of Idaho. (Actual expenditures for completed year and Budget for current year)</p>																																									
<p><b>A. Case Management Service Delivery Strategy:</b> Utilized trained and experienced AAA staff to assess older individuals, develop and implement a service plan, and coordinate multiple services for consumers that are unable to do this on their own. If Case Management is needed, cost and corresponding units of service will be accounted for under Case Management.</p>																																									
<p><b>Performance Measure:</b></p> <ul style="list-style-type: none"> <li>• Efficiencies = Cost per consumer, average cost per unit.</li> <li>• Effectiveness = Total consumers, total costs, total unit hours.</li> </ul>																																									
<p><b>Baseline:</b></p> <table border="1"> <thead> <tr> <th><u>State Fiscal Year (SFY)</u></th> <th><u>Total Unduplicated Clients Served</u></th> <th><u>Average Cost per Client</u></th> <th><u>Total Annual Units (hrs.)</u></th> <th><u>Average cost per Unit (hr.)</u></th> </tr> </thead> <tbody> <tr> <td>SFY 2016 (July 2015 – June 2016) Actual</td> <td>1</td> <td>\$13,529</td> <td>1</td> <td>\$13,529</td> </tr> <tr> <td>SFY 2017 (July 2016 – June 2017) Actual</td> <td>1</td> <td>\$5,600</td> <td>13</td> <td>\$431</td> </tr> <tr> <td>SFY 2018 (July 2017 – June 2018) Actual</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SFY 2019 (July 2018 – June 2019)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SFY 2020 (July 2019 – June 2020)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>State Fiscal Year (SFY)</u>	<u>Total Unduplicated Clients Served</u>	<u>Average Cost per Client</u>	<u>Total Annual Units (hrs.)</u>	<u>Average cost per Unit (hr.)</u>	SFY 2016 (July 2015 – June 2016) Actual	1	\$13,529	1	\$13,529	SFY 2017 (July 2016 – June 2017) Actual	1	\$5,600	13	\$431	SFY 2018 (July 2017 – June 2018) Actual					SFY 2019 (July 2018 – June 2019)					SFY 2020 (July 2019 – June 2020)										
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SFY 2020 (July 2019 – June 2020)																																									
<p><b>Benchmark:</b> Account for Case Management costs and units provided by the AAA.</p>																																									
<p><b>B. Case Management Coordination Strategy:</b> Coordinate a standardized referral protocol between local emergency agencies, hospitals, and other community organizations in all counties on the criteria required for case management assistance, as well as other options the AAA can offer to individuals in greater need.</p>																																									
<p><b>Performance Measure:</b> Standardized MOU with local emergency agencies, hospitals, and other community organizations.</p>																																									
<p><b>Baseline:</b></p> <table border="1"> <thead> <tr> <th><u>State Fiscal Year (SFY)</u></th> <th><u>MOUs Benewah</u></th> <th><u>MOUs Boundary</u></th> <th><u>MOUs Bonner</u></th> <th><u>MOUs Kootenai</u></th> <th><u>MOUs Shoshone</u></th> </tr> </thead> <tbody> <tr> <td>SFY 2016 (July 2015 – June 2016)</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>SFY 2017 (July 2016 – June 2017)</td> <td>0</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>SFY 2018 (July 2017 – June 2018)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SFY 2019 (July 2018 – June 2019)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SFY 2020 (July 2019 – June 2020)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>State Fiscal Year (SFY)</u>	<u>MOUs Benewah</u>	<u>MOUs Boundary</u>	<u>MOUs Bonner</u>	<u>MOUs Kootenai</u>	<u>MOUs Shoshone</u>	SFY 2016 (July 2015 – June 2016)	N/A	N/A	N/A	N/A	N/A	SFY 2017 (July 2016 – June 2017)	0	1	1	1	1	SFY 2018 (July 2017 – June 2018)						SFY 2019 (July 2018 – June 2019)						SFY 2020 (July 2019 – June 2020)					
<u>State Fiscal Year (SFY)</u>	<u>MOUs Benewah</u>	<u>MOUs Boundary</u>	<u>MOUs Bonner</u>	<u>MOUs Kootenai</u>	<u>MOUs Shoshone</u>																																				
SFY 2016 (July 2015 – June 2016)	N/A	N/A	N/A	N/A	N/A																																				
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SFY 2020 (July 2019 – June 2020)																																									
<ul style="list-style-type: none"> <li>• <b>Benchmark:</b> Add additional MOUs each year.</li> </ul>																																									

<p><b>5: Homemaker Objective:</b> To provide statewide access to Homemaker services for eligible individuals.</p>					
<p><b>Service Description:</b> 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.</p>					
<p><b>Service Eligibility:</b> Seniors 60 years of age or older and meets any of the following requirements:</p>					

- 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:**

AAging Better In-Home Care	601 E Seltice Way, Ste 101 Post Falls, ID 83854	(208) 777-0308	M-F 8am – 5 pm
Aspen Personal Care	310 E 4 <sup>th</sup> St, Clark Fork, ID 83811	(208)266-1530	7 days / 24 hrs
August Home Health	2005 Ironwood Pkwy #227, Cd'A, ID 83814	(208) 664-0858	M-F 8am – 4:30pm
Comfort Keepers	820 E Best Ave, Cd'A, ID 83814	(208) 765-9511	7 days / 24 hrs
ResCare HomeCare	1015 Ironwood Dr Ste 101, Cd'A, ID 83814	(208) 665-5579	7 days / 24 hrs

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$148,730	\$22,304	\$171,034
SFY 2017 (July 2016 – June 2017) Actual	\$158,399	\$3,126	\$161,525
SFY 2018 (July 2017 – June 2018) Budget	\$151,800	\$10,000	\$161,800
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:** To provide the maximum amount of assistance with minimum units of service to provide in-home supports to keep client safe and independent in their home.

**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.

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Total Unduplicated Clients Served</u>	<u>Total Annual Units (hrs.)</u>	<u>Average cost per Unit (hr.)</u>	<u>Annual Units (hrs.) per Client</u>	<u>Annual Expense per Client</u>
SFY 2016 (July 2015 – June 2016) Actual	278	10,682	\$16	38	\$615.23
SFY 2017 (July 2016 – June 2017) Actual	322	10,016	\$16	31	\$501.63
SFY 2018 (July 2017 – June 2018) Actual					
SFY 2019 (July 2018 – June 2019)					
SFY 2020 (July 2019 – June 2020)					

**Demographic Baseline:**

<u>Homemaker State Fiscal Year (SFY)</u>	<u>Census Data: % of Population</u>	<u>% of Registered Consumers</u>	<u>Census Data: % of Population in</u>	<u>% of Registered Consumers</u>	<u>Census Data: % of Population in</u>	<u>% of Registered Consumers</u>

	<u>Living in Rural Areas</u>	<u>living in Rural Areas</u>	<u>*Greatest Economic Need</u>	<u>with Greatest Economic Need</u>	<u>**Greatest Social Need</u>	<u>with Greatest Social Need</u>
SFY 2016 (July 2015 – June 2016)	34%	25%	21%	22%	72%	74%
SFY 2017 (July 2016 – June 2017)	25%	25%	27%	27%	69%	72%
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:** Increase number of consumers.

**B. Homemaker Coordination Strategy:** Increase public awareness of homemaker services in rural communities, and coordinate with providers in rural communities to increase service delivery.

**Performance Measure:** Percentage of rural consumers.

**Baseline:** Percentage of rural consumers in FY 2016 was 25%

**Benchmark:** Increase percentage of rural consumers by 1% each year.

**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:**

AAging Better In-Home Care	601 E Seltice Way, #101, Post Falls, ID 83854	(208) 777-0308	M-F 8am – 5 pm
Aspen Personal Care	310 E 4 <sup>th</sup> St, Clark Fork, ID 83811	(208)266-1530	7 days / 24 hrs
August Home Health	2005 Ironwood Pkwy #227, Cd'A, ID 83814	(208) 664-0858	M-F 8am–4:30pm
Comfort Keepers	820 E Best Ave, Cd'A, ID 83814	(208) 765-9511	7 days / 24 hrs
ResCare HomeCare	1015 Ironwood Dr Ste 101, Cd'A, ID 83814	(208) 665-5579	7 days / 24 hrs

**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.

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$2,347	\$2,347
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$3,243	\$3,243
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$200	\$200
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 Area 1 through contracts with service providers.

**Performance Measure:**

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

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Referral or Contracted Service</u>	<u>Total Unduplicated Clients Served</u>	<u>Total Annual Units (hrs.)</u>	<u>Average cost per Unit (hr.) and materials</u>
SFY 2016 (July 2015 – June 2016) Actual	Contract	32	124	\$19
SFY 2017 (July 2016 – June 2017) Actual	Contract	15	162	\$20
SFY 2018 (July 2017 – June 2018) Actual				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

If AAA only “refers” consumers to other organization and does not fund this service, select “Referral” and place N/A (Not Applicable) in each of the other cells for SFY16 and SFY17.

**Benchmark:** Increase number of chore consumers by 2 annually.

**B. Chore Coordination Strategy:** Coordinate with contracted providers to increase awareness of chore service to those seniors who live alone, live in a rural area, or live in poverty.

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

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>% of Registered Consumer who live alone</u>	<u>% of Registered Consumer who live in Rural Area</u>	<u>% of Registered Consumer who live in Poverty</u>	<u>Chore Referral</u>
SFY 2016 (July 2015 – June 2016)	N/A	N/A	N/A	32
SFY 2017 (July 2016 – June 2017)	80%	33%	40%	15
SFY 2018 (July 2017 – June 2018)				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

**Benchmark:** Increase chore referrals by 2 each year and increase consumers with greatest economic and social needs.

**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:**

- ElderHelp 208-661-8870

**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.

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
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:** AAA I&A will make appropriate referrals to local entities that are able to provide minor home modification to seniors. Referrals will be tracked in the database.

**Performance Measure:**

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

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Referral or Contracted Service</u>	<u>Total Unduplicated Clients Served</u>	<u>Total Annual Units (hrs.)</u>	<u>Average cost per Unit (hr.) and materials</u>
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) Budget	Referral	Not Applicable	Not Applicable	Not Applicable
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

If AAA only “refers” consumers to other organization and does not fund this service, select “Referral” and place N/A (Not Applicable) in each of the other cells for SFY16 and SFY17.

**Benchmark:** Once a baseline has been established, maintain or increase the number of referrals made for minor home modification annually.

**B. Minor Home Modification Coordination Strategy:** Identify and coordinate with community organizations that engage in minor home modifications to increase the referral base.

**Performance Measure:** Number of minor home modification referral sources.

**Baseline:** One provider – ElderHelp.

**Benchmark:** Identify at least one additional provider each year.

**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, 610 W Hubbard Ave, Ste 219, Coeur d'Alene, ID 208-667-9559. Open 8:30am to 5:00 pm M-F

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$14,000	\$14,000
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$14,483	\$14,483
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$14,000	\$14,000
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**A. Legal Assistance Service Delivery Strategy:** Develop reporting tools to increase accuracy and efficiencies in data collection of priority legal assistance categories.

**Performance Measure:**

- Effectiveness = Number of cases, number of hours and total costs.

**Baseline:**

<u>Older Americans Act Service Priority</u>	<u>SFY16 Cases</u>	<u>SFY17Cases</u>	<u>SFY18 Cases</u>	<u>SFY19 Cases</u>	<u>SFY20 Cases</u>
Income	20	21			
Health Care	159	118			
Long-term care	34	24			
Nutrition	0	0			
Housing	22	23			
Utilities	0	0			
Protective Services	0	0			
Defense of Guardianship	3	2			
Abuse	1	2			
Neglect	0	0			
Age Discrimination	0	0			
Total	239	190	0	0	0

<u>Older Americans Act Service Priority</u>	<u>SFY16 Hours</u>	<u>SFY17 Hours</u>	<u>SFY18 Hours</u>	<u>SFY19 Hours</u>	<u>SFY20 Hours</u>
Income	19.3	25.4			
Health Care	79.6	93.2			
Long-term care	63.6	46.8			
Nutrition	0	0			
Housing	35.8	38.5			
Utilities	0	0			
Protective Services	0	0			
Defense of Guardianship	1.6	1.7			
Abuse	0.1	1.3			
Neglect	0	0			
Age Discrimination	0	0			

Total	200	206.90	0	0	0
Cost Per hour	\$70.00	\$70.00			
<b>SFY16: State Fiscal Year, July 1, 2015 – June 30, 2016</b>					
<b>SFY17: State Fiscal Year, July 1, 2016 – June 30, 2017</b>					
<b>SFY18: State Fiscal Year, July 1, 2017 – June 30, 2018</b>					
<b>SFY19: State Fiscal Year, July 1, 2018 – June 30, 2019</b>					
<b>SFY20: State Fiscal Year, July 1, 2019 – June 30, 2020</b>					
<b>Benchmark:</b> Provide consistent reporting of legal services. Improve reporting tool as needed.					
<b>B. Legal Assistance Coordination Strategy:</b> Enhance access to legal information and resources by coordinating with Idaho Legal Aid to promote usage of the Idaho Senior Hotline, add links to on-line forms, or distribution of legal assistance resources.					
<b>Performance Measure:</b> Number of I&A referrals, AAA web hits, legal assistance materials distributed.					
<b>Baseline:</b>					
	<b>State Fiscal Year (SFY)</b>	<b>Referrals</b>	<b>Web hits</b>	<b>Legal material distribution</b>	
	SFY 2016 (July 2015 – June 2016)	Not Available	Not Available	Not Available	
	SFY 2017 (July 2016 – June 2017)	TBD	Not Available	TBD	
	SFY 2018 (July 2017 – June 2018)				
	SFY 2019 (July 2018 – June 2019)				
	SFY 2020 (July 2019 – June 2020)				
<b>Benchmark:</b> Increased referrals, web hits and materials distributed annually.					

<b>9: Congregate Meals Objective:</b> Increase participation at meal sites to reduce isolation and increase socialization.			
<b>Service Description:</b> Congregate Meal program funds are used to prepare and serve meals in a congregated 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.			
<b>Service Eligibility:</b> Seniors 60 years of age or older. Additional eligibility: An adult under 60, whose spouse is 60 or older and receives a meal ( <b>must attend together</b> ), Person with a disability under 60 living in the home with a person 60 or older ( <b>must attend together</b> ), Person under 60 providing volunteer services during the meal hours.			
<b>Service Implemented by:</b>			
Clark Fork/Hope Area Senior Services	1001 N Cedar St. Clark Fork, ID 83811	208-266-1653	W/F 9am-3pm
City of Worley, Worley	9936 W "E" St., Worley, ID 83876	208-686-1258	T/W/Th 9am-2pm
Fernwood Senior Center	Hwy 3, Fernwood, ID 83830	208-245-3392	M/Th 11am-2pm
Hayden Senior Center	9428 N Govt Way, Hayden, ID 83835	208-762-7052	M-F 9am-4pm
Lake City Center	1916 Lakewood Dr., Coeur d'Alene, ID 83814	208-667-4628	M-F 9am-4pm
Plummer Meal Site	888 C St., Plummer, ID 83851	208-686-1863	T/F 9am-1pm
Post Falls Senior Center	1215 E 3 <sup>rd</sup> Ave, Post Falls, ID 83854	208-773-9582	M/W/F 9am-4pm
Rathdrum Senior Citizens	8037 W Montana St., Rathdrum, ID 83858	208-687-2028	T/Th 9am-3pm
Sandpoint Area Seniors, Inc	820 Main St., Sandpoint, ID 83864	208-263-6860	M-F 9am-4pm
Seniors Hospitality Center	6635 Lincoln St., Bonners Ferry, ID 83805	208-267-5553	M-F 9am-3pm
Silver Valley Seniors	726 E Mullan Ave., Osburn, ID 83849	208-752-1194	M-F 9am-3pm

Spirit Lake Seniors	32564 N 4 <sup>th</sup> Ave, Spirit Lake, ID 83869	208-623-6125	M/W 12pm-7pm
St. Maries Meal Site	711A W Jefferson Ave, St. Maries, ID 83861	208-245-3546	M/W/F 9am-3pm

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$261,112	\$261,112
SFY 2017 (July 2016 – June 2017) Actual	\$46,458	\$216,056	\$262,514
SFY 2018 (July 2017 – June 2018) Budget	\$47,221	\$194,812	\$242,033
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**A. Congregate Meal Service Delivery Strategy:** Provide training to providers on AAA reporting tools to develop accuracy in financial reporting on congregate meal program data. Improve reporting tool as needed.

**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:**

<u>State Fiscal Year (SFY)</u>	<u>Total Unduplicated Clients Served</u>	<u>Total Congregate Meals</u>	<u>*Average cost per Congregate Meal</u>	<u>AAA Contracted Meal Reimbursement Rate</u>
SFY 2016 (July 2015 – June 2016) Actual	1,909	62,973	\$4.15	\$3.90
SFY 2017 (July 2016 – June 2017) Actual	1,907	62,612	\$4.19	\$4.00
SFY 2018 (July 2017 – June 2018) Actual				\$4.25
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

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

**Benchmark:** Consistent reporting of congregate meals, program income and average cost per meal.

**B. Congregate Meal Coordination Strategy:** Coordinate with providers to learn new approaches to increasing participation and enhancing senior center programs.

**Performance Measure:** Total meetings and trainings with site managers.

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Nutrition Program Trainings</u>	<u>Follow up meetings</u>
SFY 2016 (July 2015 – June 2016)	2	2
SFY 2017 (July 2016 – June 2017)	3	1
SFY 2018 (July 2017 – June 2018)		
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

**Benchmark:** Conduct one training annually and do a follow up meeting with at least 3 senior centers each year.

**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:**

Clark Fork/Hope Area Senior Services	1001 N Cedar St. Clark Fork, ID 83811	208-266-1653	W/F 9am-4pm
Fernwood Senior Center	Hwy 3, Fernwood, ID 83830	208-245-3392	M/Th 11am-2pm
Lake City Center	1916 Lakewood Dr., Coeur d'Alene, ID 83814	208-667-4628	M-F 9am-4pm
Post Falls Senior Center	1215 E 3 <sup>rd</sup> Ave, Post Falls, ID 83854	208-773-9582	M/W/F 9am-4pm
Rathdrum Senior Citizens	8037 W Montana St., Rathdrum, ID 83858	208-687-2028	T/Th 9am-3pm
Sandpoint Area Seniors, Inc	820 Main St., Sandpoint, ID 83864	208-263-6860	M-F 9am-4pm
Seniors Hospitality Center	6635 Lincoln St., Bonners Ferry, ID 83805	208-267-5553	M-F 9am-3pm
Silver Valley Seniors	726 E Mullan Ave., Osburn, ID 83849	208-752-1194	M-F 9am-3pm
Spirit Lake Seniors	32564 N 4 <sup>th</sup> Ave, Spirit Lake, ID 83869	208-623-6125	M/W 12pm-7pm
St. Maries Meal Site	711A W Jefferson Ave, St. Maries, ID 83861	208-245-3546	M/W/F 9am-3pm

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$202,880	\$143,120	\$346,000
SFY 2017 (July 2016 – June 2017) Actual	\$118,687	\$238,395	\$357,082
SFY 2018 (July 2017 – June 2018) Budget	\$78,565	\$280,319	\$358,884
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**A. Home Delivered Meal Service Delivery Strategy:** Provide training to providers on AAA reporting tools to develop accuracy in financial reporting on congregate meal program data. Improve reporting tool as needed.

**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:**

<u>State Fiscal Year (SFY)</u>	<u>Total Unduplicated Clients Served</u>	<u>Total Home Delivered Meals</u>	<u>*Average cost per Home Delivered Meal</u>	<u>AAA Contracted HDM Reimbursement Rate</u>
SFY 2016 (July 2015 – June 2016) Actual	601	75,758	\$4.57	\$4.40
SFY 2017 (July 2016 – June 2017) Actual	587	74,718	\$4.78	\$4.50
SFY 2018 (July 2017 – June 2018) Actual				\$4.80
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

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

**Demographic Baseline:**

<u>Home Delivered Meals State Fiscal Year (SFY)</u>	<u>Census Data: % of Population</u>	<u>% of Registered Consumers</u>	<u>Census Data: % of Population in *Greatest Economic Need</u>	<u>% of Registered Consumers with Greatest</u>	<u>Census Data: % of Population in</u>	<u>% of Registered Consumers</u>

	<u>Living in Rural Areas</u>	<u>living in Rural Areas</u>		<u>Economic Need</u>	<u>**Greatest Social Need</u>	<u>with Greatest Social Need</u>
SFY 2016 (July 2015 – June 2016)	39%	36%	6%	16%	17%	53%
SFY 2017 (July 2016 – June 2017)	TBD	64%	TBD	22%	TBD	45%
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:** Consistent reporting of home delivered meals, program income and average cost per meal.

**B. Home Delivered Meal Coordination Strategy:** Coordinate with rural nutrition providers to identify individuals that would benefit from receiving home delivered meals.

**Performance Measure:** Number of home delivered meals participants.

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Bonnors Ferry Clients</u>	<u>Sandpoint Clients</u>	<u>Clark Fork Clients</u>	<u>Spirit Lk Clients</u>	<u>Rathdrum Clients</u>	<u>Silver Valley Clients</u>	<u>St. Maries Clients</u>	<u>Fernwood Clients</u>	<u>Total Clients</u>
SFY 2016 (July 2015 – June 2016)	17	103	10	13	23	69	12	11	258
SFY 2017 (July 2016 – June 2017)	23	83	10	15	26	72	6	20	255
SFY 2018 (July 2017 – June 2018)									
SFY 2019 (July 2018 – June 2019)									
SFY 2020 (July 2019 – June 2020)									

**Benchmark:** Increase home delivered meal clients in rural areas by 3% 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:**

- Area Agency on Aging, 2120 Lakewood Dr., Ste B, Coeur d'Alene, ID 83814, 208-667-3179, M-F 8:30-4:00

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$34,969	\$34,969
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$10,344	\$10,344
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$13,977	\$13,977
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**A. Disease Prevention and Health Promotion Service Delivery Strategy:** Engage in an evidence based program to provide supportive coaching to patients transitioning from hospital to home to reduce hospital readmissions.

**Performance Measure:**

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

**Baseline:****Care Transition (Hospital to Home)**

<u>State Fiscal Year (SFY)</u>	<u>Evidence Based Program Expense</u>	<u>Total Unduplicate Clients</u>	<u>Average cost per Client</u>
SFY 2016 (July 2015 – June 2016) Actual	\$34,969	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	\$10,344	Not Available	Not Available
SFY 2018 (July 2017 – June 2018) Budget	\$13,977		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**Benchmark:** Reduce cost per consumer with the increased number of clients assisted.

**B. Disease Prevention and Health Promotion Coordination Strategy:** Participate in community care coordination networking group activities, such as the Northwest Hospital Alliance Care Transition Conference, care coordination meetings and trainings to promote and develop better transitions in care.

**Performance Measure:** Number of meetings, trainings, or conferences attended.

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Meetings</u>	<u>Trainings</u>	<u>Conferences</u>
SFY 2016 (July 2015 – June 2016)	7	3	0
SFY 2017 (July 2016 – June 2017)	2	1	1
SFY 2018 (July 2017 – June 2018)			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**Benchmark:** Increase community participation in meetings, trainings or conferences annually.

**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:**

AAging Better In-Home Care	601 E Seltice Way, #101, Post Falls, ID 83854	(208) 777-0308	M-F 8am – 5pm
A Better Personal Care	3115 N Govt Way, Cd'A, ID 83815	(208) 664-6989	M-F 8am – 5pm
Apsen Personal Care	310 E 4 <sup>th</sup> St, Clark Fork, ID 83811	(208)266-1530	7 days / 24 hrs
August Home Health	2005 Ironwood Pkwy #227, Cd'A, ID 83814	(208) 664-0858	M-F 8am–4:30pm
Bennett House	1095 E Timber Lane, Cd'A, ID 83815	(208) 651-1808	M-F 7am-7pm
Comfort Keepers	820 E Best Ave, Cd'A, ID 83814	(208) 765-9511	7 days / 24 hrs
Kootenai Health	521 W Emma Ave, Cd'A, ID 83814	(208)625-5353	M-F 6:30-5:30
Loving Care & More	104 Windriver Road, Silvertown, ID 83867	(208)752-1019	M-F 8am-5pm
ResCare HomeCare	1015 Ironwood Dr Ste 101, Cd'A, ID 83814	(208) 665-5579	7 days / 24 hrs
SASI-DayBreak Center	820 Main St., Sandpoint, ID 83864	(208)265-8127	T/Th/F 8:30-5:30
Wellspring Meadows	9873 N Buttercup Lane, Hayden, ID 83835	(208) 762-9001	7 days / 24 hrs

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$100,487	\$100,487
SFY 2017 (July 2016 – June 2017) Actual	\$31,145	\$92,967	\$124,112
SFY 2018 (July 2017 – June 2018) Budget	\$26,512	\$106,047	\$132,559
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:** Increase caregiver utilization of NFCSP Caregiver Information, Access Assistance (I&A), Caregiver Group Programs (Powerful Tools for Caregivers classes), and Respite services by promoting through website information, newsletters, presentations, health fairs, and outreach.

**Performance Measure:**

- Efficiencies = Average cost per consumer.
- Effectiveness = Total consumers, total program cost, average # of hours, and number of caregiver presentations.

**Baseline:**

1. Caregiver Information Services

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>	<u>Number of Activities</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	Not Available
SFY 2017 (July 2016 – June 2017) Actual	\$1,558	Not Available
SFY 2018 (July 2017 – June 2018) Budget	\$3,000	
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

2. Access Assistance (I&A)

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>	<u>Number of Contacts</u>	<u>Program Expense per Contact</u>
SFY 2016 (July 2015 – June 2016) Actual	\$35,704	860	\$41.52
SFY 2017 (July 2016 – June 2017) Actual	\$34,617	470	\$73.65
SFY 2018 (July 2017 – June 2018) Budget	\$53,747		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

## 3. Caregiver Counseling and Group Programs

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>	<u>Number of Unduplicated Clients Served</u>	<u>Number of Sessions</u>	<u>Program Expense per Client</u>
SFY 2016 (July 2015 – June 2016) Actual	\$1,950	Not Available	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	\$3,300	Not Available	Not Available	Not Available
SFY 2018 (July 2017 – June 2018) Budget	\$5,000			
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

## 4. Respite

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>	<u>Number of Unduplicated Clients Served</u>	<u>Number of Hours</u>	<u>Program Expense per Hour</u>
SFY 2016 (July 2015 – June 2016) Actual	\$53,786	34	2,030	\$26
SFY 2017 (July 2016 – June 2017) Actual	\$72,583	45	3,103	\$23
SFY 2018 (July 2017 – June 2018) Budget	\$56,512			
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

## 5. Supplemental Service (Limited Basis)

## Supplemental Caregiver Legal Assistance

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>
SFY 2016 (July 2015 – June 2016) Actual	\$10,500
SFY 2017 (July 2016 – June 2017) Actual	\$12,054
SFY 2018 (July 2017 – June 2018) Budget	\$14,300
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

**Benchmark:** Increase the number of NFCSP consumers by 3% annually.

**B. NFCSP Coordination Strategy:** Collaborate with community partners to identify and refer family caregivers in need of NFCSP assistance.



**Performance Measure:** Number of collaborative partners.

**Baseline:**

	<b>Collaborative Partners providing referrals</b>
SFY 2016 (July 2015 – June 2016)	4
SFY 2017 (July 2016 – June 2017)	6
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

**Benchmark:** Collaborate with 1 additional partners each year.

## 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:**

- Area Agency on Aging, 2120 Lakewood Dr., Ste B, Coeur d'Alene, ID 83814, 208-667-3179, M-F 8:30-4:00

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

<b>State Fiscal Year (SFY)</b>	<b>State</b>	<b>Federal</b>	<b>Total</b>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$17,983	\$17,983
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$20,280	\$20,280
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$20,000	\$20,000
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**A. SMP Service Delivery Strategy:** Improve effectiveness of the SMP program by increasing the number of volunteers, presentations, community events participation, and one-on-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:**

<b>State Fiscal Year (SFY)</b>	<b>Volunteers</b>	<b>Group Presentations</b>	<b>Community Events</b>	<b>One-to-one Counseling</b>

SFY 2016 (July 2015 – June 2016) Actual	9	46	23	42
SFY 2017 (July 2016 – June 2017) Actual	6	69	17	2
SFY 2018 (July 2017 – June 2018) Actual				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

**Benchmark:**

- Recruit and retain up to 5 volunteers
- 80 group presentations per year
- 2-3 community events per year
- 25 one-on-one counseling sessions per year

**B. SMP Coordination Strategy:** Coordinate with senior centers, networking organization, senior groups, etc. to provide group presentations, outreach, and participate in health fairs to educate and empower seniors to prevent, recognize, and report Medicare fraud, error and abuse. Also, utilize newspaper or other media advertisements 3-4 times/year to increase public awareness and recruit volunteers.

**Performance Measure:**

- Number of partnering organizations
- Number of attending participants
- 3- 4 newspaper or other media public awareness advertisements

**Baseline:**

<u>Contract Year</u>	<u>SMP Partners</u>	<u>Total Participants</u>	<u>Public Awareness Advertisements</u>
2016 (July 2015 – June 2016)	3	1048	3
2017 (July 2016 – June 2017)	3	1538	3
2018 (July 2017 – June 2018)			
2019 (July 2018 – June 2019)			
2020 (July 2019 – June 2020)			

**Benchmark:**

- Increase partnering organizations by 2 per year
- Increase senior participation by 5% per year
- Purchase, at minimum, the contract requirement for public awareness advertisements

**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:**

- Area Agency on Aging, 2120 Lakewood Dr., Ste B, Coeur d'Alene, ID 83814, 208-667-3179, M-F 8:30-4:00

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$12,796	\$12,796
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$13,000	\$13,000
SFY 2018 (July 2017 – June 2018) Budget			

SFY 2019 (July 2018 – June 2019)																						
SFY 2020 (July 2019 – June 2020)																						
<p><b>A. MIPPA Service Delivery Strategy:</b> Increase the effectiveness of MIPPA outreach by increasing the number of host agencies. Increasing the host agencies will increase efficiencies by lowering the average cost per participating agency.</p>																						
<p><b>Performance Measure:</b></p> <ul style="list-style-type: none"> <li>• Efficiencies = Average cost per participating agency.</li> <li>• Effectiveness = Total Host Agency and total program cost.</li> </ul>																						
<p><b>Baseline:</b></p> <table border="1"> <thead> <tr> <th>State Fiscal Year (SFY)</th> <th>Participating Host Agencies</th> </tr> </thead> <tbody> <tr> <td>SFY 2016 (July 2015 – June 2016) Actual</td> <td>17</td> </tr> <tr> <td>SFY 2017 (July 2016 – June 2017) Actual</td> <td>17</td> </tr> <tr> <td>SFY 2018 (July 2017 – June 2018) Actual</td> <td></td> </tr> <tr> <td>SFY 2019 (July 2018 – June 2019)</td> <td></td> </tr> <tr> <td>SFY 2020 (July 2019 – June 2020)</td> <td></td> </tr> </tbody> </table>					State Fiscal Year (SFY)	Participating Host Agencies	SFY 2016 (July 2015 – June 2016) Actual	17	SFY 2017 (July 2016 – June 2017) Actual	17	SFY 2018 (July 2017 – June 2018) Actual		SFY 2019 (July 2018 – June 2019)		SFY 2020 (July 2019 – June 2020)							
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SFY 2018 (July 2017 – June 2018) Actual																						
SFY 2019 (July 2018 – June 2019)																						
SFY 2020 (July 2019 – June 2020)																						
<p><b>Benchmark:</b> Increase the number of host agencies by 3 per year</p>																						
<p><b>B. MIPPA Coordination Strategy:</b> Partner with the Senior Medicare Patrol (SMP) program to expand MIPPA outreach. Coordinate with senior centers, networking organization, senior groups, etc. to provide group presentations, outreach, and participate in health fairs to educate potential low-income eligible Medicare beneficiaries of the benefits of the Medicare Savings Program and Low Income Subsidy programs.</p>																						
<p><b>Performance Measure:</b></p> <ul style="list-style-type: none"> <li>• Number of MIPPA presentations</li> <li>• Number of attending participants</li> </ul>																						
<p><b>Baseline:</b></p> <table border="1"> <thead> <tr> <th>Contract Year</th> <th>Total Presentations</th> <th>Total Participants</th> </tr> </thead> <tbody> <tr> <td>2016 (July 2015 – June 2016)</td> <td>17</td> <td>189</td> </tr> <tr> <td>2017 (July 2016 – June 2017)</td> <td>22</td> <td>384</td> </tr> <tr> <td>2018 (July 2017 – June 2018)</td> <td></td> <td></td> </tr> <tr> <td>2019 (July 2018 – June 2019)</td> <td></td> <td></td> </tr> <tr> <td>2020 (July 2019 – June 2020)</td> <td></td> <td></td> </tr> </tbody> </table>					Contract Year	Total Presentations	Total Participants	2016 (July 2015 – June 2016)	17	189	2017 (July 2016 – June 2017)	22	384	2018 (July 2017 – June 2018)			2019 (July 2018 – June 2019)			2020 (July 2019 – June 2020)		
Contract Year	Total Presentations	Total Participants																				
2016 (July 2015 – June 2016)	17	189																				
2017 (July 2016 – June 2017)	22	384																				
2018 (July 2017 – June 2018)																						
2019 (July 2018 – June 2019)																						
2020 (July 2019 – June 2020)																						
<p><b>Benchmark:</b></p> <ul style="list-style-type: none"> <li>• Increase total of presentations by 5 each year</li> <li>• Increase participation by 5% each year</li> </ul>																						

## 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:**

- Area Agency on Aging, 2120 Lakewood Dr., Ste B, Coeur d'Alene, ID 83814, 208-667-3179, M-F 8:30-4:00

**A. Participant-Directed/Person-Centered Planning Service Delivery Strategy:** AAA Ombudsmen and volunteer Ombudsmen will work with facility residents, and facility administration and staff, to protect residents' rights and to honor their desires in personal decisions on quality of life, quality of care, and ensuring dignity in their care.

**Performance Measure:** Number of residents' rights complaints.

**Baseline:**

Most Frequent Complaint Areas and Corresponding Number of Complaints	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Medications	30	14			
Equipment/Bed	30	14			
Billing	22	11			
Care Plans	19	11			
Dignity/Respect	18	9			

**Benchmark:** Maintain or decrease the total resident rights complaints.

**B. Participant-Directed/Person-Centered Planning Coordination Strategy:** Ombudsmen will increase presence in community to provide education on residents' rights through presentations with community organizations.

**Performance Measure:** Number of community presentations.

**Baseline:**

Contract Year	Total Presentations
2016 (July 2015 – June 2016)	8
2017 (July 2016 – June 2017)	9
2018 (July 2017 – June 2018)	
2019 (July 2018 – June 2019)	
2020 (July 2019 – June 2020)	

**Benchmark:** Increase community presentations by at least 1 per year.

## 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:**

- Area Agency on Aging, 2120 Lakewood Dr., Ste B, Coeur d'Alene, ID 83814, 208-667-3179, M-F 8:30-4:00

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$79,583	\$12,747	\$92,330
SFY 2017 (July 2016 – June 2017) Actual	\$80,621	\$15,677	\$96,298
SFY 2018 (July 2017 – June 2018) Budget	\$94,850	\$13,158	\$108,008
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**A. Ombudsman Service Delivery Strategy:** The Ombudsman staff will continue to absorb increased average bed counts as the number of beds in northern Idaho expands. Information and education presentations to facility staff and resident councils will meet or exceed the requirement of 12 per year. Efficiency and accuracy in reporting should improve as the new state mandated database is developed and improved.

**Performance Measure:**

- Average beds/Ombudsman
- Information and Education Presentation
- Reporting

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Number of Ombudsman</u>	<u>Number of Skilled Nursing Facilities</u>	<u>Number of Assisted Living Facilities</u>	<u>Total Number of Beds</u>	<u>Average Bed Count per Ombudsman</u>	<u>Total Volunteer Ombudsman</u>	<u>Total Information and Education Presentation</u>
SFY 2016 (July 2015 – June 2016) Actual	2	Not Available	Not Available	2,483	1,242	19	24
SFY 2017 (July 2016 – June 2017) Actual	2	Not Available	Not Available	2,653	1,327	16	36
SFY 2018 (July 2017 – June 2018) Actual	2	13	66	2,601	1,301	17	
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**

<u>SFY16</u>		<u>SFY17</u>		<u>SFY18</u>	
<u>Type of Complaint</u>	<u>Total Complaints</u>	<u>Type of Complaint</u>	<u>Total Complaints</u>	<u>Type of Complaint</u>	<u>Total Complaints</u>
Medication	30	Medication NORS #44	16		
Equipment/Bed	30	Public or other congregate housing not providing personal care NORS #131	14		
Billing	22	Equipment Building Disrepair NORS #79	12		
Care Plans	19	Billing NORS #36	10		
Dignity/Respect	18	Exercise Preference/Choice NORS #27	8		

<u>SFY19</u>		<u>SFY20</u>	
<u>Type of Complaint</u>	<u>Total Complaints</u>	<u>Type of Complaint</u>	<u>Total Complaints</u>

**Benchmark:** Maintain 24 or more facility staff and resident council information and education presentations per year.

**B. Ombudsman Coordination Strategy:** Ombudsman staff will expand presentations and information to include more community presentation, such as senior centers, churches, non-profit organizations, local organizations, hospitals, and health fairs, in addition to facility trainings.

**Performance Measure:** Number of community presentations.

**Baseline:** 8 community presentations.

**Benchmark:** At minimum, Increase community presentations by 1 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. Self-neglect is the choice of a vulnerable adult not to provide those services for themselves.
- 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:**

- Area Agency on Aging, 2120 Lakewood Dr., Ste B, Coeur d'Alene, ID 83814, 208-667-3179, M-F 8:30-4:00

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$141,985	\$0	\$141,985
SFY 2017 (July 2016 – June 2017) Actual	\$126,990	\$0	\$126,990
SFY 2018 (July 2017 – June 2018) Budget	\$170,000	\$0	\$170,000
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

**A. Adult Protection Service Delivery Strategy:** Increase public education and presentations to increase awareness of potential victims and how to report concerns of abuse, neglect or exploitation.

**Performance Measure:**

- Presentations
- Reporting

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Abuse Allegations</u>	<u>Neglect Allegations</u>	<u>Self-Neglect Allegations</u>	<u>Exploitation Allegations</u>	<u>Reports to Law Enforcement</u>	<u>Total Information and Education Presentation</u>
SFY 2016 (July 2015 – June 2016) Actual	161	180	185	141	115	19
SFY 2017 (July 2016 – June 2017) Actual	212	168	189	165	238	24
SFY 2018 (July 2017 – June 2018) Actual						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

**Benchmark:** Increase public education with two additional presentations per year.

**B. Adult Protection Coordination Strategy:** Provide Adult Protection awareness and reporting training with hospitals, fire departments, emergency medical, and other professional organizations. Work to secure MOUs with these organizations.

**Performance Measure:**

- Number of presentations and trainings provided to emergency responders.

- Number of MOUs

**Baseline:**

<u>State Fiscal Year (SFY)</u>	<u>Total AP Presentations to Emergency Responders</u>	<u>Number of MOUs with Emergency Response Agencies</u>
SFY 2016 (July 2015 – June 2016)	19	-0-
SFY 2017 (July 2016 – June 2017)	5	4
SFY 2018 (July 2017 – June 2018)		
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

**Benchmark:** Increase presentations/trainings to emergency responders by 2 per year and add at least one MOU with an emergency response agency/organization 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);

Key staff of Area 1 AAA, including the Director and Fiscal and Grants Manager, regularly monitor service delivery, procurement, and budget performance with the North Idaho College Vice President of Business and Finance. Twice

annually the Area 1 Advisory Council meets with the Area 1 Director and key staff to review service, budget and budget parameter recommendations vs. actual performance. After reviewing relevant data sets and recommendations, the Area 1 Director and Grants/Finance Manager develop the AAA budget and performance standards in close consultation with our North Idaho College Supervisor, who in turn approves it on behalf of the elected Board of Trustees.

(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 1 Agency on Aging Assurance:** The budget parameters for in-home services (Homemaker, Respite, Chore and Home Delivered Meals) are identified in Attachment C budget parameters. At each meeting, the Area Agency on Aging’s Advisory Council is provided with year-to-date vs. budget comparisons and are provided opportunities for feedback and questions to AAA staff. The Area 1 Director and the Fiscal and Contracts manager develop an annual budget in consultation with the North Idaho College VP of Business and Finance before the full Area 1 AAA budget is submitted to ICOA. During the area plan development, year-to-date budget parameters are provided to public stakeholders for comment, which are considered during the advisory council recommendation to the Area 1 Director and subsequently the AAA governing 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 1 Agency on Aging of Northern Idaho Assurance:** Each of the senior centers in our Program Service Area (PSA) are going to be designated by the Area 1 AAA as focal points. We will have at least one focal point in each county and the majority of counties will have more than one identified focal point. Going forward, we plan to review feedback from specific communities to determine if there is a need for additional focal points within Area 1, to provide seniors access to multiple long-term care service and support resources.

List the AAA designated focal points:

<u>Name of Focal Point</u>	<u>Address</u>	<u>Contact</u>	<u>Telephone #</u>
Lake City Center-Kootenai	1916 Lakewood Dr., Coeur d'Alene, ID 83814	Manager	208-667-4628
Hayden Senior Center-Kootenai	9428 N Govt Way, Hayden, ID 83835	Manager	(208) 762-7052
Post Falls Senior Center-Kootenai	1215 E 3 <sup>rd</sup> Ave, Post Falls, ID 83854	Manager	(208) 773-9582
Fernwood Senior Center-Benewah	Hwy 3, Fernwood, ID 83830	Manager	208-245-3392
Plummer Meal Site-Benewah	888 C St., Plummer, ID 83851	Manager	208-686-1863
St. Maries Meal Site-Benewah	711A W Jefferson Ave, St. Maries, ID 83861	Manager	208-245-3546
Rathdrum Senior Citizens -Kootenai	8037 W Montana St., Rathdrum, ID 83858	Manager	208-687-2028
Sandpoint Area Seniors, Inc.-Bonner	820 Main St., Sandpoint, ID 83864-Bonner	Manager	208-263-6860
Seniors Hospitality Center-Boundary	6635 Lincoln St., Bonners Ferry, ID 83805-Boundary	Manager	208-267-5553
Clark Fork/Hope Area Sr. Services-Boundary	1001 N Cedar St. Clark Fork, ID 83811	Manager	208-266-1653
Silver Valley Seniors Inc., Shoshone	726 E. Mullan Ave., Osburn, ID 83849	Manager	208-752-1194

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

Any future contracts, grants, and agreements will identify each of the focal points as listed above.
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(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;

<b>Description</b>	<b>Economic Need (Poverty)</b>	<b>Social Need (Lives alone)</b>	<b>Institutional Placement: 75 and over</b>
<b>BASELINE: % of population from the</b>	<b>5.63%</b>	<b>16.69%</b>	<b>28.02%</b>

<b>most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates</b>			
<b>% of register clients receiving Homemaker service</b>	<b>22%</b>	<b>74%</b>	<b>67%</b>
<b>If applicable, % of register clients receiving Chore service</b>	<b>19%</b>	<b>69%</b>	<b>72%</b>
<b>If applicable, % of register clients receiving Minor Home Modification service</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>% of register clients receiving Congregate Meal service</b>	<b>18%</b>	<b>31%</b>	<b>58%</b>
<b>% of register clients receiving Home Delivered Meal service</b>	<b>16%</b>	<b>53%</b>	<b>73%</b>
<b>% of register clients receiving Respite service</b>	<b>7%</b>	<b>4%</b>	<b>40%</b>
<b>If applicable, % of register clients receiving Case Management service</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

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:

<b>Service Description</b>	<b>Describe the mechanism that is in place to meet or exceed Census population %</b>
Respite service	We will increase community presentations and outreach efforts to increase awareness of available respite resources in the five northern counties of Idaho. We will target communications to Area 1 focal points, vendors, non-profits, as well as private non-profits and public service providers,

	such as County Assistance Offices and state and local agencies.
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(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

<b>Description</b>	<b>Low Income 60 + Minority Population</b>	<b>60 + Limited English Population</b>	<b>60 + Living in Rural Areas Population</b>
<b>BASELINE: % of population from the most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates</b>	<b>NA</b>	<b>NA</b>	<b>39.12%</b>
<b>% of register clients receiving Homemaker service</b>	<b>N/A</b>	<b>NA</b>	<b>24%</b>
<b>% of register clients receiving Chore service</b>	<b>N/A</b>	<b>NA</b>	<b>44%</b>
<b>% of register clients receiving Congregate Meal service</b>	<b>N/A</b>	<b>NA</b>	<b>44%</b>
<b>% of register clients receiving Home Delivered Meal service</b>	<b>N/A</b>	<b>NA</b>	<b>36%</b>
<b>% of register clients receiving Respite service</b>	<b>N/A</b>	<b>NA</b>	<b>28%</b>
<b>% of register clients receiving Case Management service</b>	<b>N/A</b>	<b>NA</b>	<b>N/A</b>

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub clause (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:
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<b>Service Description</b>	<b>Describe the mechanism that is in place to meet or exceed Census population %</b>
Homemaker service	We will increase community presentations and outreach efforts to increase awareness of available Homemaker resources in the five northern counties of Idaho. We will target communications to Area 1 focal points, vendors, non-profits, as well as private non-profits and public service providers, such as County Assistance Offices and state and local agencies who serve minorities, people with limited English proficiency and older individuals residing in rural areas.
Home Delivered Meal service	We will increase community presentations and outreach efforts to increase awareness of available Home Delivered Meal Services in the five northern counties of Idaho. We will target communications to Area 1 focal points, vendors, non-profits, as well as private non-profits and public service providers such as County Assistance Offices and state and local agencies who serve minorities, people with limited English proficiency and older individuals residing in rural areas.
Respite service	We will increase community presentations and outreach efforts to increase awareness of available Respite Care Services in the five northern counties of Idaho. We will target communications to Area 1 focal points, vendors, non-profits, as well as private non-profits and public service providers, such as County Assistance Offices and state and local agencies who serve minorities, people with limited English proficiency and older individuals residing in rural areas.

(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;
- (II)

The Area Agency on Aging of North Idaho contracts do not include language to require the providers to specify how they will serve the needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

AAA of North Idaho will begin working on revisions to the current contracts to include the appropriate language and have amendments to the contracts in place no later than 7/1/2018.

- (III) 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

(IV)

Documentation of service to older individuals residing in rural areas in the provider's area of service will include 1) Congregate registration forms submitted by the provider to AAA for recording in the statewide consumer database, 2) Submission of low-income and rural demographics from the Idaho Legal Aid consumer database for consumers requiring legal assistance; and 3) Submission of low-income and rural demographics from transportation programs that currently have tracking mechanisms in place. For low-income minority and limited English speakers, the AAA will coordinate with ICOA to identify the Census baseline. Currently, the AAA tracks non-English speakers, but will be working with ICOA to develop a method to track limited English speakers.

- (V) 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

(VI)

Documentation of service to older individuals residing in rural areas in the provider's area of service will include 1) Congregate registration forms submitted by the provider to AAA for recording in the statewide consumer database, 2) Submission of low-income and rural demographics from the Idaho Legal Aid consumer database for consumers requiring legal assistance; and 3) Submission of low-income and rural demographics from transportation programs that currently have tracking mechanisms in place. For low-income minority and limited English speakers, the AAA will coordinate with ICOA to identify the Census baseline. Currently, the AAA tracks non-English speakers, but will be working with ICOA to develop a method to track limited English speakers.

(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)(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

On an annual basis, the AAA reviews the demographics of the registered consumers and compares it to the U.S. Census demographic percentage.

If a provider is underserving a certain demographic, the AAA will collaborate with the provider in providing outreach, information and assistance to those populations.

For low-income minority, limited English speakers, individuals with severe disabilities and those with Alzheimer's disease and related disorders, the AAA works with the following partners to coordinate the distribution of information and access to services.

Alzheimer's Association  
Disability Action Agency



Panhandle Health District  
Senior Centers  
Health & Welfare  
Local Hospitals

(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

The Area 1 Agency on Aging will utilize our area focal points, public presentations, newsletters, and social media to inform the area's older individuals of the availability of the above services. Another critical partner in disseminating this information is our own Information and Referral Assistance program and workers.

(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;

The Area 1 Agency on Aging will increase our attention to area focal points, public presentations, newsletters and social media, in particular to inform area low-income minority older individuals and those living in rural areas of the availability of activities that may benefit those client groups.

(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 Area Agency on Aging of North Idaho also gives priority to older individuals with disabilities, with particular attention to individuals with severe disabilities, and those at risk for institutional placement (those who are 75+ and 85+).

AAANI also consults with the North Idaho Crisis Center, Regional Medicaid Unit, Disability Action Center and other local resources, as needed. Referrals are made to the Department of Health and Welfare, the Veteran's Administration, and Social Security, as needed and especially when disability services are needed. Our staff coordinates efforts to find possible solutions to best help at-risk individuals and put supports into place for those individuals to remain as independent as possible.

(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;

During the next contract year, AAA of North Idaho has agreed in the Annual Performance Based Contract with ICOA to perform the following duties:

- Administer the approved AAA Area Plan within the geographic region delineated in the plan;
- 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);
- Have an ICOA-approved Area Plan in place by October 15, 2017. Annual updates are required as established by ICOA. The area plan update shall be submitted in a uniform format prescribed by ICOA to meet the requirements of the OAA and all pertinent federal regulations;
- 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; and
- 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;

Area Agency on Aging of North Idaho provides support to children and families through volunteer services with the Boys and Girls Club of Kootenai County. In addition, tutoring in reading is provided to local elementary schools through the Tutoring and Mentoring program.

As appropriate, referrals are made to Relatives as Parents-North Idaho for support groups. The Area Agency on Aging of North Idaho also refers to Idaho Department of Health and Welfare for program to assist families.

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

- (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (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

N/A

- (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;

The Area Agency on Aging of North Idaho houses the North Idaho chapter of the Retired and Senior Volunteer Program (RSVP). This chapter of the RSVP program provides multiple volunteer opportunities to service older individuals or individuals with disabilities, including delivering meals, providing companionship, acting as a court visitor, etc. The Area Agency on Aging of North Idaho also coordinates with volunteer programs in the community, such as the Senior Companion program. The Area Agency on Aging of North Idaho also utilizes trained volunteers for the 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

We are not aware of any other entities conducting programs that receive assistance under the Older American's Act within the planning and service area served by the Area 1 AAA.

(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;

- **Title II of the Domestic Volunteer Service Act of 1973**

The Area Agency on Aging of North Idaho is engaged with Senior Corps programs through the Corporation of National and Community Services (CNCS). AAANI has been the home of the Retired and Senior Volunteer Program since 1997 and involved with the Senior Companion Program since 1978.

- **Titles XVI, XVIII, XIX, and XX of the Social Security Act**

AAANI refers consumers with disabilities to Social Security for Supplemental Security Income for the Aged, Blind and Disabled (Title XVI). Consumers needing requiring Medicaid (Title XIX) are referred to the Idaho Department of Welfare. Seniors or grandparents raising grandchildren may seek referrals for assistance through the Idaho Care Line by calling 211, where they are directly routed to local Area Agencies on Aging, or other appropriate resources, for assistance.

- **Sections 231 and 232 of the National Housing Act**

AAANI assists consumers with housing issues by referring to Idaho Housing, HUD, or by providing lists of senior housing projects in each of the five counties of PSA1.

- **Title I of the Higher Education Act of 1965 and the Adult Education and Family Literacy Act**

AAANI operates under North Idaho College, which offers many opportunities for older adults, minorities, and disabled individuals to pursue higher education goals.

- **Sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964**

AAANI participates with the Kootenai County Public Transit Office, Social Services Advisory Board, to coordinate in development of public transportation in the urban areas of Coeur d'Alene, Hayden and Post Falls. AAANI contracts with transportation programs throughout PSA1 who utilize federal 5310 grants to provide transportation of older adults and people with disabilities.

- **The Low-Income Home Energy Assistance Act of 1981**  
 Individuals needing energy assistance with home heating are referred to Community Action Partnership for the Low-Income Energy Assistance Program (LIHEAP). Also, many of the AAANI contracted focal points host annual application sessions for LIHEAP assistance. Referrals are also made to the Avista Project Share for emergency or hardship situations.
- **Part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low-income persons**  
 AAANI also refers consumers to the Community Action Partnership offices in North Idaho for weatherization programs for low-income individuals, as well as Avista. AAANI annually hosts an Avista Senior Education Workshop to teach how to conserve and use energy efficiently.
- **The Community Services Block Grant Act**  
 AAANI frequently refers low-income individuals to the Community Action Partnership food bank programs.
- **Demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code**  
 AAANI utilizes the valuable demographic data provided by periodic census conducted by the Bureau of the Census.
- **Parts II and III of title 38, United States Code**  
 For veterans, AAANI makes referrals to the Veterans Services Offices, which are in each county. The Veteran Service Officers at these locations will assist with applying for VA benefits.
- **The Developmental Disabilities Assistance and Bill of Rights Act of 2000**  
 AAANI has been designated as an Aging and Disability Resource Center and coordinates with many organizations and non-profits to identify resource and assistance for individuals with disabilities.
- **Sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004)**  
 AAANI promotes the use of assistive technology and refers individual who may benefit from such technology to the Idaho Assistive Technology Project operated by the University of Idaho.

(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;

Area 1 AAA coordinates with multiple local agencies to assist older individuals with behavioral issues. We also refer clients to a variety of other community resources including Kootenai Behavioral Health, Heritage Mental Health, Department of Health & Welfare Adult Mental Health and the North Idaho Crisis Center.

(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

Native American Population Vs. Total Population Area 1

	Total Pop	NA Pop	% of NA Pop
Benewah	9,092	782	8.6%
Bonner	42,536	340	0.8%
Boundary	11,681	234	2.0%
Kootenai	154,311	216	1.4%
Shoshone	12,452	22	1.8%
AREA 1	230,072	1,594	6.90%

*Source:*

*2015/2016*

*US Census*

(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;

Area 1 Adult Protection workers regularly work to increase public awareness of AP services through educational presentations to emergency personnel, including fire, police and EMTs, and to assisted living facilities, residential

habilitation personnel, CNA and Social Work classes and other organizations.

(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;

The AAA collaborates with the Alzheimer's Association-Inland Northwest Chapter to provide family caregivers with self-care tools to deal with caregiver stress, family communications, challenging situations, and making difficult decisions; critical care hospitals in rural counties with an evidence based program to provide assistance in transitioning from hospital to home, including review of medications and red flags for potential recovery issues; volunteer support for the Panhandle Health District Fit and Fall Proof program for fall prevention; and the Retired and Senior Volunteer Program -Friendship Corps to provide friendly visiting and resource assistance to isolated, homebound seniors.

The AAA coordinates activities with health and information fairs; trainings and in-home visits with seniors for the North Idaho College Nursing Program; Scam Jams with AARP; nutrition education and safe food handling for contracted meal sites; and family caregiver education with the Alzheimer's Association.

The AAA Director consults with the North Idaho College Vice President of the Office of Finance and Business on a weekly basis; the AAA I Advisory Council on a semi-annual basis; AAA contracted nutrition, homemaker, and family caregiver respite providers as needed or during onsite reviews; the Idaho Association of Area Agencies on Aging monthly; and the Idaho Commission on Aging monthly; with the staff supervisors/lead workers for Information and Assistance, Adult Protection, Ombudsman, Senior Medicare Patrol and MIPPA programs; and quarterly in-person meetings with the governor appointed Idaho Commission on Aging Board of Commissioners.

(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 Area Agency on Aging maintains a current unbiased list of assisted living and skilled nursing facilities in the PSA for individuals and families considering long-term care placement. Ombudsmen offer guidance and information if needed. For caregivers who wish to keep their loved ones at home for as long as possible, in-home services, such as respite, home-delivered meals, homemaker, and chore are available to eligible participants to help maintain a safe environment and good quality of life. Legal assistance is available for seniors and family caregivers. Other assistance is provided

through our Information and Assistance staff, who can provide referrals for other community and in-home services.

(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;

Older adults who need assistance to remain in their homes may receive support services through providers contracted with the Area Agency on Aging. Available services include congregate meals at senior centers, home-delivered meals, homemaker (light housekeeping), limited chore service, in-home respite for family caregivers, caregiver education, legal assistance, and transportation. In-home services require an eligibility screening, which is done over the phone. Other support services provided by the AAA to help seniors remain safe and independent in their own homes include Information and Assistance, Adult Protection, friendly visiting through the Retired and Senior Volunteer Program, Medicare fraud protection education, and assistance with Medicare “Extra Help” programs for low-income individuals.

(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 O** 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 P** 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;



AAA does not provide case management services in situations where it would create a duplication of services with other Federal or State programs, such as Veteran Services, or the Idaho Department of Health & Welfare, or Disability Action.

AAA will instead utilize I&A staff for those cases where no other Case Management service is available, the consumer is unable to manage multiple services for themselves or when no other supports are available to assist.

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

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

AAA staff coordinate with other Federal and State programs to help ensure individuals in need of assistance are connected with appropriate services those programs can provide.

(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;

AAA provides appropriate referrals to other Federal, State or non-profit organizations that can provide similar services for individuals that could benefit from those services.

(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;

Older individuals seeking services through the AAA are provided with the information to make a consumer choice selection of available service providers. This selection is documented in the state information management database.

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

AAA case managers make referrals based on the services needed, not on the agencies providing those services. Lists are provided of all known providers for specific services to encourage client choice by eligible consumers.

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

The AAA will provide case management for any eligible consumer that is unable to coordinate multiple services for themselves, and no other case

management or other supports are available to assist. The AAA provides in all geographical areas of the PSA. These are very limited occasions.

(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;

The State Long-Term Care Ombudsman expends funding within parameters established by the state agency.

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

Provide as **Attachment Q** 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;

The total Native American population for Area 1 is less than 10% of the total area population. The only county that is more than 2% of Native American population is Benewah County.

AAA does participate annually with the health fair at the Coeur d'Alene Tribe's Wellness Center to provide outreach to tribal and non-tribal individuals living in the south end of Kootenai Co. and west side of Benewah County, most of which encompasses the Reservation.

(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

While the Area 1 AAA does not have a formal contractual relationship with either the Coeur d'Alene or Kootenai Tribes, it is our intent to develop stronger relationships and coordination of services whenever possible with Tribal programs for older Native Americans.

(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

AAA services are available to all eligible consumers within the PSA.

While the Area 1 AAA does not have a formal contractual relationship with either the Coeur d'Alene or Kootenai Tribes it is our intent to develop stronger relationships and coordination of services whenever possible with Tribal programs for older Native Americans.

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

The following clauses are included in all contracts with service providers working with older individuals in PSA I:

**RECITALS**

- A. AAA administers and contracts federally funded programs under the Older Americans Act of 1965, as amended, and state funded programs under the Senior Services Act, serving older adults.
- B. Pursuant to Idaho Code, Chapter 50, title 67-5005 and the Older Americans Act of 1965, as amended, AAA is authorized to contract with provider entities to provide state and Older Americans Act funded services to older adults.
- C. AAA desires to enter into this contract to provide funding for services for older adults pursuant to the approved area plan and all applicable state and federal laws, rules, regulations and policies.
- D. The Service Provider agrees to perform certain services for AAA, under the terms and conditions set forth in this contract, for the fees established in this contract, and for the full term of this contract.

(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;

All AAA contracted providers must be approved by the Idaho Commission on Aging. Information provided to the ICOA includes whether the provider is a non-profit or for-profit organization, the vendor name, type of service contracted, rate of reimbursement for services, contract start and end dates, and the procurement method (RFP, Sole Source or Cost Analysis).

(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 following clauses are included in all contracts with service providers working with older individuals in PSA1 that help ensure the quantity and quality of services provided:

1. Reports and Information. Unless waived in writing by AAA, the Service Provider shall provide the required monthly and quarterly reports listed below, and any other special reports as may be requested.

Description/Program	Due Date
Monthly Invoice	10th day of the Month
Monthly Service Activity (service detail roster)	10th day of the Month
Quarterly Fiscal & Demographic Report	15th day of the Month

2. Monitoring and Records. AAA will periodically assess through desktop monitoring, and at AAA discretion, with on-site reviews, the quality of service, program and fiscal records, and compliance with the contract of the programs provided by the Service Provider under this contract. The Service Provider shall maintain all records required by the Older Americans Act, state administrative rules, this contract and applicable operations manuals. All such records shall be maintained for three (3) years after the end of this contract, unless otherwise provided or required by law. The Service Provider agrees to provide access to records to the Idaho Commission on Aging (ICOA) and AAA.
3. Termination by Default. This contract may be terminated by either party upon the occurrence of the following:
  - a. Failure to perform in accordance with any of the terms of this contract and such failure remains uncured for a period of five (5) days after written notice thereof is sent to the other party.
  - b. Violation of federal or state law, rule, or regulations, or applicable operations manuals.

(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

See Response to "C" above.

(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;

The following clauses are included in AAA Performance Based Contract with ICOA and signed by the Area Director and the VP of Business and Finance for North Idaho College, our parent Agency.

**B. Disbursement and Expenditure of Funds**

4. Disbursement of Funds. ICOA will disburse State and Federal funds according to the ICOA estimated budget template for the current State Fiscal year, incorporated herein as Attachment B, subject to and contingent upon the continuing availability of State and Federal funds.

5. Budget Expenditure Guidelines. The AAA will:

a. Expend the funds within the minimum and maximum amounts as identified in Attachment B.

b. Provide non-federal share match funding as required by OAA and specified in Attachment B.

c. Request reimbursement using the invoices and dates specified in the ICOA Program Manual and any Addendums. Invoices must be allowable, complete, and accurate to receive payments.

6. Allowable Costs. The AAA will follow federal and state guidelines for allowable costs as referenced in IDAPA 15.01.20.066, applicable federal regulations and federal Office of Management and Budget circulars and ICOA Program Manual, as incorporated in Attachment A, and shall require all service subcontractors to also follow these guidelines.

(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 following clauses are included in all contracts with service providers working with older individuals in PSA 1:

**Civil Rights and Non-Discrimination.** During the performance of this Agreement, the Service Provider shall comply with non-discrimination requirements. Requirements of non-discrimination include, but are not limited to, the following:

No individual shall be denied services or benefits provided under the agreement on the grounds of race, color, national origin, gender, creed, age, marital status, sexual orientation, veteran's status or disability:

The provider shall not provide any services or other benefits to a qualified individual that are different, or are provided in a manner differing from

that provided to others under the agreement, or any contract awards pursuant to the agreement;

No individual shall be subjected to segregation or separate treatment in any services or other benefits provided to others under the agreement;

No individual shall be denied the opportunity to participate in any program(s) provided by the agreement for the provision of services, or otherwise afford an opportunity to do so which is different from that afforded others;

(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

The AAA understands self-directed care to mean that participants, or their representatives if applicable, have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports. The AAA offers older consumers self-directed care.

AAA consumers determine which in-home service provider agency the consumer wishes to have. The AAA then directs a consumer referral to that selected agency of choice. Every in-home service provider has a daily task sheet and the provider documents the date and time of service. The AAA serviced consumer is required to sign-off on this task sheet which is then submitted to the worker's employer for reimbursement.

(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 L, 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 1s 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.

All contracts provide the following clause, one of many protecting the confidential information of AAA Clients.

1. Other Client Rights.

- a. Safeguarding Confidential Information. The use or disclosure by any party of any identifying information concerning a recipient or client for any purpose not directly connected with the administration of the ICOA's and AAA's responsibilities with respect to service under this contract is prohibited. Exceptions to this include informed consent of the recipient or client, his or her attorney, or responsible guardian. To meet the requirements of informed consent, a written release of information shall be completed and signed by the recipient or client, his or her attorney, or responsible guardian.

- (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).

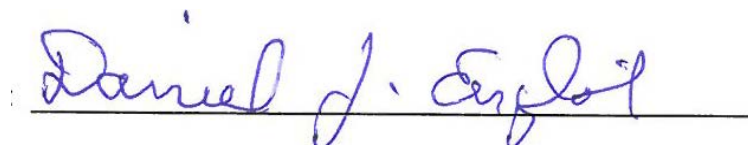
(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period



described in subparagraph (A), the State agency may extend the period for not more than 90 days. (42 U.S.C. 3026)

**Area 1 Area Agency on Aging  
Dan English, Director**

Signature:

A handwritten signature in blue ink, reading "Daniel J. English", is written over a horizontal line.

Date: 6/30/2017

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															
Total OAA Federal Funds											\$	5,383,400					\$	538,340	\$	397,710	\$	4,845,060	\$	3,579,390	\$	9,360,500
Total State Funds											\$	3,977,100														
Total Funds											\$	9,360,500														
Less: 10% Base Amount of Federal and State Funds											\$	936,050														
<b>Balance to be Distributed by Formula:</b>											\$	8,424,480														
			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										
<b>TOTAL</b>	<b>1,599,464</b>	<b>305,607</b>	<b>17,492</b>	<b>64,280</b>	<b>9,551</b>	<b>12,585</b>	<b>104,570</b>	<b>89,312</b>	<b>25,556</b>	<b>313,346</b>		<b>\$ 538,340</b>	<b>\$ 397,710</b>	<b>\$ 4,845,060</b>	<b>\$ 3,679,390</b>	<b>\$ 9,360,500</b>										
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.

<b>Column 1</b>	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.
<b>Column 2</b>	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.
<b>Column 3</b>	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.
<b>Column 4</b>	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.
<b>Column 5</b>	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.
<b>Column 6</b>	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.
<b>Column 7</b>	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.
<b>Column 8</b>	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.
<b>Column 9</b>	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.
<b>Column 10</b>	Column 10 sums each row for columns 3 - 9 and identify the total "Weighted Elderly Population (At Risk)" per PSA.
<b>Column 11</b>	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.
<b>Column 12</b>	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.
<b>Column 13</b>	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.
<b>Column 14</b>	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.
<b>Column 15</b>	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.
<b>Column 16</b>	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.**

<b>Services where maximum funding can be lower but not higher.</b>			
<b>Provider</b>	<b>Service</b>	<b>Maximum</b>	<b>AAA Budget Percentage</b>
Direct AAA Service	AAA Administration	10%	10%
Direct AAA Service	AAA Coordination/Program Development	2%	2%
Direct AAA Service	Adult Protection	15%	10%
Direct AAA Service	Ombudsman	5%	6%
		32%	28%
<b>Services where minimum funds can be higher, but not lower.</b>			
<b>Provider</b>	<b>Service</b>	<b>Minimum</b>	<b>AAA Budget Percentage</b>
Contracted Service	Home Delivered Meals	37%	15%
Contracted Service	Congregate Meals		22%
Contracted Service	Legal Assistance (3% of Title IIIB funding)	1%	2%
Contracted Service	Transportation	15%	3%
Contracted Service	Homemaker		10%
Contracted Service	National Family Caregiver Program (Respite only)		4%
		53%	56%
<b>Services with variable percentage of funds.</b>			
<b>Provider</b>	<b>Service</b>	<b>Variable</b>	<b>AAA Budget Percentage</b>
Direct AAA Service	Information & Assistance	15%	14%
Direct AAA Service	Case Management		0%
Direct AAA Service	Outreach		0%
Contracted Service	Chore		0%
Contracted Service	Home Modification		0%
Combination	National Family Caregiver (not including Respite)		1%
Contracted Service	Health Promotions & Disease prevention		1%
		15%	16%
<b>Total OAA and State Formula Funding Allocations</b>		<b>100%</b>	<b>100%</b>

**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.

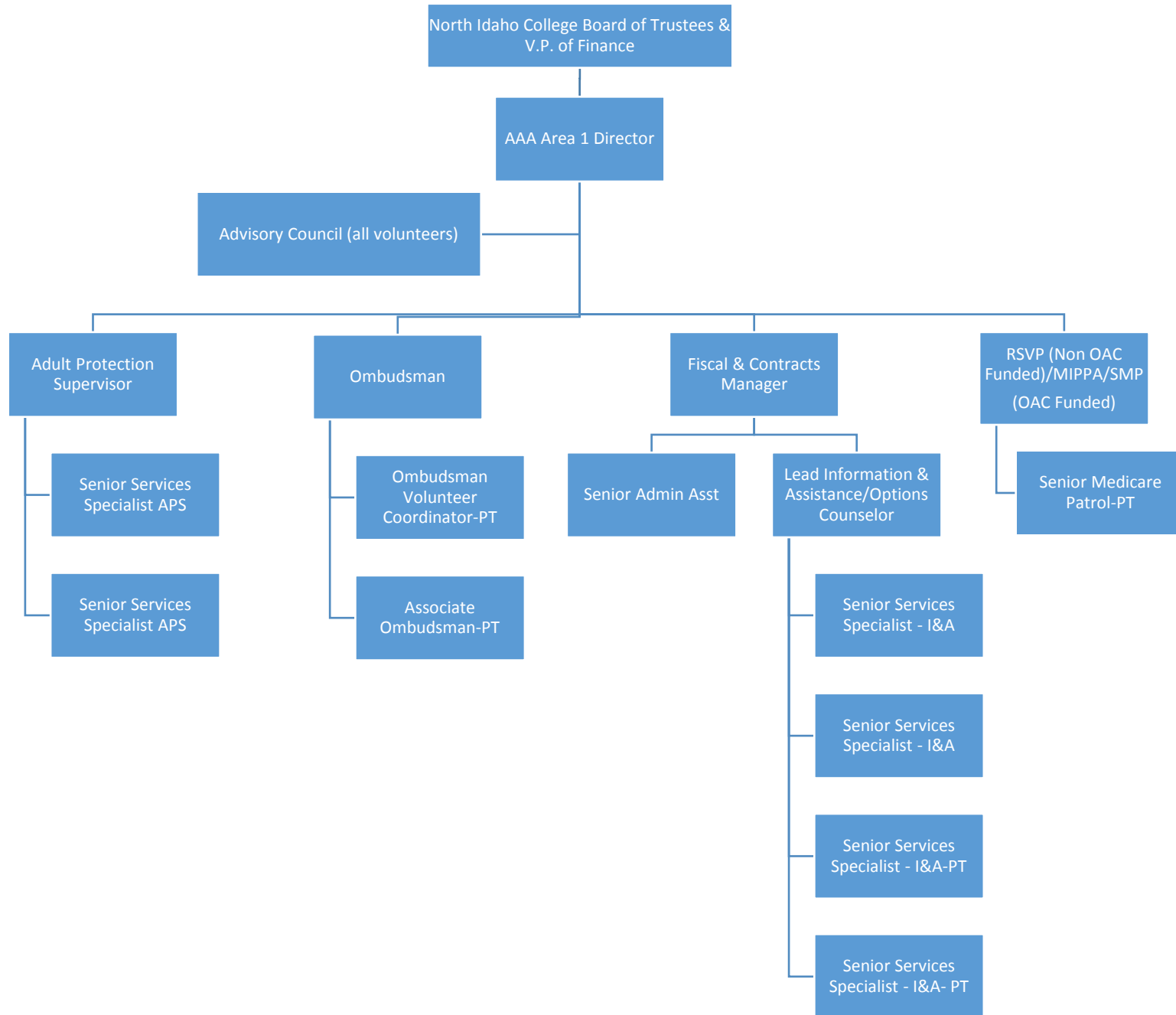
**Funding Source:** OAA and SSA funds.

<b>1. Service Delivery:</b> Maximize OAA and SSA funding to ensure adequate proportion of funding is distributed to each category of service.	<b>Performance Measure:</b> Minimum and maximum service earmark requirements.
	<b>Baseline:</b> See Table above.
	<b>Benchmark:</b> AAA budgets that meet earmark requirements.



# Area 1 Agency on Aging Organizational Chart – Revised September 2017

(All positions Full Time unless otherwise indicated)



**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.							
<b>Circle the client's income range, then circle the Percentage of the hourly fee the client will be required to pay.</b>							
Client's Name:				Date:			
<b>MONTHLY INCOME</b>		<b>ANNUAL INCOME</b>		<b>FEE</b>	<b>HMK FEE</b>	<b>RESPITE FEE</b>	<b>ADULT DAY CARE FEE</b>
<b>Individual Income</b>				_____ %	_____ %	_____ %	_____ %
		\$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%	
<b>TWO Persons in Household</b>				_____ %	_____ %	_____ %	_____ %
		\$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%	
<b>THREE Persons in Household</b>				_____ %	_____ %	_____ %	_____ %
		\$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%	
<b>FOUR Persons in Household</b>				_____ %	_____ %	_____ %	_____ %
		\$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.							



**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
<b>Families with more than 8 persons</b>	<b>(100% add \$4,180)</b>	<b>(125% add \$5,225)</b>	<b>(150% add \$6,270)</b>

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.

## Attachment G

### Planning and Service Area 1- Area Plan Steering Committee

<u>Name</u>	<u>Affiliation</u>	<u>Title</u>
Marla Rogers	Kootenai County Assistance	Retired Director
Janie Wilson	Panhandle Health District	Healthcare Liaison/EPC Public Health Preparedness Panhandle Health District
Rick Currie	Lake City Center	Current Director of local Senior Center/focal point/former Kootenai County Commissioner.
	Note: More may be added after final draft 7/1/17 as needed.	

## 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: <u>Velda Ausman</u>										
County of Residence: <u>Benewah</u>										
Beginning Term Date: <u>Nov. 2014</u>										
Ending Term Date: <u>Dec. 2017</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x		x					x

Advisory Council Member's Name: <u>Leslie Crane</u>										
County of Residence: <u>Benewah</u>										
Beginning Term Date: <u>Nov. 2014</u>										
Ending Term Date: <u>Dec. 2017</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x			x		x					x

Advisory Council Member's Name: <u>Cindy Mottern</u>										
County of Residence: <u>Benewah</u>										
Beginning Term Date: <u>Feb. 2013</u>										
Ending Term Date: <u>Dec. 2019</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
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: <u>Bob Rogers</u>										
County of Residence: <u>Benewah</u>										
Beginning Term Date: <u>Mar. 2010</u>										
Ending Term Date: <u>Dec. 2016</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
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: <u>Rosemary Niemier-Newman-Service Provider Representative</u>										
County of Residence: <u>Benewah</u>										
Beginning Term Date: <u>Svc Provider</u>										
Ending Term Date: <u>TBD-Oct Mtg</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	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: <u>Carol Burroughs</u>										
County of Residence: <u>Bonner</u>										
Beginning Term Date: <u>Jan. 2016</u>										
Ending Term Date: <u>Dec. 2018</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x		x					x

Advisory Council Member's Name: <u>Esther Gilchist-Bonner County Commissioners Representative</u>										
County of Residence: <u>Bonner</u>										
Beginning Term Date: <u>Apr. 2005</u>										
Ending Term Date: <u>TBD-Oct Mtg</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x	x	x		x			x

Advisory Council Member's Name: <u>Susan Kiebert</u>										
County of Residence: <u>Bonner</u>										
Beginning Term Date: <u>Mar. 2016</u>										
Ending Term Date: <u>Dec. 2018</u>										
Select <b>all</b> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
			x		x		x			x

Advisory Council Member's Name: <u>Betty Record</u>										
County of Residence: <u>Bonner</u>										
Beginning Term Date: <u>Mar. 2016</u>										
Ending Term Date: <u>Dec. 2018</u>										
Select <b>all</b> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	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: <u>Carey Spears</u>										
County of Residence: <u>Bonner</u>										
Beginning Term Date: <u>2017</u>										
Ending Term Date: <u>2020</u>										
Select <b>all</b> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	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: <u>Sandpoint Area Seniors, Inc.-Service Provider Representative</u>										
County of Residence: <u>Bonner</u>										
Beginning Term Date: <u>Svc. Provider</u>										
Ending Term Date: <u>TBD-Oct Mtg</u>										
Select <b>all</b> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x	x	x	x				x

Advisory Council Member's Name: <u>Gini Woodward-Boundary County Commissioner's Rep.</u>										
County of Residence: <u>Boundary</u>										
Beginning Term Date: <u>Jul. 2009</u>										
Ending Term Date: <u>TBD-Oct Mtg</u>										
Select <b>all</b> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x			x		x					x

Advisory Council Member's Name: <u>Seniors Hospitality, Inc.-Service Provider Representative</u>										
County of Residence: <u>Boundary</u>										
Beginning Term Date: <u>Svc. Provider</u>										
Ending Term Date: <u>TBD-Oct Mtg</u>										
Select <b>all</b> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x	x	x	x				x

Advisory Council Member's Name: <u>Jennifer Van Etten</u>										
County of Residence: <u>Boundary</u>										
Beginning Term Date: <u>Jan. 2011</u>										
Ending Term Date: <u>Dec. 2017</u>										
Select <b>all</b> 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: <u>Joanna Adams</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>Jun. 2016</u>										
Ending Term Date: <u>Jun. 2019</u>										
Select <b>all</b> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x				x		x			x

Advisory Council Member's Name: <u>Any Bartoo</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>Nov. 2014</u>										
Ending Term Date: <u>Dec. 2017</u>										
Select <b>all</b> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
					x		x			x

Advisory Council Member's Name: <u>Linda Beecher</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>Mar. 2016</u>										
Ending Term Date: <u>Dec. 2018</u>										
Select <b>all</b> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x			x	x					x

Advisory Council Member's Name: <u>Tanya L. Chesnut</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>Apr. 2013</u>										
Ending Term Date: <u>Jun. 2019</u>										
Select <b>all</b> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x				x	x					x

Advisory Council Member's Name: <u>Kay Kindig</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>Apr 2016</u>										
Ending Term Date: <u>Jun. 2019</u>										
Select <b>all</b> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x			x	x					x

Advisory Council Member's Name: <u>Kathleen (Kitty) Krier</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>Apr. 2016</u>										
Ending Term Date: <u>Dec. 2018</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x				x	x		x			x

Advisory Council Member's Name: <u>Luisa Loomis</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>Jul. 2014</u>										
Ending Term Date: <u>Jun. 2017</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
	x				x					x

Advisory Council Member's Name: <u>John Albee</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>June 2017</u>										
Ending Term Date: <u>Jun. 2020</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x					x					x

Advisory Council Member's Name: <u>Robert Myklebust</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>Oct. 2014</u>										
Ending Term Date: <u>Dec. 2017</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x				x			x			x



Advisory Council Member's Name: <u>Charles M. Williams</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>Apr. 2012</u>										
Ending Term Date: <u>Jun. 2018</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x					x					x

Advisory Council Member's Name: <u>Erma Williams-Service Provider Representative</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>Svc. Provider</u>										
Ending Term Date: <u>TBD-Oct Mtg</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x					x	x				x

Advisory Council Member's Name: <u>M. Christine (Christy) Rude</u>										
County of Residence: <u>Shoshone</u>										
Beginning Term Date: <u>Feb. 2016</u>										
Ending Term Date: <u>Dec. 2018</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
	x		x		x					x

Advisory Council Member's Name: <u>Chris Magera, LCSW, ICOA Area 1 Commissioner</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>June 2017</u>										
Ending Term Date: <u>June 2020</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
	x				x					x

Advisory Council Member's Name: <u>Julie A. Crnkovich</u>										
County of Residence: <u>Kootenai</u>										
Beginning Term Date: <u>Feb. 2016</u>										
Ending Term Date: <u>Dec. 2018</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	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: <u>Peggy White-Advisory Council Secretary</u>										
County of Residence: <u>Shoshone County Commissioners Rep.</u>										
Beginning Term Date: <u>May 2008</u>										
Ending Term Date: <u>TBD-Oct Mtg</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x		x		x		x	x

Advisory Council Member's Name: <u>Kathy Davis-Service Provider Representative</u>										
County of Residence: <u>Shoshone</u>										
Beginning Term Date: <u>Svc. Provider</u>										
Ending Term Date: <u>TBD-Oct Mtg</u>										
<b>Select <u>all</u> Categories that the Council Member Represents</b>										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individuals	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x		x	x				x

# Brief Timeline of Area 1 AAA 4-Year Area Plan Development



## Attachment J

### Comments on Area Plan in Planning and Service Area (  1  )

An initial draft of the Area Plan was sent to all Senior Centers in early May 2017, with notice that a public presentation to review and make comments on the Plan would be held on June 14<sup>th</sup>, 2017. It was held at the Area 1 AAA office and had very light attendance.

The draft plan has also been posted on the Area 1 website since June 15<sup>th</sup> and we will continue to accept any comments even after our final draft has been submitted to the Idaho Commission on Aging on June 30<sup>th</sup>, 2017. Between July 1, 2017, and October 15<sup>th</sup>, 2017, we will continue to respond to refine and edit the final version of our Area 1 four-Year plan based on input from ICOA, the public, and our local communities.

The few comments we've received so far are noted in the section(s) they pertain to below.

#### Executive Summary

1. **Comment:** "Numbers are on the rise! The Boomers are getting gray!"  
**Outcome:** Agreed with comment at the public presentation.

#### Planning Process

1. **Comments:** None to date  
**Outcome:**

#### Comments on the Core Services

##### 1. Transportation

###### Transportation Service Funding

**Comments:** None to date

**Outcome:**

###### A. Comments on Transportation Service Delivery:

**Outcome:** None to date

###### B. Comments on Transportation Coordination:

**Outcome:**

##### 2. Outreach

###### Outreach Service Funding

**Comments:** None to date

**Outcome:**

- A. **Comments on Outreach Service Delivery:** None to date  
**Outcome:**
  
- B. **Comments on Outreach Coordination:**  
**Outcome:** None to date
  
- 3. **Information and Assistance (I&A)**  
**Information and Assistance Service Funding**  
**Comments:** None to date  
**Outcome:**
  - A. **Comments on I&A Service Delivery:**  
**Outcome:** None to date
  
  - B. **Comments on I&A Coordination:**  
**Outcome:** None to date
  
- 4. **Case Management (CM)**  
**Case Management Service Funding**  
**Comments:** None to date  
**Outcome:**
  - A. **Comments on CM Service Delivery:** None to date  
**Outcome:**
  
  - B. **Comments on CM Coordination:** None to date  
**Outcome:**
  
- 5. **Homemaker**  
**Homemaker Service Funding**  
**Comments:** None to date  
**Outcome:**
  - A. **Comments on Homemaker Service Delivery:**  
**Outcome:**
  
  - B. **Comments on Homemaker Coordination:** None to date  
**Outcome:**
  
- 6. **Chore**  
**Chore Service Funding**

**Comments:** None to date

**Outcome:**

A. **Comments on Chore Service Delivery:** None to date

**Outcome:**

B. **Comments on Chore Coordination:** None to date

**Outcome:**

7. **Minor Home Modification**

**Minor Home Modification Service Funding**

**Comments:** None to date

**Outcome:**

A. **Comments on Minor Home Modification Service Delivery:** None to date

**Outcome:**

B. **Comments on Minor Home Modification Coordination:** None to date

**Outcome:**

8. **Legal Assistance**

**Legal Assistance Service Funding**

**Comments:** None to date

**Outcome:**

A. **Comments on Legal Assistance Service Delivery:** None to date

**Outcome:**

B. **Comments on Legal Assistance Coordination:** None to date

**Outcome:**

9. **Congregate Meals**

**Congregate Meal Service Funding**

**Comments:** “We need more funding for senior center meals, both in-house and home delivered.”

**Outcome:** Taken into account for budget for next fiscal year.

**Comments on Congregate Meal Service Delivery:** “We need more funding for senior center meals, both in-house and home delivered.”

A.

**Outcome:** Taken into account for budget for next fiscal year.

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

**Outcome:**

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

##### **Home Delivered Meal Service Funding**

**Comments:**

**Outcome:**

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

**Outcome:**

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

**Outcome:**

#### 11. Disease Prevention and Health Promotions

##### **Disease Prevention and Health Promotions Service Funding**

**Comments:** None to date

**Outcome:**

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

**Outcome:** None to date

B. **Comments on Health Promotions and Disease Prevention Coordination:**

**Outcome:** None to date

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

##### **National Family Caregiver Support Program Service Funding**

**Comments:** “We need more (much more) funding for adult day care centers

**Outcome:** Taken into account for budget for next fiscal year.

A. **Comments on NFCSP Service Delivery:** None to date

**Outcome:**

B. **Comments on NFCSP Coordination:** None to date

**Outcome:**

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

##### **Senior Medicare Patrol Service Funding**

**Comments:** None to date

**Outcome:**

A. **Comments on SMP Service Delivery:** None to date

**Outcome:**

B. **Comments on SMP Coordination:** None to date

**Outcome:**

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

**Medicare Improvement for Patients and Providers Act Service Funding**

**Comments:** None to date

**Outcome:**

A. **Comments on MIPPA Service Delivery:** None to date

**Outcome:**

B. **Comments on MIPPA Coordination:** None to date

**Outcome:**

15. **Participant-Directed/Person Centered Planning**

A. **Comments on Participant-Directed/Person Centered Planning Service Delivery:**

None to date

**Outcome:**

B. **Comments on Participant-Directed/Person Centered Planning Coordination:** None to date

**Outcome:**

16. **Ombudsman**

**Ombudsman Service Funding**

**Comments:** None to date

**Outcome:**

A. **Comments on Ombudsman Service Delivery:** None to date

**Outcome:**

B. **Comments on Ombudsman Coordination:** None to date

**Outcome:**



17. **Adult Protection Services**

**Adult Protection Service Funding**

**Comments:** None to date

**Outcome:**

A. **Comments on Adult Protection Service Delivery:** None to date

**Outcome:**

B. **Comments on Adult Protection Coordination:** None to date

**Outcome:**

**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**

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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**

<b>Outcomes</b>	<b>Survey Results</b>	<b>Source</b>
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 11
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.

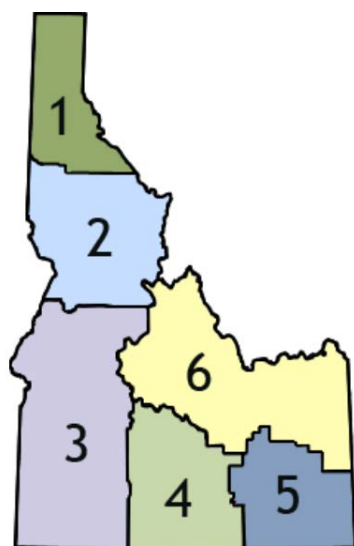
- a. Disease prevention and health promotion programs were reported as a top current need, and also had among the highest rates for both receiving and wanting services. Providing additional programs and resources in this area could avoid or delay the need for more costly long-term care services and supports 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	<a href="http://www.aging.idaho.gov/aaa/area_1.html">www.aging.idaho.gov/aaa/area_1.html</a>
Area II	Lewiston	208-743-5580	<a href="http://www.aging.idaho.gov/aaa/area_2.html">www.aging.idaho.gov/aaa/area_2.html</a>
Area III	Meridian	208-332-1745	<a href="http://www.aging.idaho.gov/aaa/area_3.html">www.aging.idaho.gov/aaa/area_3.html</a>
Area IV	Twin Falls	208-736-2122	<a href="http://www.aging.idaho.gov/aaa/area_4.html">www.aging.idaho.gov/aaa/area_4.html</a>
Area V	Pocatello	208-233-4032	<a href="http://www.aging.idaho.gov/aaa/area_5.html">www.aging.idaho.gov/aaa/area_5.html</a>
Area VI	Idaho Falls	208-522-5391	<a href="http://www.aging.idaho.gov/aaa/area_6.html">www.aging.idaho.gov/aaa/area_6.html</a>

## 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),<sup>1</sup> 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)<sup>2</sup> as well as other surveys that the ISU-IRH has developed over the past few years.<sup>3</sup> 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

<sup>1</sup> 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](http://www.idahoaging.com/Documents/ICOA_State_Plan_2012-2016_final_20121016.pdf)

<sup>2</sup> Administration for Community Living Performance Outcome Measurement Project (POMP).

[http://www.aoa.acl.gov/Program\\_Results/POMP/Index.aspx](http://www.aoa.acl.gov/Program_Results/POMP/Index.aspx)

<sup>3</sup> Real Choices Systems Change Grants for Community Living (Money Follows the Person), 2001-2006; Traumatic Brain Injury State Planning, Implementation, and Implementation Partnership Grants (2000-2018).

design, and data collection to data analysis, reporting and presentation.”<sup>4</sup> 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**

	<b>2011 Total Population</b>	<b>Age 50+</b>	<b>Age 60+</b>	<b>Age 65+</b>	<b>Age 70+</b>	<b>Age 80+</b>	<b>Total Living Alone</b>	<b>Living Alone Age 65+</b>
<b>State</b>	<b>1,583,780</b>	<b>496,622</b>	<b>293,532</b>	<b>204,523</b>	<b>137,080</b>	<b>25,119</b>	<b>138,692</b>	<b>51,540</b>
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

<sup>4</sup> 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+
<b>State</b>	<b>72,678</b>	<b>141,752</b>	<b>215,155</b>	<b>347,583</b>	<b>435,474</b>	<b>157,294</b>	<b>67,589</b>
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+
<b>1<sup>st</sup> Highest</b>	Region 1	Region 1	Region 3	Region 3	Region 3	Region 5	Region 3
<b>2<sup>nd</sup> Highest</b>	Region 5	Region 3	Region 1	Region 1	Region 4	Region 3	Region 4
<b>3<sup>rd</sup> Highest</b>	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
<b>Region 1</b>	1 <sup>st</sup> Highest: Oldest Population, Lowest Income 2 <sup>nd</sup> Highest: Living Alone, Rural 3 <sup>rd</sup> Highest:	300
<b>Region 2</b>	1 <sup>st</sup> Highest: 2 <sup>nd</sup> Highest: 3 <sup>rd</sup> Highest: Oldest Population, Native American	225
<b>Region 3</b>	1 <sup>st</sup> Highest: Living Alone, Rural, Minority, Limited English 2 <sup>nd</sup> Highest: Low Income, Native American 3 <sup>rd</sup> Highest:	450
<b>Region 4</b>	1 <sup>st</sup> Highest: 2 <sup>nd</sup> Highest: Minority, Limited English 3 <sup>rd</sup> Highest: Living Alone	250
<b>Region 5</b>	1 <sup>st</sup> Highest: Native American 2 <sup>nd</sup> Highest: Oldest Population 3 <sup>rd</sup> Highest: Low Income, Rural, Limited English	350
<b>Region 6</b>	1 <sup>st</sup> Highest: 2 <sup>nd</sup> Highest: 3 <sup>rd</sup> 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:
  - Newspapers: Sho-Ban News, Post-Register, Idaho Statesman, Idaho Press Tribune, Meridian Press, Valley Times, Idaho State Journal, Power County Press 4
  - TV news stations: Blackfoot Morning News, Channel 8, Channel 12 TV, KTVB, KIVI, KBOI
  - 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
  - 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
<b>All Sources</b>	<b>626</b>	<b>100%</b>
Targeted Mailings	226	36%
Senior Centers	95	15%
Online	305	49%

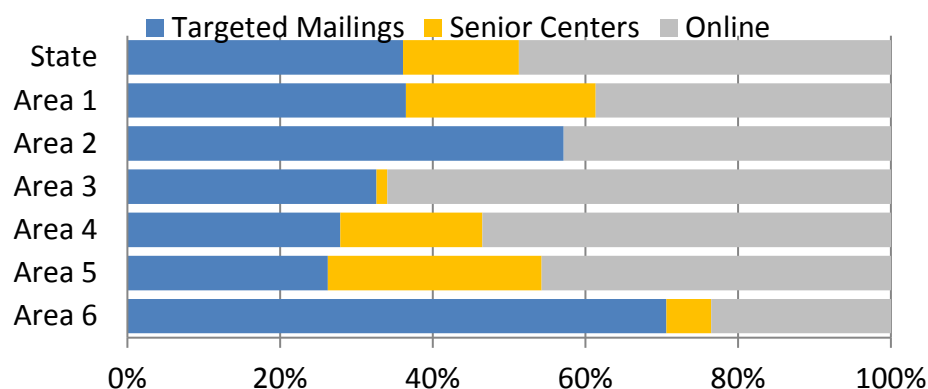
The next table shows the response rate for the targeted mailings (13%).

**Table 7: Response Rate for Surveys Mailed to Target Population**

	Responses by Mail	Surveys Mailed	Response Rate
<b>State</b>	<b>226</b>	<b>1,800</b>	<b>13%</b>
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
<b>State</b>	<b>626</b>	<b>100%</b>	<b>36%</b>	<b>15%</b>	<b>49%</b>	<b>100%</b>
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.

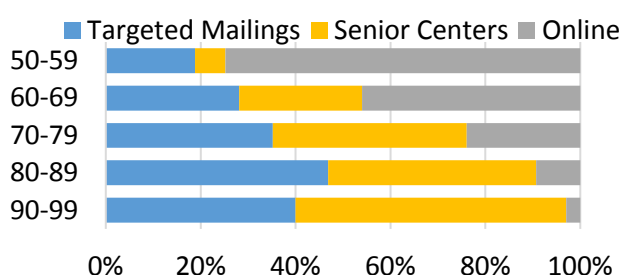
**Table 9: Age of Respondents**

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%

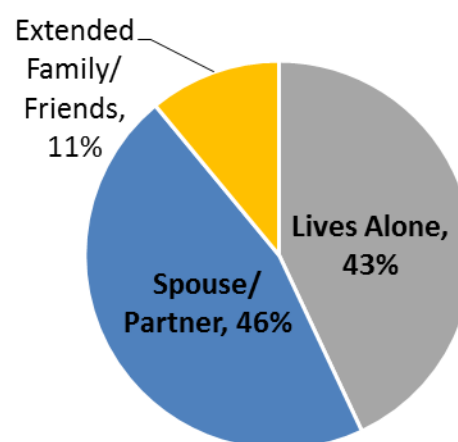
## Household Composition

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

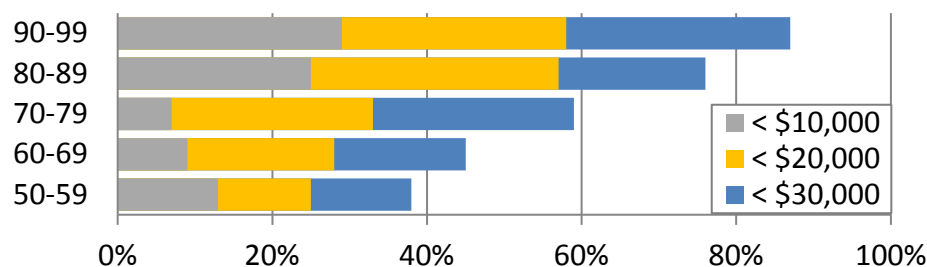
The reported household income was fairly well distributed with 10-24% in each level. AAA Regions 3 and 4 had a higher percentage of respondents in the highest income category while Region 6 had a significantly lower percentage. More respondents had a household income below \$20,000 (35%) than that reported 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

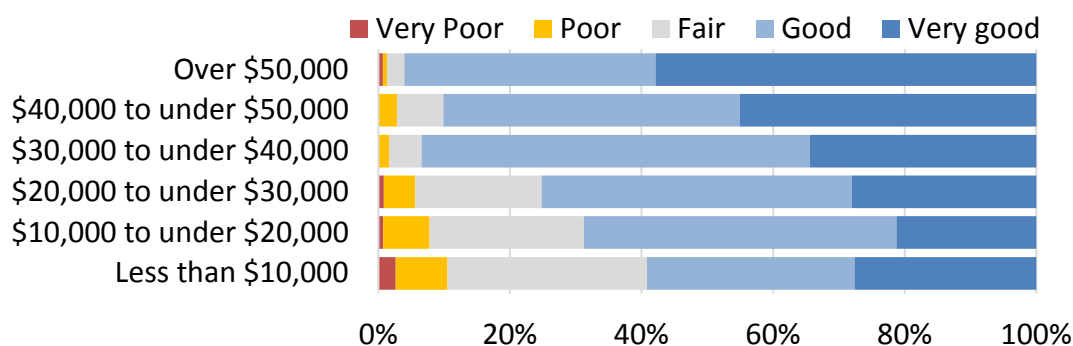
Quality of life indicates an individual's general well-being in terms of health and happiness. This may involve physical health, mental health, personal environment, social belonging, leisure activities, and overall ability to enjoy activities that are important to the individual. Most survey respondents (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

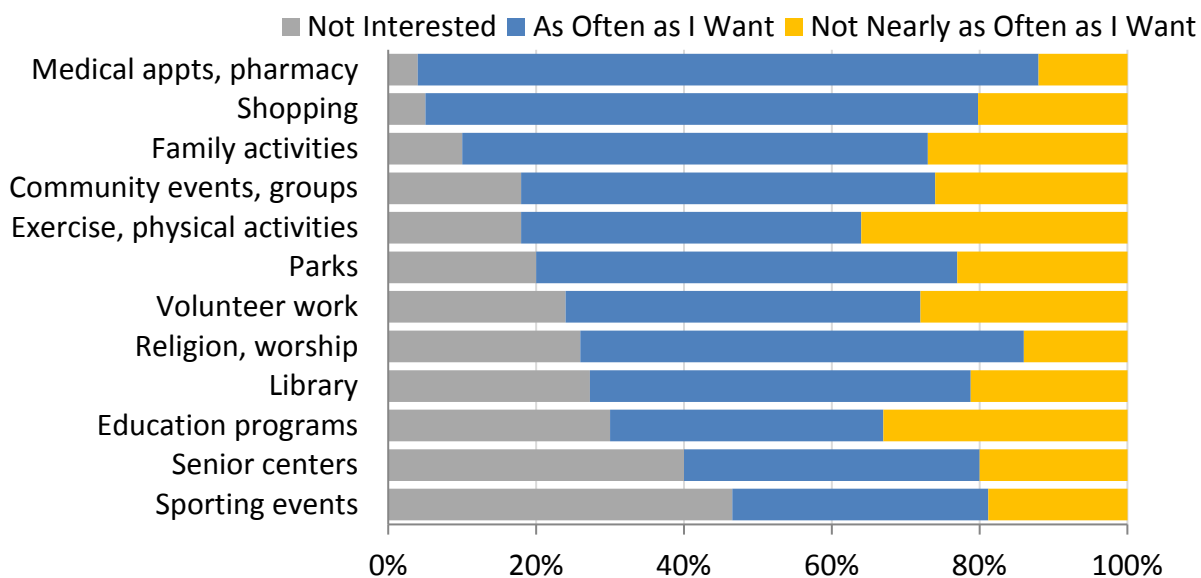
Another measure of quality of life is an individual's ability to participate in activities as much as they would like to do so. Response options were as often as I want, not nearly as often as I want, and not interested. Results are presented in Table 20 and Figure 7 for all respondents. The "Interested"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

<b>As Often as I Want</b>	<b>State (N=626)</b>	<b>Area 1 (N=137)</b>	<b>Area 2 (N=70)</b>	<b>Area 3 (N=138)</b>	<b>Area 4 (N=129)</b>	<b>Area 5 (N=118)</b>	<b>Area 6 (N=34)</b>
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**

<b>Not Nearly as Often as I Want</b>	<b>State (N=626)</b>	<b>Area 1 (N=137)</b>	<b>Area 2 (N=70)</b>	<b>Area 3 (N=138)</b>	<b>Area 4 (N=129)</b>	<b>Area 5 (N=118)</b>	<b>Area 6 (N=34)</b>
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**

<b>Not Interested</b>	<b>State (N=626)</b>	<b>Area 1 (N=137)</b>	<b>Area 2 (N=70)</b>	<b>Area 3 (N=138)</b>	<b>Area 4 (N=129)</b>	<b>Area 5 (N=118)</b>	<b>Area 6 (N=34)</b>
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%

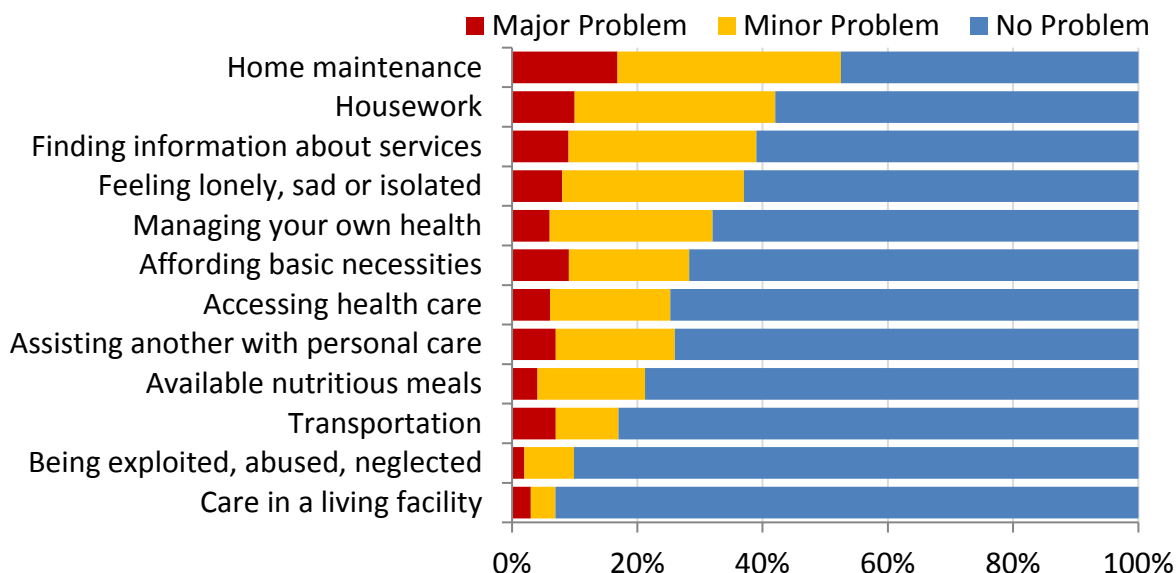


<b>Not Interested</b>	<b>State (N=626)</b>	<b>Area 1 (N=137)</b>	<b>Area 2 (N=70)</b>	<b>Area 3 (N=138)</b>	<b>Area 4 (N=129)</b>	<b>Area 5 (N=118)</b>	<b>Area 6 (N=34)</b>
Parks	20%	20%	27%	16%	18%	20%	24%
Religion, worship	26%	29%	20%	33%	22%	23%	29%
Senior centers	40%	34%	41%	55%	29%	36%	56%
Shopping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

<b>State (N=626)</b>	<b>Major Problem</b>	<b>Minor Problem</b>	<b>No Problem</b>
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%

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**

<b>No Problem</b>	<b>State (N=626)</b>	<b>Area 1 (N=137)</b>	<b>Area 2 (N=70)</b>	<b>Area 3 (N=138)</b>	<b>Area 4 (N=129)</b>	<b>Area 5 (N=118)</b>	<b>Area 6 (N=34)</b>
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*

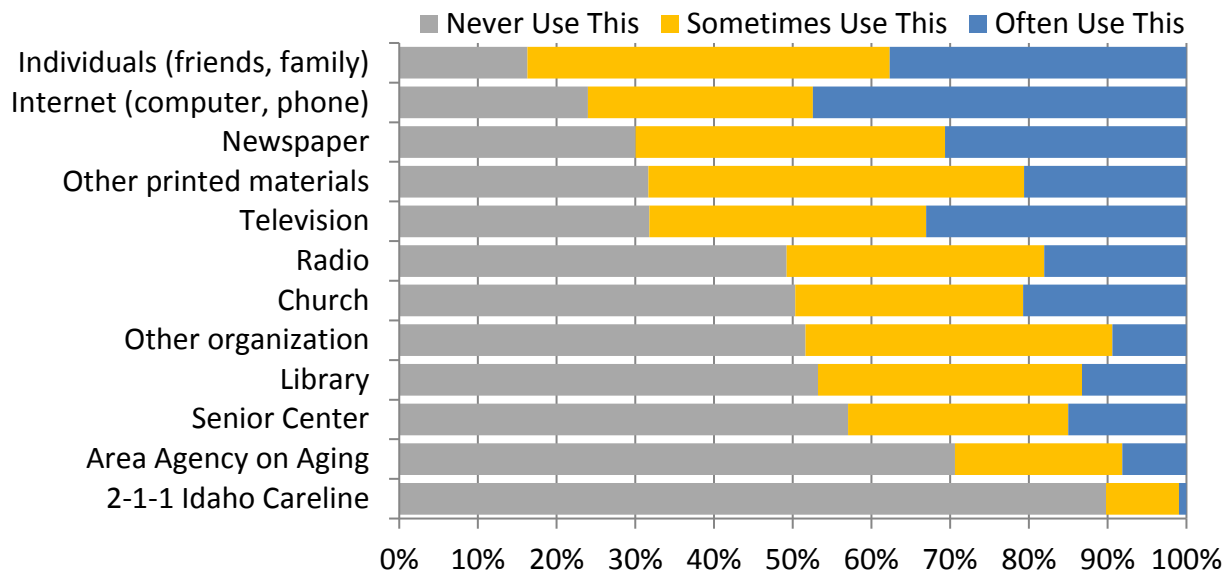
The first question asked how often the respondent has used the following information resources to find out about services and supports for seniors and people with disabilities. Results are presented in Table 28 and Figure 9 for all respondents (see next section for the use of these information resources 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**

<b>Source</b>	<b>Often</b>	<b>Sometimes</b>	<b>Never</b>
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%

<b>Sometimes Use This</b>	<b>State (N=626)</b>	<b>Area 1 (N=137)</b>	<b>Area 2 (N=70)</b>	<b>Area 3 (N=138)</b>	<b>Area 4 (N=129)</b>	<b>Area 5 (N=118)</b>	<b>Area 6 (N=34)</b>
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: Never Use These Information Resources to Find Out about Services and Supports**

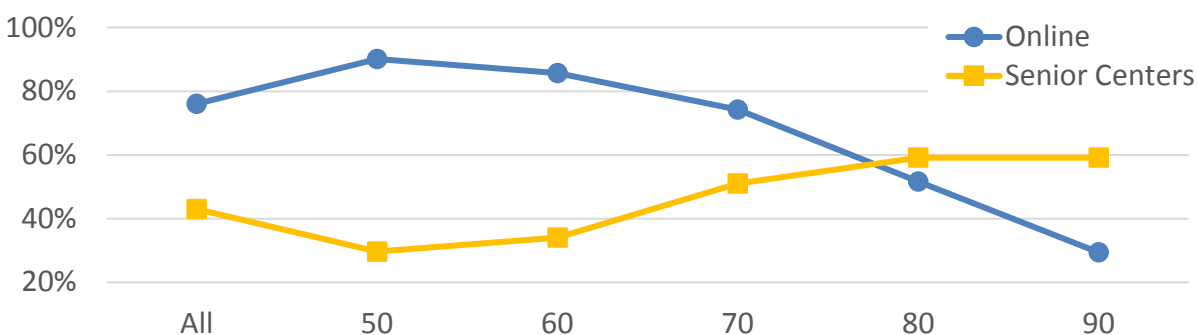
<b>Never Use This</b>	<b>State (N=626)</b>	<b>Area 1 (N=137)</b>	<b>Area 2 (N=70)</b>	<b>Area 3 (N=138)</b>	<b>Area 4 (N=129)</b>	<b>Area 5 (N=118)</b>	<b>Area 6 (N=34)</b>
Area Agency on Aging	71%	67%	64%	80%	63%	72%	85%
2-1-1 Idaho Careline	90%	91%	89%	87%	86%	95%	94%
Senior Center	57%	50%	64%	73%	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**

<b>Use Often or Sometimes</b>	<b>All</b>	<b>50-59</b>	<b>60-69</b>	<b>70-79</b>	<b>80-89</b>	<b>90-99</b>
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*

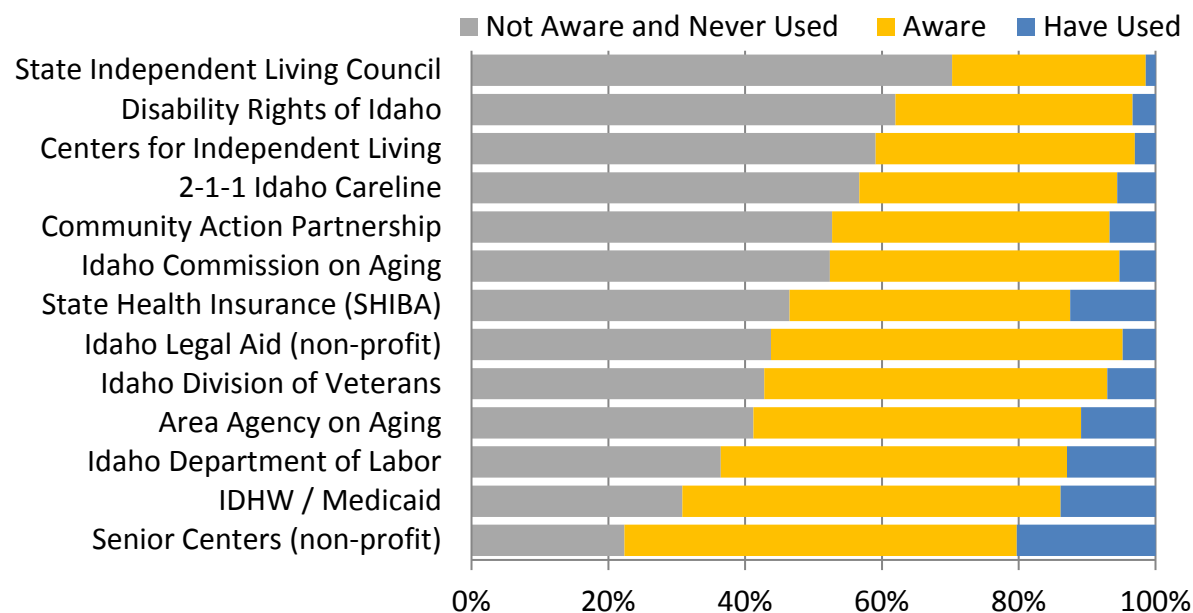
The second question in this section asked about respondents' awareness (and use) of services provided by the Area Agency on Aging, 2-1-1 Idaho Careline, and Senior Centers as well as other agencies and organizations. Results for all respondents are presented in Table 33 and Figure 11. Response options 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%
<b>Average</b>	<b>46%</b>	<b>8%</b>	<b>47%</b>

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**

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: Aware of the Services that Each Agency or Organization Provides**

<b>Aware of Services</b>	<b>State (N=626)</b>	<b>Area 1 (N=137)</b>	<b>Area 2 (N=70)</b>	<b>Area 3 (N=138)</b>	<b>Area 4 (N=129)</b>	<b>Area 5 (N=118)</b>	<b>Area 6 (N=34)</b>
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: Not Aware of and Have Never Used the Services that Each Agency or Organization Provides**

<b>Not Aware of and Have Never Used Services</b>	<b>State (N=626)</b>	<b>Area 1 (N=137)</b>	<b>Area 2 (N=70)</b>	<b>Area 3 (N=138)</b>	<b>Area 4 (N=129)</b>	<b>Area 5 (N=118)</b>	<b>Area 6 (N=34)</b>
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 congregated 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 congregated 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**

<b>Adult Protection Services</b>	<b>State (N=626)</b>	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**

<b>Case Management Services</b>	<b>State (N=626)</b>	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**

	<b>Using</b>		<b>Want to Use</b>	
	<b>Formal</b>	<b>Informal</b>	<b>Formal</b>	<b>Informal</b>
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.

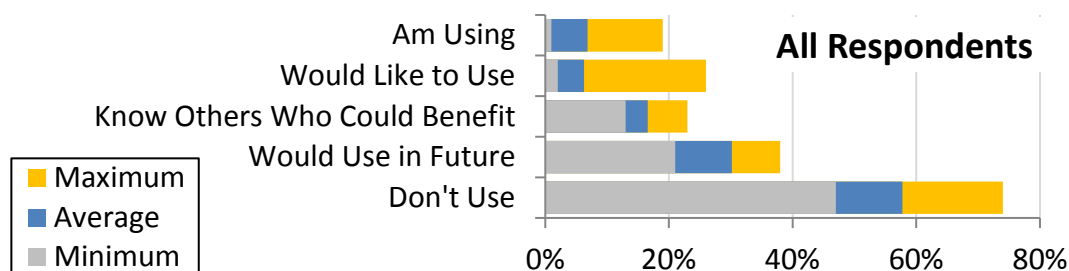
For each service area, between 2% and 11% of respondents would like to use these services (average of 5%). More people reported wanting a service than are currently receiving it for 9 of the 16 service areas included in the needs assessment. The largest difference is for formal chore services, which 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%
<b>Average</b>	<b>7%</b>	<b>6%</b>	<b>17%</b>	<b>30%</b>	<b>58%</b>

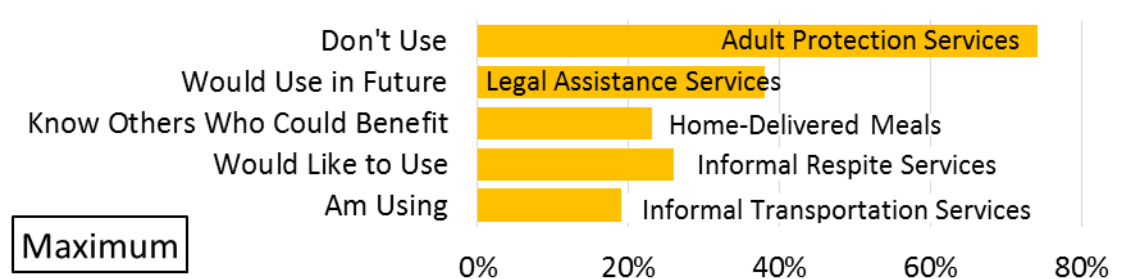
The range of responses across all service areas is shown in Figure 12. Fewer than 20% of respondents currently use any of these services (average 7%), and 21% to 38% would use each service area in future.

**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.

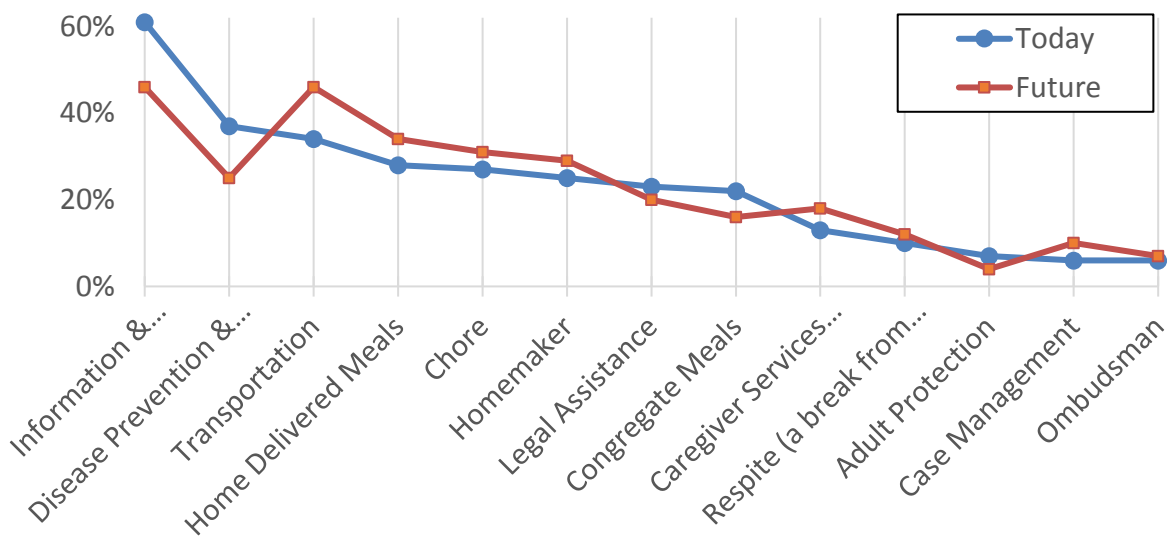
## Top Needs for Services

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.

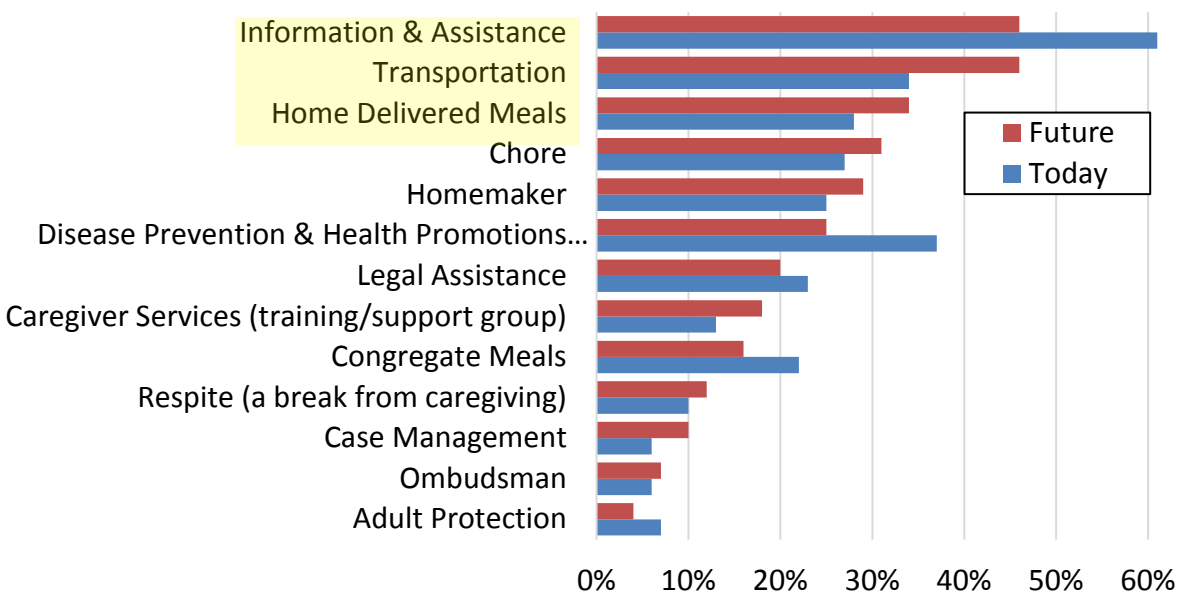
**Table 55: Top Three Services that You Think are Most Important to You Today**

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 Future**

<b>Top 3 Needs - Future</b>	<b>State (N=626)</b>	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	<b>46%</b>	45%	49%	41%	48%	47%	53%
Congregate Meals	<b>16%</b>	15%	17%	13%	22%	15%	9%
Home Delivered Meals	<b>34%</b>	31%	21%	35%	40%	38%	35%
Homemaker	<b>29%</b>	26%	30%	30%	29%	26%	41%
Chore	<b>31%</b>	39%	34%	32%	25%	27%	29%
Transportation	<b>46%</b>	41%	51%	50%	50%	43%	41%
Legal Assistance	<b>20%</b>	26%	21%	16%	17%	21%	26%
Disease Prevention & Health Promotions Programs	<b>25%</b>	25%	17%	27%	27%	25%	35%
Respite (a break from caregiving)	<b>12%</b>	8%	11%	16%	9%	13%	12%
Caregiver Services (Training/Support Group)	<b>18%</b>	19%	19%	23%	16%	14%	12%
Ombudsman	<b>7%</b>	10%	9%	4%	7%	8%	3%
Adult Protection	<b>4%</b>	4%	3%	3%	3%	9%	0%
Case Management	<b>10%</b>	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.

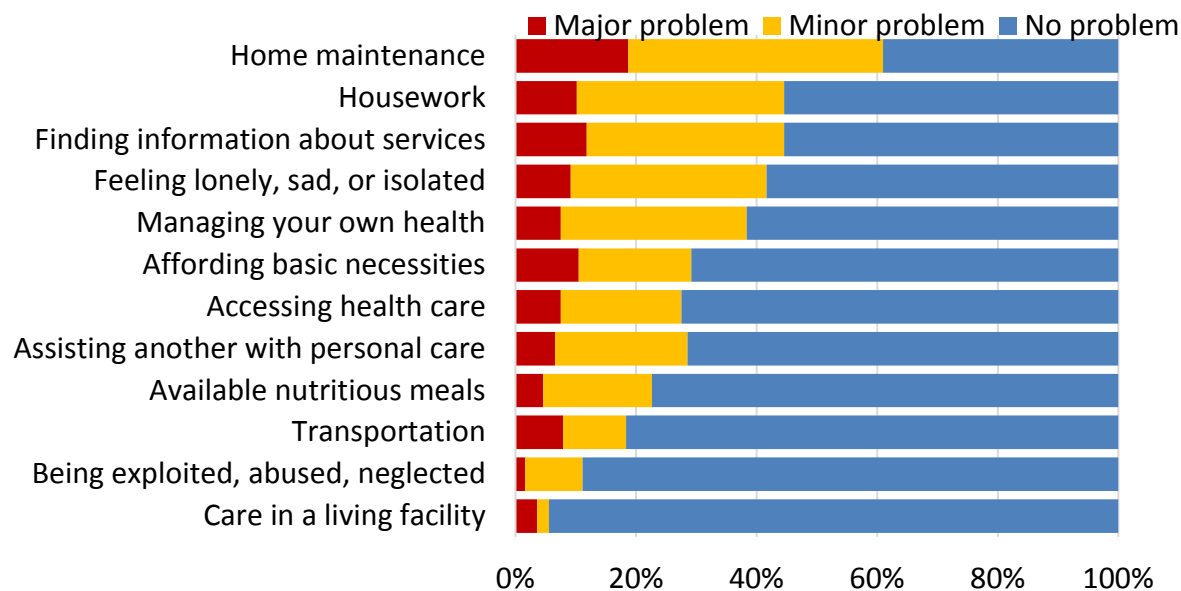
### Online Surveys

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**

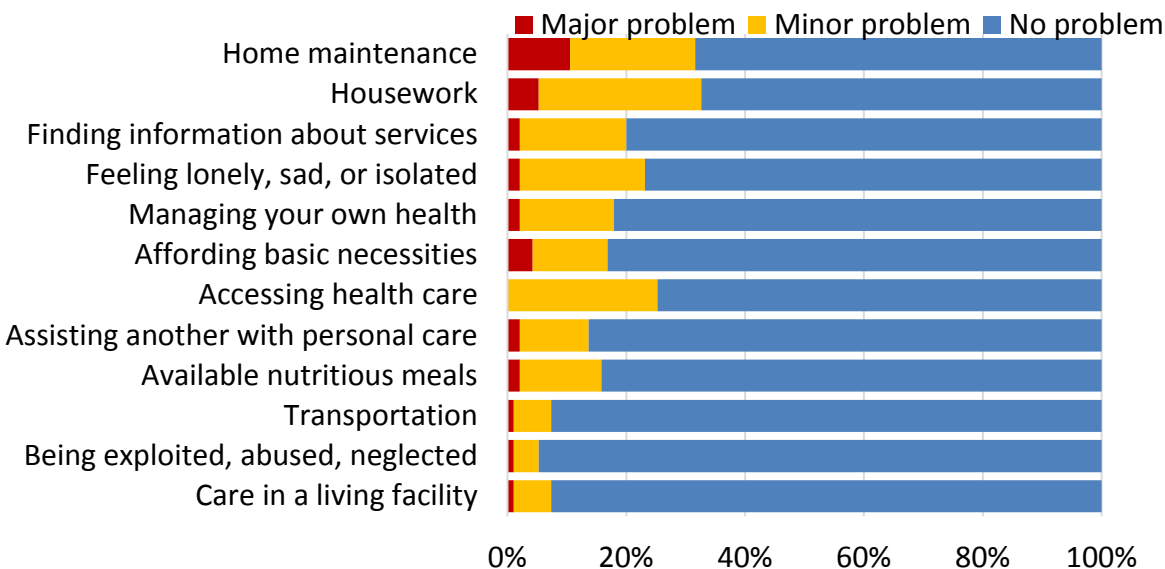


Overall, online survey respondents use slightly fewer services than all respondents.

### 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

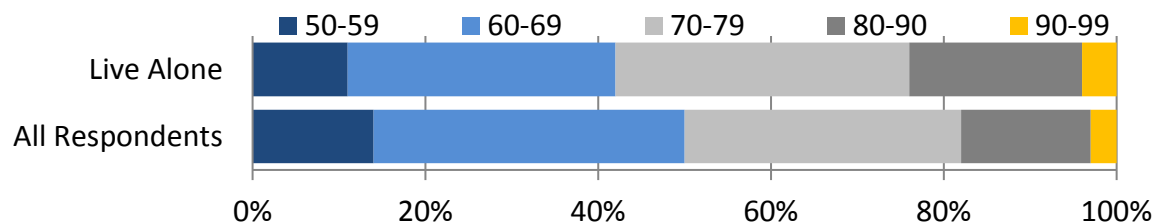
The subgroup of targeted mailing respondents was much more likely to report no interest in participating in the listed activities, by 7% on average.

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](http://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](http://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.

###

# Idaho State UNIVERSITY

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](http://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](http://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.

###

## **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 1 (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 Agency on Aging of North Idaho

2120 N. Lakewood Drive

Coeur d'Alene, ID 83814

Ph: 208.667.3179 Hours: 8 a.m.-4:30 M-F, closed major Holidays and if all North Idaho College campuses are closed due to emergency weather conditions.

#### 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](http://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 AAA will 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**

**North Idaho College**

**Sarah Garcia, Controller, on behalf of Chris Martin, VP for Finance and Business Affairs**

Signature: Sarah Garcia for Chris Martin

Date: 6/27/17

**AREA AGENCY ON AGING**

**Area Agency on Aging of North Idaho**

**Dan English, Director**

Signature: Dan English

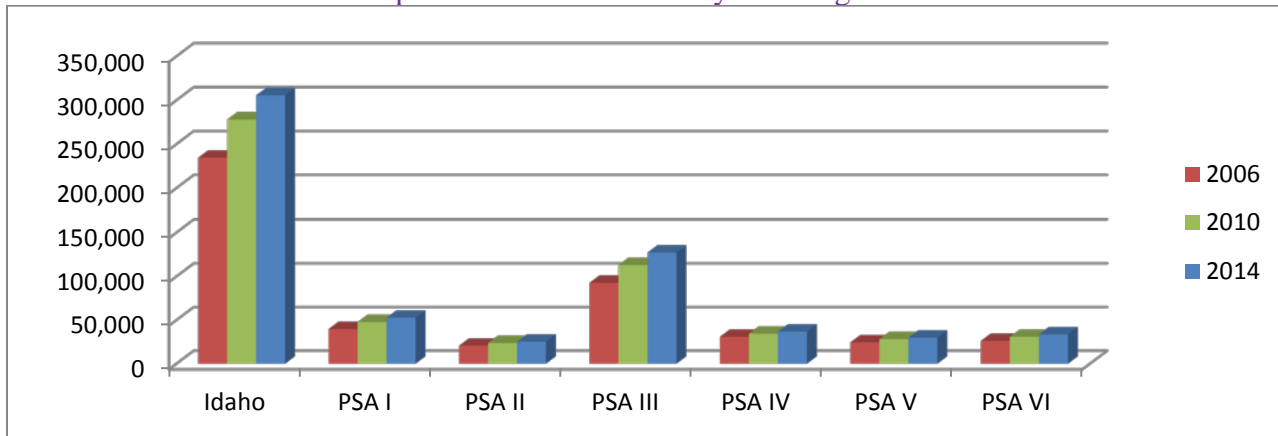
Date: 6/27/17

## ATTACHMENT M

### PLANNING AND SERVICE AREA DEMOGRAPHICS

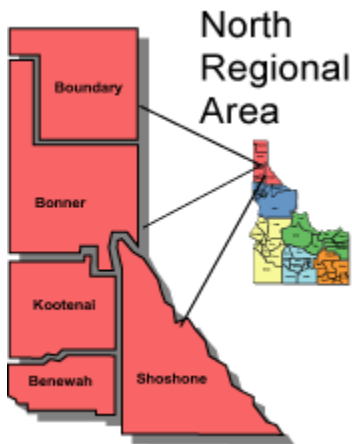
#### Overview

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 I



#### Geographic Information:

The region in Program Service Area (PSA) 1 covers 7,932 square miles in five northern-most counties in the state: Benewah, Bonner, Boundary, Kootenai and Shoshone. Area Agency on Aging PSA 1 (AAA 1) is a division within the Department of North Idaho College. AAA 1 is located in Coeur d’Alene, the Idaho Panhandle’s largest city. North Idaho’s clear lakes and old growth forests have long attracted tourists, while providing its resident population with both recreation and a livelihood through the lumber and mining industries.

### Demographic Information:

Based on the 2014 American Community Survey Estimates, the total population in PSA 1 was 216,363, of which 52,773 (24.4%) individuals were over the age of 60. The at-risk population -- which factors in Idahoans 65-plus who are living in poverty, Idahoans 65-plus who are living alone, Idahoans living in a rural areas, 60-plus racial minorities and Hispanic Idahoans, aged 75 and older and 85 and older -- is 53,412. The Census shows 68 percent of the population resides in Kootenai County where the city of Coeur d'Alene is located. The region's culture is influenced by three universities: North Idaho College, Lewis-Clark State College and the University of Idaho (located adjacent to PSA 2)(see Exhibit 1.A).

## Exhibit 1A Idaho Growth Change and Demographics

Prior to the latter half of the 20<sup>th</sup> 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.

*Numbers in this chart are from Census data and Census Bureau projections based on historic data.*

**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



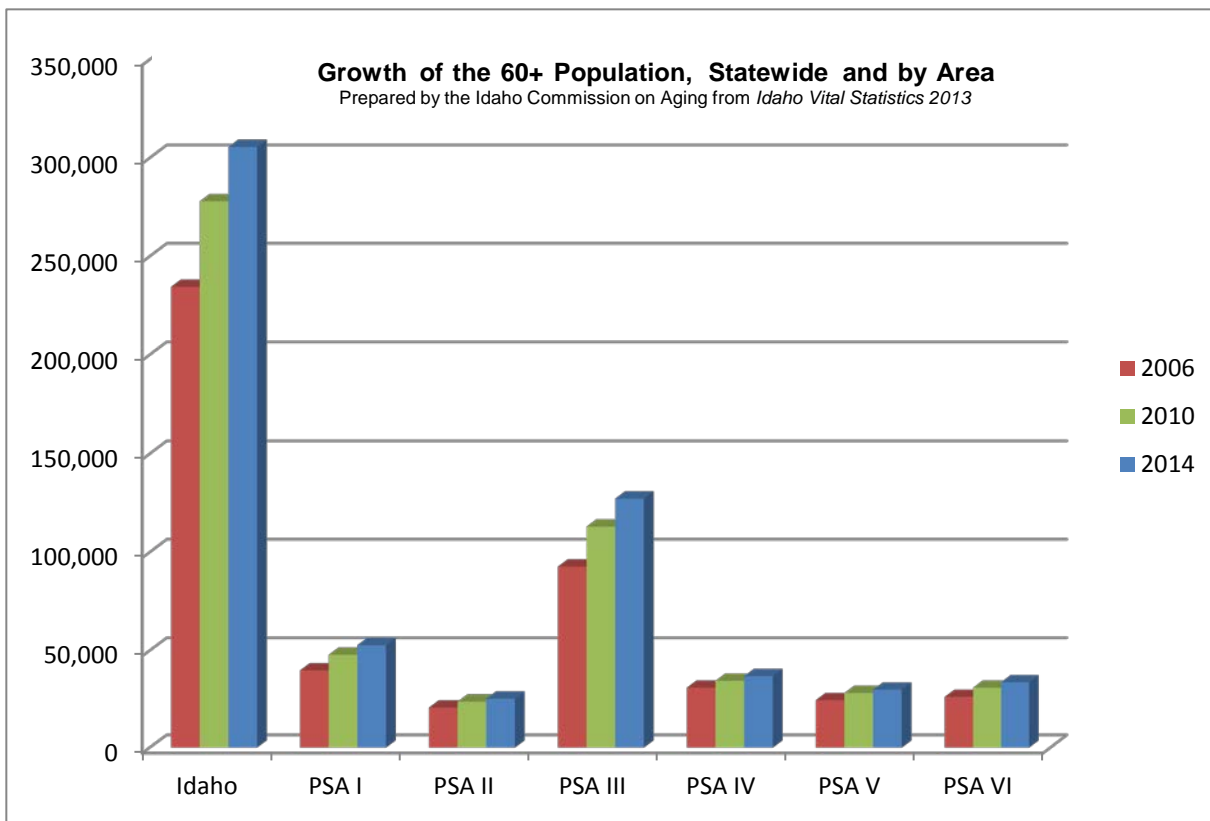
According to the Idaho State Historical Society, the entire population of Idaho numbered only 17,804 in 1870. By 1880 it had reached 32,610. When Idaho officially became the 43<sup>rd</sup> state on July 3, 1890, the population had reached 88,548— an increase of nearly 400 percent in just two decades. 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 20<sup>th</sup> 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 20<sup>th</sup> century that medical advances have resulted in a high rate of long-term survival for victims of many chronic illnesses and conditions.



**Idaho’s highest percentage growth counties: April 1, 2010 to July 1, 2013 <sup>1</sup>**

<u>County</u>	<u>PSA</u>	<u>Percent Growth</u>
Ada	III	6.1%
Canyon	III	5.3%
<b>Kootenai</b>	<b>I</b>	<b>4.2%</b>
Twin Falls	VI	3.5%

**...and greatest loss counties:**

<u>County</u>	<u>PSA</u>	<u>Percent Decline</u>
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

<sup>1</sup> 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) <sup>2</sup> 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

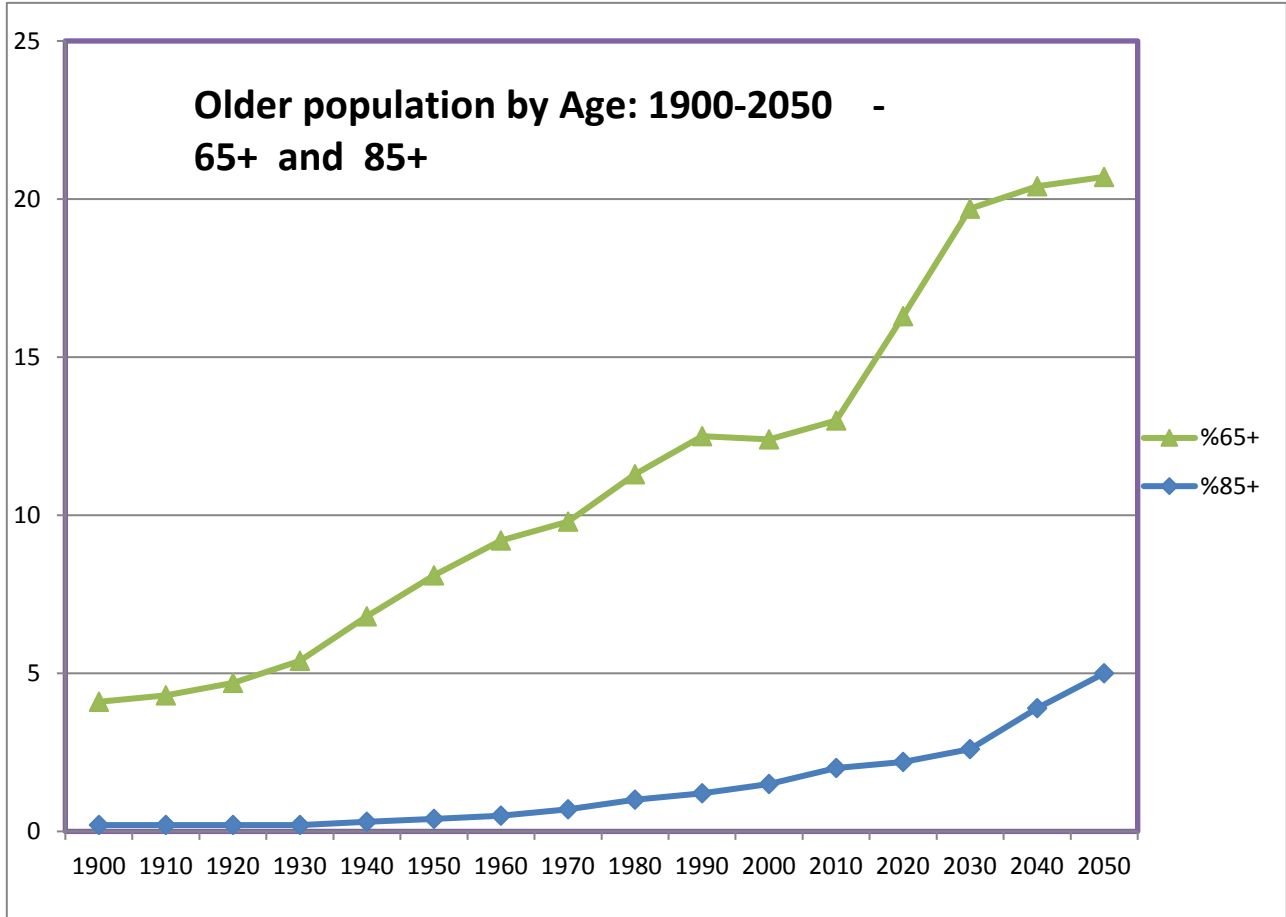
Idaho's population also reflects another national trend in that it is becoming more racially and ethnically diverse. This diversification is occurring across all age groups although it is most pronounced among younger people, leaving the oldest cohort the most homogeneous. Between 2010 and 2014, the 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.<sup>3</sup>

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.

<sup>2</sup> From *2013 Idaho Vital Statistics*, published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

<sup>3</sup> 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

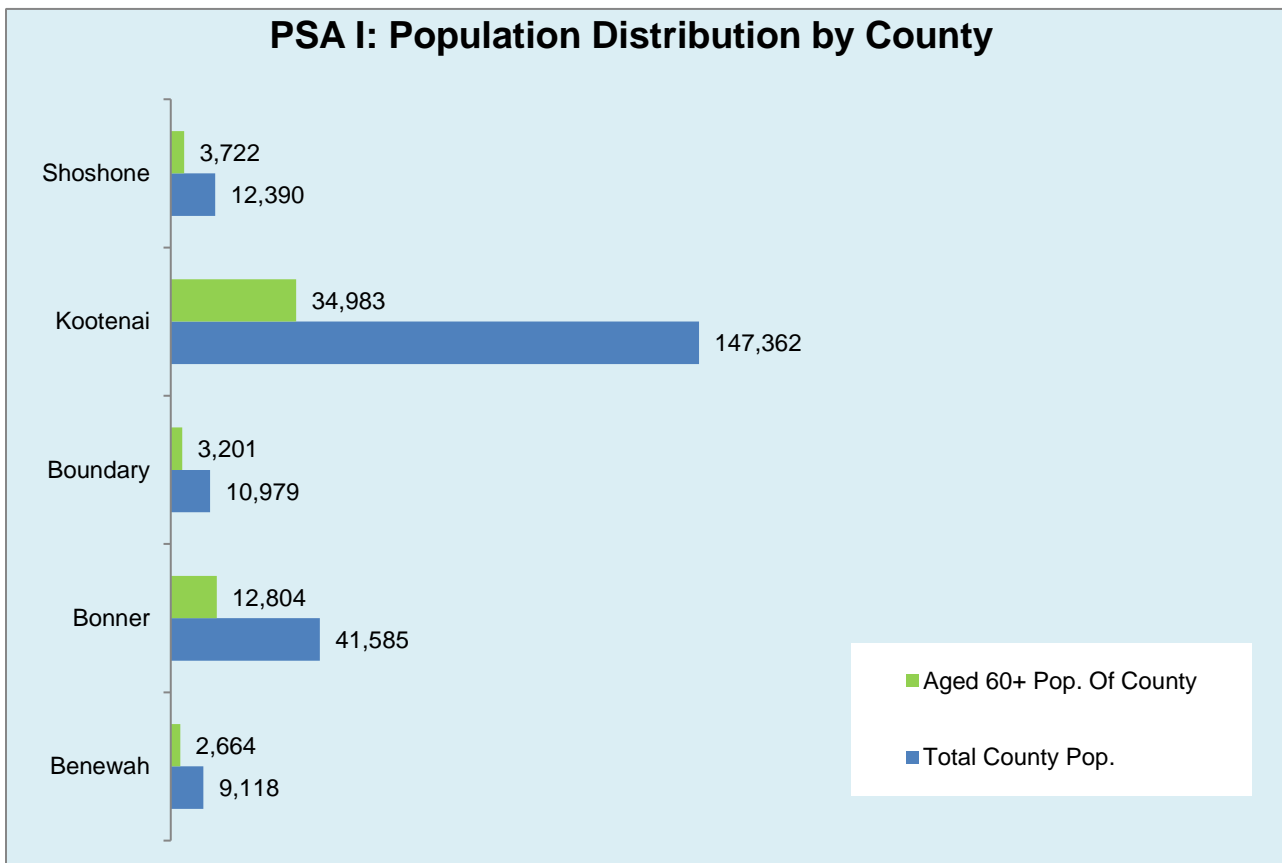


*The growth of Idaho's older population reflects predicted growth in this population nationwide as a consequence of the aging of the Baby Boomer generation. The chart above depicts this anticipated growth in Idaho and in the US overall.*

## Idaho's Planning and Service Area I

PSA I: Population Growth Comparison			
Total Population in 2010	*Total Population in 2014	Total 60+ in 2010	*Total 60+ in 2014
212,393	216,363	47,798	52,773

\*Data comes from the 2014 American Community Survey Estimates



*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 \_\_\_Area 1\_\_\_\_\_

#### 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](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:

<b>NAME</b>	<b>TITLE/POSITION</b>	<b>TELEPHONE / CELLULAR / EMAIL</b>
Dan English	Director	208-667-3179 <a href="mailto:denglish@aaani.org">denglish@aaani.org</a>

2. Names, titles and duties of other AAA staff with Emergency Assignments:

<b>NAME (AAA staff)</b>	<b>TITLE/POSITION</b>	<b>TELEPHONE</b>	<b>EMERGENCY ASSIGNMENT</b>
Jan Young	Ombudsman	208-667-3179	Facilities and assisted living <a href="mailto:jyoung@aaani.org">jyoung@aaani.org</a>

Pat Pace	Adult Protection Case Management	208-667-3179	Emergency management planning <a href="mailto:ppace@aaani.org">ppace@aaani.org</a>
Bob Small	RSVP Manager	208-667-3179	Assessing needs (a) <a href="mailto:bsmall@aaani.org">bsmall@aaani.org</a>
Marilyn Anders	Fiscal/Contract Mngr.	208-667-3179	Coordination of services (b) Senior Centers (d) Documentation (throughout) <a href="mailto:manders@aaani.org">manders@aaani.org</a>
Barbara Bisaro	Information & Assistance	208-667-3179	Information and referral, response and recovery (c) and identification of at-risk elderly (e) <a href="mailto:infoassist@aaani.org">infoassist@aaani.org</a>

3. Alternate AAA business location if primary office is inaccessible or uninhabitable:

LOCATION NAME AND ADDRESS	TELEPHONE / OTHER CONTACT NUMBERS
Vice President of Finance and Business Affairs Office, Lee-Kildow Hall North Idaho College 1100 Garden Way Coeur d'Alene, ID 83814	208-769-3344 <a href="mailto:cajones@nic.edu">cajones@nic.edu</a> 208-769-3431 (fax) Chris Martin, VP of Finance and Business Affairs (Contact through Carol Jones/Above)

4. Does the AAA have personal and community disaster preparedness information available for clients, services providers and the general public?



YES

NO

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:

NAME	AGENCY NAME AND ADDRESS	TELEPHONE – CELLULAR #S	COUNTY/ OTHER JURISDICTION
Dan English, Disaster Preparedness Contact	Area Agency on Aging NI 2120 Lakewood Drive Ste B Coeur d'Alene, ID 83814	208-667-3179, ext 228 Fax:208-667-5938 attn: Dan English	Benewah Bonner Boundary Kootenai Shoshone



Jamie Hill, Director	American Red Cross Inland Northwest Chapter 315 W. Nora Spokane, WA 99205	1-800-793-0278 Jamie: ext 220 Fax: 509-326-3336	Benewah Bonner Boundary Kootenai Shoshone
Norm Suenkel Director	Benewah County Emergency Management 701 College Ave. Ste 3 St. Maries, ID	208-245-4122 Fax: 208-245-8032	Benewah
Bob Howard, Dir. of Emergency Mgmt.	Bonner County Emergency Management-911/EMS 1500 Hwy 2, Ste 101 Sandpoint, ID 83864	208-265-8867 Fax: 208-263-9084	Bonner
David Kramer, Dir. of Emergency Mgmt.	Boundary City Emergency Management 144 Stampede Lake Rd Naples, Idaho 83847	208-267-2045 (home/office) Cell 208-255-6073 Fax 267-2045 <a href="mailto:dkramer@boundarycountyid.org">dkramer@boundarycountyid.org</a>	Boundary
Sandy Von Behren, OEM Director	Kootenai County Office of Emergency Management 5500 N. Gov't Way P.O. Box 9000 Coeur d'Alene, ID 83816	208-446-1775 Fax: 208-446-1780	Kootenai
John Specht Head of Disaster Services	Shoshone County Sheriff's Office 717 Bank St. Wallace, ID 83873	208-556-1114 ext. 206 Fax: 208-753-8851 attn: John Specht	Shoshone

6. Are there clauses included in contracts, grants and agreements with service providers describing and assuring their response during a disaster or emergency?

YES



NO



7. List service providers of major programs (transportation, nutrition, homemaker, etc.) with whom the AAA will coordinate emergency services.

Name / Address of Service Provider	Contact Information	Disaster Response Service and County
Clark Fork-Hope Area Senior Services 10 <sup>th</sup> & Cedar Street Clark Fork, ID 83811	208-266-1653 <a href="mailto:cfhss1653@gmail.com">cfhss1653@gmail.com</a>	Senior Center in Bonner Co. Congregate Meals / Home Delivered Meals
City of Worley 9936 W. E St Worley, ID 83876	208-686-1258 <a href="mailto:bmorris277@yahoo.com">bmorris277@yahoo.com</a>	Senior Center in Kootenai Co. Congregate Meals

Fernwood Senior Center Hwy 3 Fernwood, ID 83830	208-245-3392 <a href="mailto:rjniemier@gmail.com">rjniemier@gmail.com</a>	Senior Center in Benewah Co. Congregate Meals / Home Delivered Meals
Hayden Senior Gems 9428 N Government Way Hayden, ID 83835	208-762-7052 208-762-8022 Fax <a href="mailto:haydengems@frontier.com">haydengems@frontier.com</a>	Senior Center in Kootenai Co. Congregate Meals Transportation in Hayden
Lake City Center 1916 Lakewood Dr Coeur d'Alene, ID 83814	208-667-4628 208-667-6695 Fax <a href="mailto:rick@lakecitycenter.org">rick@lakecitycenter.org</a>	Senior Center in Kootenai Co. Congregate Meals / Home Delivered Meals
Post Falls Senior Center 1215 E 3 <sup>rd</sup> St Post Falls, ID 83854	208-773-9582 208-773-3629 Fax <a href="mailto:postfallsseiorcenter@frontier.com">postfallsseiorcenter@frontier.com</a>	Senior Center in Kootenai Co. Congregate Meals / Home Delivered Meals Transportation in Post Falls
Rathdrum Senior Center 8037 Montana Rathdrum, ID 83858	208-687-2028 208-687-2028 Fax <a href="mailto:rathdrum_id_seniors@yahoo.com">rathdrum_id_seniors@yahoo.com</a>	Senior Center in Kootenai Co. Congregate Meals / Home Delivered Meals
Sandpoint Area Seniors, Inc 820 Main St Sandpoint, ID 83864	208-263-6860 208-265-4876 Fax <a href="mailto:sandpointareaseniors@gmail.com">sandpointareaseniors@gmail.com</a>	Senior Center in Bonner Co. Congregate Meals / Home Delivered Meals
Senior's Hospitality, Inc 6635 Lincoln Bonners Ferry, ID 83805	208-267-5553 208-267-2563 Fax <a href="mailto:shc94@frontier.com">shc94@frontier.com</a>	Senior Center in Boundary Co. Congregate Meals / Home Delivered Meals
Silver Valley Seniors, Inc 726 E. Mullan Ave Osburn, ID 83849	208-752-1194 208-752-1195 Fax <a href="mailto:svseniors@usamedia.tv">svseniors@usamedia.tv</a>	Senior Center in Shoshone Co. Congregate Meals / Home Delivered Meals
Spirit Lake Seniors 214 N 4 <sup>th</sup> Ave Spirit Lake, ID 83869	208-623-6125 208-623-2676 Fax <a href="mailto:spiritlakeseniors@hotmail.com">spiritlakeseniors@hotmail.com</a>	Senior Center in Kootenai Co. Congregate Meals / Home Delivered Meals
East Benewah Council for Aging 711 Jefferson St. Maries, ID 83861	208-245-3546 <a href="mailto:wooddesr06@gmail.com">wooddesr06@gmail.com</a>	Senior Center in Benewah Co. Congregate Meals / Home Delivered Meals
Selkirks-Pend Orielle Transit (Spot) 31656 Hwy 200 Ponderay, ID 83852	208-263-3774 <a href="mailto:spot.marion@frontier.com">spot.marion@frontier.com</a>	Transportation in Bonner and Boundary Counties
Silver Express 101 E. Walnut Ave Coeur d'Alene, ID 83814	855-495-7325 <a href="mailto:CommSec@co.shoshone.id.us">CommSec@co.shoshone.id.us</a>	Transportation in Shoshone Co.
AAging Better In-Home Care 610 E Seltice Way, Ste 101 Post Falls, ID 83854	208-777-0308 208-777-0406 Fax <a href="mailto:cweaver@aagingbetter.com">cweaver@aagingbetter.com</a>	Homemaker in Benewah, Bonner, Boundary, Kootenai and Shoshone counties
Aspen Personal Care 301 E 4 <sup>th</sup> St Clark Fork, ID 83811	208-266-1530 <a href="mailto:aspenpersonalcare@frontier.com">aspenpersonalcare@frontier.com</a>	Homemaker in Bonner and Boundary counties
August Home Health 2005 Ironwood Pkway, Ste 227 Coeur d'Alene, ID 83814	208-664-0858 <a href="mailto:lynn@augusthh.com">lynn@augusthh.com</a>	Homemaker in Benewah and Kootenai counties
Comfort Keepers 820 Best Ave Coeur d'Alene, ID 83814	208-765-9511 208-765-8701 Fax <a href="mailto:jimvercruyssen@comfortkeepers.com">jimvercruyssen@comfortkeepers.com</a>	Homemaker in Benewah, Bonner, Boundary, Kootenai and Shoshone counties
ResCare Home Care 1900 Northwest Blvd, Ste210 Coeur d'Alene, ID 83814	208-665-5579 208-665-5559 Fax <a href="mailto:denisehubbard@rescare.com">denisehubbard@rescare.com</a>	Homemaker in Benewah, Bonner, Boundary, Kootenai and Shoshone counties

8. Does the AAA have a 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?

YES



NO

Describe the process:

Fiscal/Contracts Manager will utilize statewide database to search and print out list of at-risk names and contact information for affected location. Contract manager will contact affected providers and fax names and contact information.

9. Does the AAA disaster plan include 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? *If YES, be sure to list staff member and emergency assignment in # 2.*

YES



NO

10. Does the AAA disaster plan include a 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?

YES



NO

11. Does the AAA disaster plan include a process for staff and service providers to record employee’s time and expenses associated with disaster related activities (necessary to apply for reimbursement in the event of a presidential disaster declaration)?

YES



NO

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.)

---

## Job Duties

Preface: Assignment of Area Agency on Aging staff, unless otherwise noted (Director, Fiscal, RSVP, I&R, Contract Manager, Adult Protection, Case Management and Ombudsman), is designed to focus efforts on clients within the service delivery system identified by the Area Agency on Aging through its agency database.

### Director:

- Responsible for implementation of the AAA disaster plan
- Determine staff involvement/agency commitment
- Responsible for communicating to AAA staff the nature and geographic area affected by the disaster
- Identifies “go to” person when implementation of any aspect of the plan does not deliver anticipated results
- Identifies and arranges for staff training
- Determines staffing schedule based upon declared disaster
- Works with emergency management officials to determine what type of expenditures should be tracked, how to best track them, and reporting requirements.

### Adult Protection/Case Management:

- Coordinates with Contract Manager in the identification of homebound isolated elderly clients. Identifies at-risk elderly: Homebound seniors needing meal preparation assistance as identified in the Area I Agency on Aging agency database will be considered at-risk.
- Update AAA management team with current emergency management policies and training opportunities
- Represent AAA with local Emergency Management Departments
- Works with Case Workers to prioritize clients identified as most at risk.
- Coordinates efforts to contact identified at-risk clients for assessment of needs; works with Case Workers, Senior Centers, other service providers and local/state officials as available.
- Works with Information & Assistance Technician on distribution of information to clients during an event and through the recovery phase.

RSVP Manager/Liaison:

- Participate and coordinate volunteer services with regional Citizen Corp
- Keep RSVP volunteers aware of local/regional volunteer opportunities in emergency services
- Keep local/regional emergency management updated on capabilities of AAA in emergency situations

Long-term Care Ombudsman:

- Identifies nursing facilities and assisted living homes within the geographic area of disaster
- Monitors bed vacancies in SNF and RALF facilities forwarding information to local designated agency to make placement.
- Develops a tracking sheet in order to follow up with relocated residents.
- Provides training to public on transfer trauma, residents' rights.
- Ensures transfer is implemented in a way that is respectful of the residents and not infringing on their rights.

Fiscal/Contract Manager:

- Assist senior centers within the declared area in making their facilities available for shelter, mass feeding, and rest centers.
- Assist senior centers in establishing documentation for recovery of costs incurred such as staff time, food, etc.
- Assist in coordination of AAA providers in transporting seniors and other individuals with mobility problems for meals in a congregate setting or delivery of meals to homes.

Information and Referral Technician:

- Coordinates with Red Cross and other state and local emergency management officials to obtain information relevant to the disaster
- Provides Area Agency on Aging Disaster Preparedness Team with relevant information.
- Assures that older persons have access to and the assistance necessary to obtain needed services and recovery assistance.

## **Continuity of Operations**

The purpose of “Continuity of Operations” is to address how the Agency will respond in a disaster in the event multiple staff members are unable to meet their normal work schedule.

Essential Elements of AAA Operations are identified in the event the agency needs to narrow the scope of activity.

1. Communications with contractors, clients, and employees.
2. Coordination efforts with emergency and disaster agencies.
3. Fulfillment of Adult Protection response times.

Modification of Face-to-Face Contacts is relevant especially if the event is related to a contagious disease, but may not be limited to that type of event.

1. Communication by telephone and/or internet when possible.
2. Enhance employee’s ability to work from home when a disaster occurs in their locality.
3. Link equipment (phones and computers) between work and home.

### Method of Communicating with Employees

1. A phone tree will be implemented.
2. The web site will be updated to communicate essential information.
3. When all else fails relay critical information through Idaho Commission on Aging.

### Sick Leave Policy

1. Existing sick leave and Family Medical Leave policies will be followed in the event of a disaster.
2. Changes to the sick leave policy can only be approved by the President of North Idaho College.
3. Any suggested changes to leave policy will be presented by the Director.

### Moving the Disaster Plan Ahead

1. When needing access to equipment, data, and disaster plan, go to any manager.
2. Always refer to essential duties identified in the beginning of this policy and deliver on those items first.



## ATTACHMENT N1

# 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 1 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

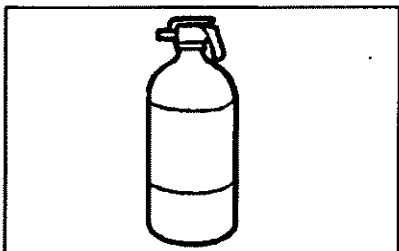
- ❖ Sturdy shoes
- ❖ Heavy gloves for clearing debris
- ❖ Candles and matches
- ❖ Knife or razor blades
- ❖ Tent
- ❖ Gun and ammunition

#### Cooking & Tools

- ❖ Camp stove, propane appliances
- ❖ Fuel for cooking (camp stove fuel, etc.)
- ❖ Paper towels
- ❖ Pot for cooking
- ❖ Shovel and chainsaw

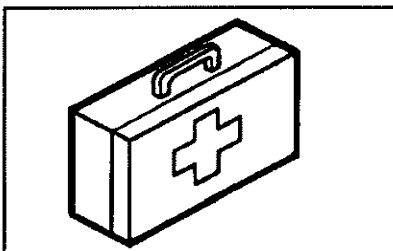
### Emergency Supplies to Be Stored:

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.



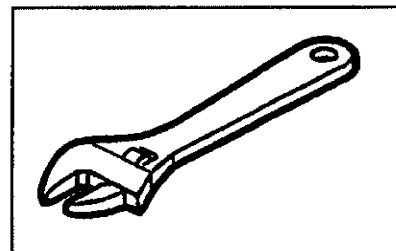
#### Fire extinguisher

Your fire extinguisher should be suitable for all types of fires and should be easily accessible.



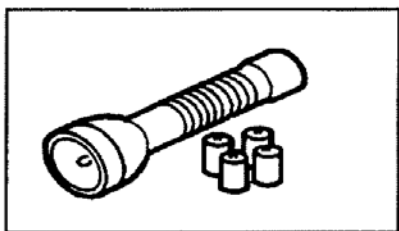
#### First aid kit

Put your first aid kit in a central location and include emergency instructions.

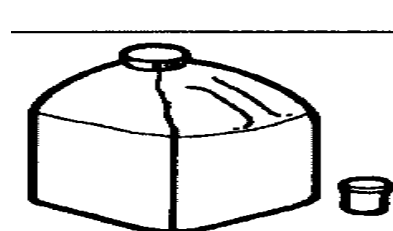


#### Wrench

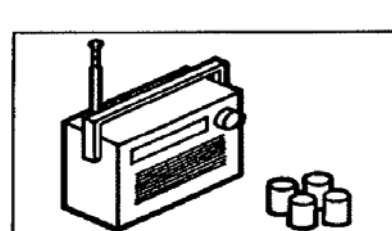
Have crescent or pipe wrench to turnoff gas and water valves if necessary.



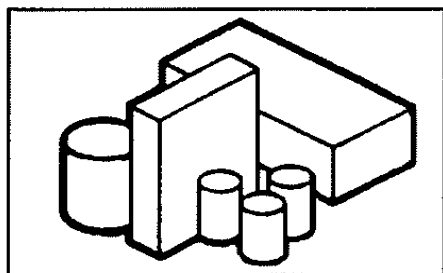
**Flashlight and extra batteries:** Keep flashlights in several locations in case of a power failure. Extra batteries last longer if you keep them in the refrigerator.



**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.

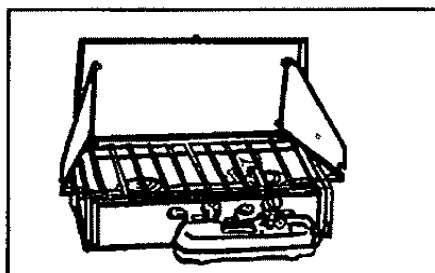


**Radio and extra batteries** Transistor radios will be useful for receiving emergency broadcasts and current disaster information.

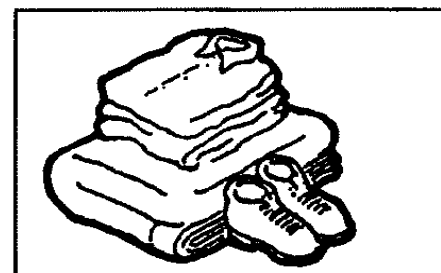


#### Dry or canned food

Store a one-week supply of food for each person. It is preferable to store food that does not require cooking.

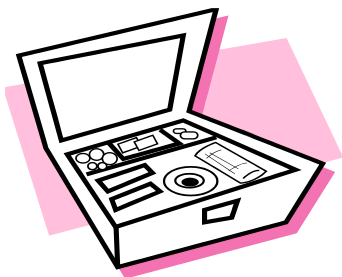


**Alternate cooking source** Store fuels and appliances and matches for cooking in case utilities are out of service.



**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 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**

<b>Pandemic Flu</b>
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 <a href="http://www.cdc.gov/flu/antivirals/whatyoushould.htm">http://www.cdc.gov/flu/antivirals/whatyoushould.htm</a>
Number of deaths could be high (The U.S. death toll during the 1918 was approximately 675,000 <a href="http://wwwnc.cdc.gov/eid/article/12/1/05-0979_article">http://wwwnc.cdc.gov/eid/article/12/1/05-0979_article</a> )
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:

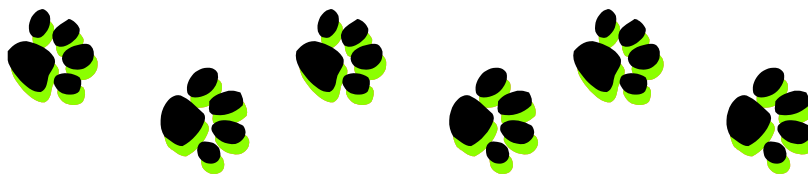
Your pet depends on you for care after a disaster. The following are items you should place in a pet disaster supply kit. Prepare your kit before a disaster occurs.

### 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 an 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 broadcasting 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](http://www.citizencorps.gov)

[www.fema.gov](http://www.fema.gov)

[www.bhs.gov](http://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.



**ATTACHMENT P**  
**Area Agency on Aging of North Idaho**  
**List of Facilities**

**ACE Elder Care**

6646 & 6652 Chippewa Dr.  
 Bonners Ferry, ID 83805

Administrator: Dennis Garrett  
 Phone: (208) 267-1481  
 Fax: (208) 267-1776

2 houses, 10 beds each; Alzheimer's, dementia, mental illness, elderly, developmentally disabled, physically disabled, traumatic brain injury; Medicaid

**Advanced Health Care of Coeur d'Alene (Kootenai County)**

1578 W Riverstone Dr.  
 Coeur d'Alene, ID 83814

Administrator: Emily Engberson  
 Phone: (208) 769-0400  
 Fax: (208) 769-0450

34 beds; Medicare, Medicaid

**Aspen Springs Assisted Living**

3254 Spirit Lake Cutoff Rd  
 Spirit Lake, ID 83869

Administrator: Melinda Widgren  
 Phone (208) 263-2314  
 Fax (208) 255-5239

16 beds; elderly, Alzheimer's, dementia, developmentally disabled, mental illness, physically disabled, traumatic brain injury; Medicaid

**Boundary County Nursing Home (Boundary County)**

6640 Kaniksu St  
 Bonners Ferry, ID 83805

Administrator: Craig Johnson  
 Phone: (208) 267-4847  
 Fax: (208) 267-0745

46 beds; respite care; Medicare, Medicaid

**The Bridge Assisted Living at Sandpoint**

1123 N Division St  
 Sandpoint, ID 83864

Executive Director: Tina Mouser  
 Phone: (208) 263-1524  
 Fax: (208) 263-6361  
[www.centurypa.com](http://www.centurypa.com)

65 beds; elderly; full-time RN, workout facility, beauty shop, 24 hours care staff, ice cream parlor; private pay

**The Bridge at Post Falls**

515 N Garden Plaza Ct  
 Post Falls, ID 83854

Executive Director: Jennifer Whitmeyer  
 Phone: 208) 773-3701  
 Fax: (208) 773-3906  
[www.gardenplazapostfalls.com](http://www.gardenplazapostfalls.com)

95 beds; elderly, Alzheimer's, dementia, traumatic brain injury, physically disabled; part of Continuing Care Community—Garden Plaza Independent Living, The Bridge Assisted

**ATTACHMENT P**  
**Area Agency on Aging of North Idaho**  
**List of Facilities**

Living and Life Care Skilled Nursing;  
 private pay

**Bristol Heights Assisted Living**

2220 W Prairie Ave  
 Coeur d'Alene, ID 83815

Administrator: Kim Johnson  
 Phone (208) 661-6173  
 Fax (208) 635-5073  
 www.bristolheightscda.com

3 houses, 16 beds each w/private room  
 & bathroom, secure facility; Alzheimer's,  
 dementia, elderly, physically disabled,  
 developmentally disabled, mental  
 illness, traumatic brain injury; adult day  
 care; Medicaid

**Brookdale**

205 E Anton Ave  
 Coeur d'Alene, ID 83815

Administrator: Wendy Loundsbury  
 Phone: (208) 667-6490  
 Fax: (208) 765-4352

96 beds - elderly, Alzheimer's, mental  
 illness, physically disabled,  
 developmentally disabled; Medicaid

**Coeur d'Alene of Cascadia  
 (Kootenai County)**

2514 N 7th St  
 Coeur d'Alene, ID 83814

Executive Director: Jake Moore  
 Phone: (208) 664-8128  
 Fax: (208) 765-0505

117 beds; respite care; Medicare,  
 Medicaid

**Community Restorium**

6619 Kaniksu St  
 Bonners Ferry, ID 83805

Administrator: Karlene Magee  
 Phone: (208) 267-2453  
 Fax: (208) 267-7823

52 beds; elderly, Alzheimer's, physically  
 disabled; Medicaid

**Country Comfort Residential Care**

830 N 23rd St  
 Coeur d'Alene, ID 83814

Administrator: George Ciccone  
 Phone: (208) 664-2272; (208) 665-7373  
 Fax (208) 665-7774

10 private rooms w/shared bath;  
 emergency transportation; elderly,  
 Alzheimer's, dementia, physically  
 disabled; Medicaid

**The Courtyard at Coeur d'Alene**

2100 E Sherman Ave  
 Coeur d'Alene, ID 83814

Administrator: Janel Manning  
 Phone: (208) 765-8364  
 Fax: (208) 765-3396

4 Houses, 16 beds each; elderly,  
 Alzheimer's; private pay

**ATTACHMENT P**  
**Area Agency on Aging of North Idaho**  
**List of Facilities**

**Creekside Inn Assisted Living  
Alzheimer's Community**

240 E Kathleen Ave  
Coeur d'Alene, ID 83815

Administrator: Erica Face  
Phone: (208) 665-2444  
Fax: (208) 665-1411

70 beds; Alzheimer's, dementia, mental illness, traumatic brain injury, physically disabled; respite care; Medicaid

**Evergreen Assisted Living**

624 S Division Ave  
Sandpoint, ID 83864

Administrator: Mary Egeland  
Phone: (208) 265-2354  
Fax: (208) 263-8787  
[www.evergreenhealthcare.com](http://www.evergreenhealthcare.com)

60 beds; traumatic brain injury, elderly, Alzheimer's, dementia, developmentally disabled, physically disabled, mental illness; Medicaid

**The Garden at Orchard Ridge**

624 W Harrison Ave  
Coeur d'Alene, ID 83814

Administrator: Ann Johnson  
Phone (208) 664-8119  
Fax (208) 666-0749  
[www.cdahomes.org](http://www.cdahomes.org)

69 beds; elderly, Alzheimer's, dementia; private apartments and bathrooms; secure Alzheimer's unit; private pay

**Generations Assisted Living and  
Wellness**

13400 N Meyer Rd  
Rathdrum, ID 83858

Administrator: Heather Gray  
Phone: (208) 687-0495  
Fax: (208) 687-3333

3 houses, 16 beds each; elderly, Alzheimer's, dementia; private pay

**Good Samaritan Silver Wood  
Village Assisted Living**

405 W. 7<sup>th</sup> St  
Silverton, ID 83867

Administrator: Julie Johansen  
Phone: (208) 556-1147  
Fax: (208) 753-6411

14 beds; elderly, mental illness, physically disabled; Alzheimer's, dementia; Medicaid

**Guardian Angel Homes (Including  
The Inn)**

1070 & 1136 E Mullan Ave  
Post Falls, ID 83854

Administrator: Cecilia Owsley  
Phone: (208) 777-7797  
Fax: (208) 777-0147

5 units: 4 cottages with 16 beds each, plus The Inn with 62 beds; elderly, Alzheimer's, dementia, traumatic brain injury, behavior management, physically

**ATTACHMENT P**  
**Area Agency on Aging of North Idaho**  
**List of Facilities**

disabled, mental illness diabetic, dialysis clients; respite care; Medicaid, VA

**Harmony House Assisted Living I**

454 W Lacey Ave  
 Hayden, ID 83835

Administrator: Jenifer Christensen  
 Phone: (208) 762-9852  
 Fax: (208) 762-4025

13 beds; mental illness; developmentally disabled, traumatic brain injury, Alzheimer's, dementia; Medicaid

**Harmony House II**

9967 N Maple Ave  
 Hayden, ID 83835

Administrator: Jenifer Christensen  
 Phone: (208) 762-9876  
 Fax: (208) 762-8035

3 houses, 16 beds each - developmentally disabled, mental illness, traumatic brain injury; Medicaid

**Hayden Country Guest Home**

10585 N Reed Rd  
 Hayden, ID 83835

Administrator: Dawn Hayden  
 Phone: (208) 762-3890  
 Fax: (208) 762-3983

16 beds; Alzheimer's, dementia, elderly, physically disabled; Medicaid

**Hearthstone Village**

402 3rd St  
 Kootenai, ID 83840

Administrator: Anna Bilbo  
 Phone: (208) 255-4849  
 Fax: (208) 263-0892

2 houses, 16 beds each; Alzheimer's, dementia, elderly, physically disabled; Medicaid

**Honeysuckle Place**

660 W Honeysuckle Ave  
 Hayden, ID 83835

Administrator: Anna Capell  
 Phone: (208) 762-4097  
 Fax: (208) 772-9335

45 beds; elderly, Alzheimer's, dementia, mental illness; private pay

**Huckleberry Retirement Homes II**

1408 Ponderosa Dr.  
 Sandpoint, ID 83864

Administrator: Kenneth Breeden  
 Phone: (208) 255-7248  
 Fax: (208) 255-7248

14 beds; elderly, Alzheimer's, dementia, developmentally disabled, physically disabled; Medicaid

**ATTACHMENT P**  
**Area Agency on Aging of North Idaho**  
**List of Facilities**

**Huckleberry Retirement Homes IV**

1513 Hemlock Ct  
 Sandpoint, ID 83864

Administrator: Bobbi Hunting  
 Phone: (208) 255-5999  
 Fax: (208) 255-7248

8 beds; elderly, Alzheimer's; dementia, developmentally disabled, mental illness, physically disabled; Medicaid

**Ivy Court (Kootenai County)**

2200 N Ironwood Pl  
 Coeur d'Alene, ID 83814

Administrator: Mike Littman  
 Phone: (208) 667-6486  
 Fax: (208) 676-8276

125-bed transitional unit and 84-bed nursing level care; respite care; Medicare, Medicaid, VA

**Kindred Nursing and Rehabilitation – Mountain Valley (Shoshone County)**

601 W Cameron Ave  
 Kellogg, ID 83837

Administrator: Mary Ruth Butler  
 Phone: (208) 784-1283  
 Fax: (208) 784-0151

68 beds; respite; Medicare, Medicaid

**LaCrosse Health & Rehabilitation Center (Kootenai County)**

210 W LaCrosse Ave  
 Coeur d'Alene, ID 83814

Administrator: Gary Liesner  
 Phone: (208) 664-2185  
 Fax: (208) 664-1604

130 beds; Medicare, Medicaid, VA; respite care

**Lark's Haven on Hilgren**

254 Hilgren Ave  
 Hayden, ID 83835

Administrator: Cara Johnson  
 Phone: (208) 635-5459  
 Fax: (208) 635-5655

15 beds; Alzheimer's, dementia, elderly, developmentally disabled, traumatic brain injury, physically disabled; Medicaid

**Lark's Haven on Reed**

9886 Reed Rd  
 Hayden, ID 83835

Administrator: Shana Linehan  
 Phone: (208) 719-9081  
 Fax: (208) 719-9082

16 beds; Alzheimer's, dementia, elderly, developmentally disabled, traumatic

**ATTACHMENT P**  
**Area Agency on Aging of North Idaho**  
**List of Facilities**

brain injury, physically disabled;  
 Medicaid

**Lark's Haven on Thames**

11950 N Thames Ct  
 Hayden, ID 83835

Administrator: Cara Johnson  
 Phone: (208) 772-2146  
 Fax: (208) 772-2493

16 beds; Alzheimer's, dementia, elderly,  
 developmentally disabled, traumatic  
 brain injury, physically disabled;  
 Medicaid

**Legends Park Assisted Living  
 Community**

1820 N Legends Pkwy  
 Coeur d'Alene, ID 83814

Administrator: Carol Irby  
 Phone: (208) 666-9900  
 Fax: (208) 765-6587

55 beds; elderly, physically disabled,  
 Alzheimer's, dementia; Medicaid

**Life Care of Coeur d'Alene  
 (Kootenai County)**

500 W Aqua Ave  
 Coeur d'Alene, ID 83815

Executive Director: Joan Martellucci  
 Phone: (208) 762-1122  
 Fax: (208) 762-9191

120 beds; respite; Medicare, Medicaid

**Life Care Center of Post Falls  
 (Kootenai County)**

460 N Garden Plaza Ct  
 Post Falls, ID 83854

Executive Director: Jeremy Tolman  
 Phone: (208) 777-0318  
 Fax: (208) 777-0328

120 beds; respite care; Medicare,  
 Medicaid

**Life Care Center of Sandpoint  
 (Bonner County)**

1125 N Division St  
 Sandpoint, ID 83864

Administration: Rick Myers  
 Phone: (208) 265-9299  
 Fax: (208) 265-9710

124 beds; Medicare, Medicaid, respite  
 care

**Living Springs**

1605 Catherine St  
 Post Falls, ID 83854

Administrator: Alice Thibault  
 Phone: (208) 773-6145  
 Fax: (208) 773-1138

14 beds; physically disabled, elderly,  
 developmentally disabled, mental  
 illness, Alzheimer's, dementia; Medicaid

**ATTACHMENT P**  
**Area Agency on Aging of North Idaho**  
**List of Facilities**

**The Lodge at Fairway Forest**

3989 Player Dr.  
 Coeur d'Alene, ID 83815

Administrator: Denise Sowell  
 Phone: (208) 457-3403  
 Fax: (208) 457-3406  
[www.LodgeLiving.net](http://www.LodgeLiving.net)

16 beds; Alzheimer's, dementia, elderly,  
 physically disabled; Medicaid

**The Lodge at Riverside Harbor**

52 N Cedar St  
 Post Falls, ID 83854

Administrator: Denise Sowell  
 Phone: (208) 457-3403  
 Fax: (208) 457-3406  
[www.LodgeLiving.net](http://www.LodgeLiving.net)

32 beds; Alzheimer's, dementia, elderly,  
 physically disabled; Medicaid

**Luther Park at Sandpoint**

510 Olive Ave  
 Sandpoint, ID 83864

Administrator: Bridget Kosinski  
 Phone: (208) 265-3557  
 Fax: (208) 265-8880  
[www.luther-park.org](http://www.luther-park.org)

110 beds; assisted living studio, 1, 2 BR  
 apartments; secure memory care;

Alzheimer's, dementia, physically  
 disabled, elderly; Medicaid

**Maple Wood Assisted Living**

10547 N Reed Rd  
 Hayden, ID 83835

Administrator: JoAnn Isaksen  
 Phone: (208) 762-9292  
 Fax: (208) 762-8481

16 beds; Alzheimer's, dementia, elderly,  
 physically disabled; respite; Medicaid

**North Star Assisted Living**

2340 W Seltice Wy  
 Coeur d'Alene, ID 83814

Administrator: Tandra Maple  
 Phone: (208) 765-5505  
 Fax: (208) 667-6601

41 apartments, 56 beds; Alzheimer's,  
 dementia, elderly; studio, 1, 2 bedroom  
 apartments; private pay; Complex  
 includes full retirement home

**Pacifica Senior Living – Coeur  
 d'Alene**

840 E Dalton Ave  
 Coeur d'Alene, ID 83815

Administrator: Phil Kinzler  
 Phone: (208) 665-2100  
 Fax: (208) 665-9250  
[www.PacificaCoeurdAlene.com](http://www.PacificaCoeurdAlene.com)

**ATTACHMENT P**  
**Area Agency on Aging of North Idaho**  
**List of Facilities**

4 houses:12/15/14/15 beds; elderly,  
Alzheimer's; respite; private pay

64 private rooms w/private bathrooms;  
Alzheimer's, dementia, elderly,  
physically disabled; private pay,  
Medicaid

**Pacifica Senior Living - Pinehurst**

208 S Division St  
Pinehurst, ID 83850

Administrator: Cheryl Kosanke  
Phone: (208) 556-1147  
Fax: (208) 753-6411

2 houses, 16 beds each; elderly, mental  
Illness, Alzheimer's, dementia,  
physically disabled; Medicaid

**Peterson Place Assisted Living**

1027 E Honeysuckle  
Hayden Lake, ID 83835

Administrator: Heidi Peterson  
Phone (208) 762-3828  
Fax (208) 762-8658

16 beds; elderly, Alzheimer's, mental  
illness, physically disabled, traumatic  
brain injury

**The Renaissance at Coeur d'Alene  
Assisted Living Community, LLC**

2772 W Avante Lp  
Coeur d'Alene, ID 83815

Administrator: Melinda Webber  
Phone: (208) 664-6116  
Fax: (208) 664-6992

**Rose Terrace Cottages**

632 N 21st St  
Coeur d'Alene, ID 83814

Administrator: Rose Ann Mikesell  
Phone: (208) 665-0580  
Fax: (208) 667-8029

3 houses, 40 beds; elderly, mental  
Illness, physically disabled,  
developmentally disabled, Alzheimer's,  
dementia, traumatic brain injury,  
aggressive behavior; respite; Medicaid

**Rose Terrace Country Homes**

5672 W Rhode Island St  
Spirit Lake, ID 83869

Administrator: Jeffrey Mikesell  
Phone: (208) 623-6154  
Fax: (208) 623-5020

15 beds; Alzheimer's, dementia, elderly,  
developmentally disabled, traumatic  
brain injury, mental Illness, physically  
disabled; respite; Medicaid.

**Silver Wood Good Samaritan  
Center (Shoshone County)**

405 W 7th St  
PO Box 358  
Silverton, ID 83867



**ATTACHMENT P**  
**Area Agency on Aging of North Idaho**  
**List of Facilities**

Administrator: Julie Johansen  
 Phone: (208) 556-1147  
 Fax: (208) 753-6411

50 beds; respite; Medicare, Medicaid,  
 VA

**Sunset Home Assisted Living**

510920 US Hwy 95  
 Bonners Ferry, ID 83805

Administrator: Duane Holderman  
 Phone: (208) 267-0260  
 Fax: (208) 267-0263

16 beds; owned and operated by the  
 Mennonites; Alzheimer's, dementia,  
 developmentally disabled, elderly,  
 mental illness, physically disabled;  
 Medicaid

**Valley Vista Care Center of  
 Sandpoint (Bonner County)**

220 S Division St  
 Sandpoint, ID 83864

Administrator: Jerri Herrera  
 Phone: (208) 265-4514  
 Fax: (208) 263-3789

73 beds; geriatrics, behavioral,  
 physically and developmentally  
 disabled, Alzheimer's, dementia; respite;  
 Medicare, Medicaid

**Valley Vista Care Center of St.  
 Maries (Benewah County)**

820 Elm St  
 St Maries, ID 83861

Administrator: Brad Hruza  
 Phone: (208) 245-4576, (800) 473-8814  
 Fax: (208) 245-2138

74 beds; geriatrics, physically and  
 developmentally disabled, behavioral,  
 Alzheimer's, dementia; skilled nursing  
 and assisted living; Medicare, Medicaid

**Wellspring Meadows Assisted  
 Living**

9873 & 9945 N Buttercup Ln  
 Hayden, ID 83835

Administrator: Kurt Neely  
 Phone: (208) 762-9001  
 Fax: (208) 762-9934

2 houses, 16 beds each; Alzheimer's,  
 dementia, elderly, physically disabled,  
 traumatic brain injury, mental illness;  
 respite, adult daycare; private pay

**Attachment Q-Grievance Policies  
for denial and termination of service  
Sample draft letters - Area 1 AAA**

PSALogo

Datexx

PSAxx

PSAAddressxx

Namexx

Addressxx

Dear Applicant,

You have been receiving ServiceType service, and this letter is to inform you that your service will be discontinued on **Enter Day/Month/Year** because ReasonForTermination

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.

PSAxx

PSAAddressxx

PSAPhone

```
-----  
" Idaho Commission on Aging  
"   
" PO Box 83720, Boise, ID 83720-0007  
"   
" (208)-334-3833 Fax: 208-334-3033  
"   
" icoa@aging.idaho.gov  
"   
-----
```

Sample from GetCare System. Actual client letters are generated  
on Area 1 AAA letterhead and otherwise personalized.

PSALogo

Datexx

PSAAddressxx

Namexx

Addressxx

Dear Applicant,

Recently you contacted our agency for ServiceType service, but were determined ineligible because ReasonForDenial

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.

PSAxx

PSAAddressxx

PSAPhone

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|| Idaho Commission on Aging ||
||                               ||
||                               ||
|| PO Box 83720, Boise, ID 83720-0007 ||
||                               ||
||                               ||
|| (208)-334-3833 Fax: 208-334-3033 ||
||                               ||
||                               ||
|| icoa@aging.idaho.gov ||
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Sample from GetCare System. Actual client letters are generated on Area 1 AAA letterhead and otherwise personalized.