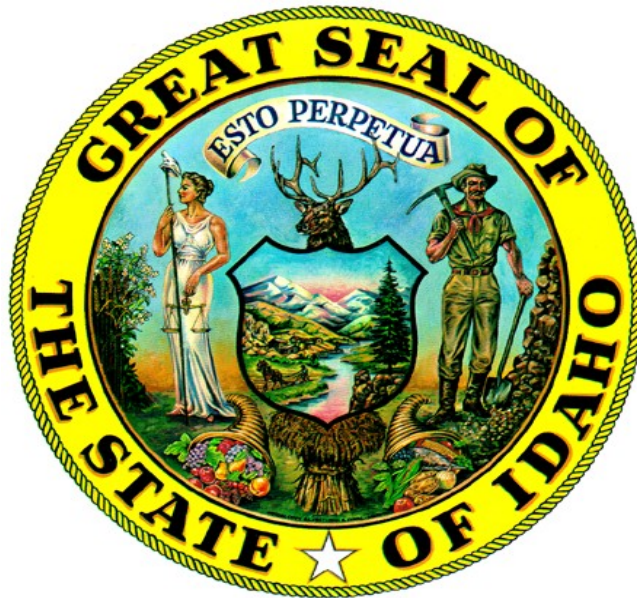


Area Agency on Aging III
Planning and Service Area III
Area 3 Senior Services Agency Board of Commissioners

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 III, the Area Agency on Aging III 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

Area 3 Senior Services Board of Commissioners
Marc Shigeta, Board Chairman

Signature: _____



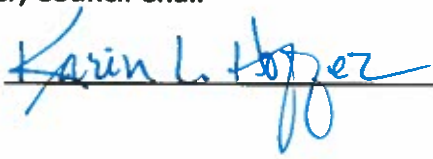
Date: _____

10/11/2017

AREA III ADVISORY COUNCIL CHAIRPERSON

Karin Hoffer, Council Chair

Signature: _____



Date: _____

10.06.2017

AREA AGENCY ON AGING

Area 3 Senior Services Agency
Raul Enriquez, Executive Director

Signature: _____



Date: _____

10/06/17

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Executive Summary

On October 1, 2016, the Area 3 Senior Services Agency (A3SSA) was officially designated by the Idaho Commission on Aging (ICOA) to serve as the Southwest Idaho Area Agency on Aging (AAA) III, one of six AAAs across Idaho. The A3SSA is governed by a joint powers agreement between seven of the ten counties A3SSA covers (Ada, Canyon, Gem, Owyhee, Payette, Valley, and Washington). A3SSA also serves Adams, Boise and Elmore counties, and all are covered through state and federal funds awarded through the ICOA.

The ICOA receives an annual allocation of federal funds under Title III and VII of the Older Americans Act (OAA), from the Administration for Community Living (ACL). The federal funds are then allocated to the six Idaho AAAs based on a federally approved intrastate funding formula (see Attachment B). This formula takes into account statistical data on the geographical distribution of individuals, age 60 or older, with particular attention paid to populations representing the greatest social and/or economic need. The formula projects anticipated need for services by weighing each Planning Service Area's (PSA) population segments most likely to be vulnerable and frail (i.e. individuals 75 or over 85; individuals 60 or over living in rural counties; those 65 and older living alone and/or in poverty; and minorities). Under the formula, regions of Idaho having a higher percentage of residents who are very old, poor, and/or living alone, etc. receive a higher proportion of funding to meet their expected higher service demands.

Currently, Area III uses OAA and Idaho Senior Services Act (SSA) funds to implement the following services in its 10 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

The Area III Agency on Aging's Mission Statement is:

The A3SSA provides solutions for seniors and caregivers aimed at securing safe, healthy, community supported and independent living options through comprehensive information, assistance, advocacy, and planning efforts.

The A3SSA's main responsibilities are:

- To serve as an advocate and focal point for older individuals within the community.
- To enter into arrangements and coordinate with organizations that have proven record of service provision to older individuals.
- To make use of trained volunteers in providing direct services delivered to older individuals
- To establish and advisory council consisting of older individuals who are participants or are eligible to participate in programs.
- To coordinate with the State agency to increase public awareness of elder abuse, neglect and exploitation.
- To facilitate an area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community based settings.

The A3SSA is required to submit a four-year, Strategic Area Plan to the ICOA, and provide annual updates thereafter. This plan is in effect from October 1, 2017 through September 30, 2021, and includes planning efforts and data analysis used within the course of its development. The Area Plan identifies goals, objectives, and strategies to improve the delivery of senior services. Further, the Plan identifies performance measures, and sets baselines and benchmarks to evaluate efficacy and quality of the services being delivered. This plan also identifies community partners who will collaboratively help the A3SSA to reach its goals, identify needed changes, and help overcome service barriers. Further, the A3SSA is required to periodically re-evaluate this Area Plan to identify and address gaps in services. Hence, this document may be seen to be an "evolving," dynamic plan, with the potential to grow and change in response to the needs of the population A3SSA exists to serve. To this end, the A3SSA Advisory Council utilized ICOA's four State Plan goals to create realistic and targeted strategies for its Area Plan.

The four goals of the plan are as follows:

- 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.
- ICOA Goal: To collaborate with aging network partners to implement discretionary programs that enhance Title III Core Services.
- ICOA Goal: Integrate person-centered planning into existing service delivery system.
- ICOA Goal: Ensure all older individuals have access to OAA and SSA Elder Justice Services.

The A3SSA staff, Board of Commissioners, and Advisory Council will utilize the plan as a planning guide and will make every effort to complete the agreed upon objectives. We respectfully submit this four-year strategic plan on behalf of the seniors and vulnerable adults living in our 10-county region and appreciate the efforts of the organizations and individuals that assisted in the development of this plan.

Planning Process

A3SSA Advisory Council

The A3SSA Advisory Council was established on July 28, 2017 to provide input and feedback on the plan strategies. Each member was provided with hard copies of ICOA's planning documents and was asked to submit recommendations for strategies. Feedback was incorporated into the plan and copies were sent out for a second review on September 1, 2017. Progress on the development of the plan was provided along with an overview of the strategies on September 15, 2017. The Advisory Council held a special meeting on October 6, 2017 to approve and sign the plan after the public comment period.

A3SSA Public Meetings

Public Meetings were held at the McCall, Weiser, Mt Home and Caldwell senior centers to provide program information and solicit feedback. Seniors were given an overview of the plan strategies, explanation of the budget and the process to provide feedback. A3SSA contact information was distributed and hard copies were distributed upon request.

Public Comment

A website was established (www.a3ssa.com) and a copy of the Area Plan was posted providing the public an opportunity to review the plan and provide feedback. The website was shared with all PSA III senior centers, A3SSA Advisory Council members, ICOA and Board of Commissioners to review and distribute amongst stakeholders. The website provided a phone number and email to submit comments. The website was made available between September 18, 2017 through October 2, 2017. Public Comments were collected and added to Attachment J: Comments on Area Plan in Planning and Service Area (III).

Needs Assessments

A3SSA Utilized the following needs assessments to develop the Area Plan strategies. A description of the needs assessment and the issues identified is provided below.

1. **Idaho State University Needs Assessment (Final Report, April 2016)**: The overall goal was to gain information on the current and future long-term care needs of Idahoans. There were 1,800 surveys mailed to Idaho residents age 50 and older based on target population demographics (greatest economic and social needs). Additional surveys were made available online as well as hardcopies provided to Senior Centers. There were 626 respondents across Idaho.

- Issues identified:
 - The top three current needs most often identified were Information and Assistance (61%), Disease Prevention & Health Promotion Programs (37%), and Transportation (34%).
 - When asked about specific long-term care services and supports, the need identified was formal Chore services (11%), Disease Prevention & Health Promotion (10%) and Legal Assistance (8%).
 - Respondents had the most problems, both major and minor, with home maintenance (52%), housework (42%), and finding information about services (39%). Feeling lonely, sad, or isolated was also a problem for more than a third of respondents (37%).
 - For future needs, Information & Assistance (I&A) (46%), Transportation (46%) and Home Delivered Meals (34%) were identified as most needed.
 - 47% of respondents were not aware of services provided by the listed agencies and organizations.

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

- Issues identified:
 - Long-term services and supports information was not reaching the people who needed it. Organizations operate in silos.
 - The pressure on the long-term care system will continue to grow.
 - The transformation of practice within the primary care system includes the prospect of enhancing the healthcare community's awareness and understanding of person

centered counseling practice. It also provides the possibility of creating linkages at the regional and local level among public health districts, behavioral health boards, long-term service providers, AAAs, CILs, and others.

- Streamlining access to care requires collaboration and innovation.
- Need for public outreach, coordinated applications for service, staff training, and service plan management (including quality assurance)

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

- Issues identified:
 - Long-term services and supports information was not reaching the people who needed it. Organizations operate in silos.
 - The pressure on the long-term care system will continue to grow.
 - The transformation of practice within the primary care system includes the prospect of enhancing the healthcare community's awareness and understanding of person centered counseling practice. It also provides the possibility of creating linkages at the regional and local level among public health districts, behavioral health boards, long-term service providers, AAAs, CILs, and others.
 - Streamlining access to care requires collaboration and innovation.
 - Need for public outreach, coordinated applications for service, staff training, and service plan management (including quality assurance)

4. Caregivers in Idaho (Final Report, December 2015): The Report examined policies, resources and programs available for caregivers in Idaho and other states. This project consisted of 50 plus partners ranging from Care Managers, to Disability entities, Insurance, Hospitals, Government Agencies, AARP, Association of Counties and Hospice providers to name a few.

- Issues identified:
 - Need to equip and expand a network of individuals who assist family caregivers to understand, access, and arrange complex services.
 - Provide access to training for caregivers on fundamental care responsibilities and self-care strategies.

- Influence health care providers to recognize family caregivers as integral members of the health care team.
- Build community resources within the medical-health neighborhood to support those in a family caregiver role, through the State Health Innovation Plan (SHIP).
- Integrate the needs and contributions of unpaid family caregivers in other system transformation efforts.

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.

Provider Name	Phone #	County Served	Time of Operations (based on ridership)
Metro Community Services	459-0063	Canyon	Mon - Fri, 8 am-3 pm
Eagle Senior Center	939-0475	Ada	Wed for Dr. Apts & errands; Fri for misc. trips
Legacy Corps.	333-1363	Ada, Canyon & Elmore (based on volunteers)	Mon-Fri. Time based on demand and availability
Horseshoe Bend Senior Center	793-2344	Boise	2nd Thurs each month for medical. Tues & Fri from 10:30-2:30
Kuna Senior Center	922-9714	Ada	Mon-Fri: 9-3
Mtn. Home Senior Center	587-4562	Elmore	Mon, Wed & Fri: 9:30-2:30 PM
Payette Senior Center	208-642-4223	Payette	Mon, Wed & Fri Congregate; Thurs to Ontario - medical, bank, etc..
Star Senior Center	286-7943	Boise	Mon - Shopping, Tues & Thurs Medical, Wed & Fri Cong
Three Island Senior Center	366-2051	Elmore	Mon, Tues and Thurs 10:30-2, M
Meridian Senior Center	208-888-5555	Ada	Mon-Fri
Boise Basin Senior Center	208-392-4918	Boise	Tues & Thurs - 10-2pm

Cambridge Senior Center	208-257-3358	WA	Wed & Fri - 10-2pm
Cascade Senior Center	208-382-4256	Valley	Tues & Thurs - 10 - 2pm
Council Senior Center	208-253-4802	Adams	Tues, Wed and Fri - 10 - 2 pm
Gem County Seniors	208-365-4343	Gem	Mon-Fri, 9am - 3pm
Homedale Senior Center	208-337-3020	Owyhee	Tues, Wed and Fri - 10 - 2 pm
Marsing Senior Center	208-896-4634	Owyhee	Mon - Thurs 10 -2pm
McCall Senior Center	208-634-5408	Valley	Tues & Thurs - 10 - 7 pm
Melba Senior Center	208-495-2168	Canyon	Tues & Thurs: 10 - 2 PM
New Meadows Senior Center	208-347-2363	Adams	Mon, Wed & Fri: 10-2PM
New Plymouth Senior Center	208-278-5320	Payette	Tues, Thurs and Fri: 10 - 2 PM
Rimrock Senior Center	208-968-5430	Owyhee	Tues & Thurs: 10 - 2 PM
Weiser Senior Center	208-414-0750	Washington	Mon- Fri: 10-2pm

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

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	\$67,526	\$117,024	\$184,550
SFY 2017 (July 2016 – June 2017) Actual	\$55,920	\$105,405	\$161,325
SFY 2018 (July 2017 – June 2018) Budget	\$103,691	\$103,691	\$207,382
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Transportation Service Delivery Strategy: Analyze transportation data, resources and current service delivery model to improve access to transportation.

Performance Measure:

- Effectiveness = Number of boarding.
- 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	50,904	\$3.63	Not Available
SFY 2017 (July 2016 – June 2017) Actual	54,761	\$2.95	Not Available
SFY 2018 (July 2017 – June 2018) Actual			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Benchmark:

- Increase number of boarding's 2% annually
- Maintain \$2.95 average cost per boarding.
- Customer satisfaction 80% or higher.

B. Transportation Coordination Strategy: Coordinate with Senior Centers, Valley Regional Transit's Rideline, Disabled American Veterans & Medicaid Transportation to improve senior utilization of transportation services.

Performance Measure: Number of resources listed in GetCare database and number of referrals provided per resource.

Baseline: State Fiscal Year July 1, 2016-June 30, 2017 Referral counts.

- Transportation (General): 42
- Access Van: 9
- Where2 Transportation: 9
- Valley Region Transit – Go Ride: 9
- Treasure Valley Regional Transit: 7
- Valley ride- Access Paratransit Service: 6
- Idaho Tender Care Transit: 6
- Snake River Transit: 2
- Ada County Highway District Commuteride: 1

Benchmark: Increase the number of referrals to transportation providers by 2.5% annually.

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>(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).</i>
Service Eligibility: General public needing long-term care services and supports.
Service Implemented by:
<ul style="list-style-type: none"> • Area Agency on Aging
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	\$0	\$0
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$618	\$618
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$3,672	\$3,672
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Outreach Service Delivery Strategy: Increase the number on one to one outreach contacts by visiting 2-3 Senior Centers a month and provide AAA information to participants. Specific target populations must include:

1. Seniors residing in rural areas
2. Greatest economic need
3. Greatest social need
4. Seniors with limited English ability
5. Seniors with severe disabilities
6. Seniors with Alzheimer’s disease and related disorders
7. Caretakers of individuals listed above in 1-6.

Performance Measure:

- Number of Senior Centers visited annually.
- Number of one to one contacts

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>One-to-one Contacts</u>
SFY 2016 (July 2015 – June 2016) Actual	155
SFY 2017 (July 2016 – June 2017) Actual	52
SFY 2018 (July 2017 – June 2018) Actual	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:

- Outreach increased by 50 contacts per area plan year. 2017=102; 2018=152; 2019=202; 2020=252
- Modify and increase outreach budget to support outreach objectives.

B. Outreach Coordination Strategy: Provide education and outreach materials to partners like Advisory Council Members, A3SSA Board of County Commissioners, Senior Centers and Southwest Health Collaborative to distribute A3SSA materials to eligible individuals.

Performance Measure:

- Number of AAA presentations provided during meetings.
- Number of referrals one to one contacts conducted as a result of AAA presentations.

Baseline:

- State Fiscal Year July 1, 2016-June 30, 2017 Outreach Counts is 52

Benchmark:

- One presentation per month per partner.

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

Service Description: Information and assistance (I&A) funds are used to: (1) Provide older individuals with current information on long-term care supports, services and opportunities available within their communities, including information relating to assistive technology; (2) Assess older individual’s problems and capacities; (3) Link older individuals to long-term care supports, services and opportunities that are available; (4) To the maximum extent practicable, ensure that older individuals receive needed services, and are aware of available opportunities by establishing follow-up procedures; and (5) Serve the entire community of older individuals, particularly: (i) Older individuals with the greatest social need; (ii) Older individuals with the greatest economic need; and (iii) Older individuals at risk for institutional placement.

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

Service Implemented by:

- Area Agency on Aging

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	\$280,927	\$280,927
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$249,561	\$249,561
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$342,086	\$342,086
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. I&A Service Delivery Strategy: Establish a quarterly GetCare report to track the following tasks per FTE:

- Number of incoming calls
- Number of assessments
- Number of referrals provided
- Number of follow ups and reassessments

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&A Staff</u>	<u>Average Monthly Contact per I&A Staff</u>
SFY 2016 (July 2015 – June 2016) Actual	23,084	\$12.17	7	275
SFY 2017 (July 2016 – June 2017) Actual	10,379	\$24.04	5	173
SFY 2018 (July 2017 – June 2018) Actual			6.65	
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

**Note: SFY 2017 Counts do not consider calls going out to consumers.*

Benchmark: (Statewide I&A average cost per contact is \$30.38 per FTE).

- Increase the number of contacts by 1% annually.
- Provide training to I&A staff that fall below average number of calls.

B. I&A Coordination Strategy: Establish protocols with organizations to streamline referrals between organizations that provide I&A.
Performance Measure: Number of memorandum of understandings with referral protocols in place.
Baseline: No referral protocols in place with organizations that provide Information and Assistance.
Benchmark: One memorandum of understanding in place per 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.																								
Service Implemented by: <ul style="list-style-type: none"> Area Agencies on Aging 																								
Funding Source: (Actual expenditures for completed year and Budget for current year)																								
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SFY 2018 (July 2017 – June 2018) Budget	\$0	\$0	\$0																					
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SFY 2020 (July 2019 – June 2020)																								

A. Case Management Service Delivery Strategy: Assist consumers that need coordination of multiple health/social services and cannot access services on their own.																														
Performance Measure: <ul style="list-style-type: none"> Efficiencies = Cost per consumer, average cost per unit. Effectiveness = Total consumers, total costs, total unit hours. 																														
Baseline:																														
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State Fiscal Year (SFY)	Total Unduplicated Clients Served	Average Cost per Client	Total Annual Units (hrs.)	Average cost per Unit (hr.)																										
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SFY 2017 (July 2016 – June 2017) Actual	0	Not Applicable	0	Not Applicable																										
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SFY 2019 (July 2018 – June 2019)																														
SFY 2020 (July 2019 – June 2020)																														
Benchmark: <ul style="list-style-type: none"> Number of case management referrals assisted that meet IDAPA criteria. 																														

<p>B. Case Management Coordination Strategy: Streamline referrals with program staff that provide service coordination:</p> <ul style="list-style-type: none"> • Idaho Home Choice Transition Managers, • Health and Welfare Navigators, • Blue Cross Service Coordinators, • Senior Community Service Employment Program Employment Training Coordinators and • Living Independent Network Corporation Living Specialists. • Veteran’s Nurse Case Managers
<p>Performance Measure:</p> <ul style="list-style-type: none"> • Number of referrals provided to organizations that provide service coordination. • Number of cross trainings facilitated with Health and Welfare, Blue Cross of Idaho and LINC
<p>Baseline:</p> <ul style="list-style-type: none"> • No cross trainings provided in previous fiscal year 2016-2017. • Number of referrals to organizations: <ul style="list-style-type: none"> ○ LINC: 9
<p>Benchmark:</p> <ul style="list-style-type: none"> • Increase number of referrals to organizations providing service coordination by 5% annually. • Two cross trainings annually with Experience Works, LINC, Health and Welfare and Blue Cross of Idaho

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

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

Service Eligibility: Seniors 60 years of age or older and meets any of the following requirements:

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

Service Implemented by: (Service Authorized by A3SSA; 1-844-850-2883)

Homemaker	Service Areas
WICAP	Adams, Horseshoe Bend, Gem, Payette, Valley, Washington
Metro Community Services (Formerly CCOA)	Canyon and Owyhee
24-7 Idaho Home Care	Ada County, Crouch, Garden Valley, Horseshoe Bend, Caldwell, Middleton, Nampa, Emmett, Valley County
Horizon Homehealth and Hospice	Ada and Canyon
Addus Homecare	All Areas
Havenwood	Ada, Canyon, Emmett, Elmore

Comfort Keepers	Ada, Canyon, Mtn Home, Emmett, Homedale, Marsing
A Tender Heart	Ada County, Caldwell, Greenleaf, Nampa, Wilder, Emmett, Homedale, Marsing

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	\$94,777	\$156,695	\$251,472
SFY 2017 (July 2016 – June 2017) Actual	\$202,811	\$46,914	\$249,725
SFY 2018 (July 2017 – June 2018) Budget	\$271,840	\$0	\$271,840
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: Conduct targeted outreach to individuals with the following risk factors; living in rural counties, identified having greatest economic and social need.

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	494	15,691	\$16.03	32	\$509.05
SFY 2017 (July 2016 – June 2017) Actual	446	15,536	\$16.07	35	\$559.92
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 Living in Rural Areas</u>	<u>% of Registered Consumers living in Rural Areas</u>	<u>Census Data: % of Population in *Greatest Economic Need</u>	<u>% of Registered Consumers with Greatest Economic Need</u>	<u>Census Data: % of Population in **Greatest Social Need</u>	<u>% of Registered Consumers with Greatest Social Need</u>
SFY 2016 (July 2015 – June 2016)	25,218/127,236=20%	136/494=27%	7,621/127,236=06%	128/494=26%	23,163/127,236=18%	416/494=84%
SFY 2017 (July 2016 – June 2017)						
SFY 2018 (July 2017 – June 2018)						

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

***Greatest Economic Need: 65 or older living in Poverty**

****Greatest Social Need: 65 or older living alone**

Benchmark:

- Maintain \$16.07 average cost per hour.
- Percentage of registered consumers with the following criteria matches the census.
 - Individuals living in rural areas.
 - Individuals with greatest economic need.
 - Individuals with greatest social need.

B. Homemaker Coordination Strategy: Work with ICOA and other AAAs to establish standardized service units and cost-sharing parameters.

Performance Measure:

- Establish service unit and cost-sharing standards.

Baseline:

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

Benchmark:

- Implement statewide service unit and cost-sharing standards.

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:

- Area Agencies on Aging

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

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$16,599	\$16,599
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$3,737	\$3,737
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. Chore Service Delivery Strategy: Implement a new A3SSA Chore program that will serve eligible consumers with the highest risk factors.

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	37	148	\$112.16
SFY 2017 (July 2016 – June 2017) Actual	Contract	8	34	\$109.92
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:

- Decrease the average cost per unit by 50%
- Increase the number of individuals served by 5%

B. Chore Coordination Strategy:

Utilize the following disability groups to seek input on home safety and accessibility:

- Idaho State Independent Living Council,
- Northwest ADA
- LINC

Performance Measure:

New Chore program implemented with contracted providers serving consumers.

Baseline:

No Chore program currently in place.

Benchmark:

Chore program implemented with contracted providers serving consumers.

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:

Program Name	Contact Information
Accessiblity Program	208-331-4881
Boise City/Ada County Housing Authority	208-345-4907
Boise City Housing and Community Development	208-384-4158
Idaho Assisitive Technology Project Loan Program	1-800-432-8324
Life @ Home	1-208-322-0153

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

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	\$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: Increase access to home modification services through referrals.

Performance Measure:

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

Baseline:

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

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 the number of referrals by 2% annually.

B. <u>Minor Home Modification Coordination Strategy:</u> Coordinate home modification referrals by utilizing resource list maintained by LINC and ensure service list is in GetCare Listing Manager.
<u>Performance Measure:</u> Increase referrals annually
<u>Baseline:</u> State Fiscal Year July 1, 2016-June 30, 2017 Referral counts. <ul style="list-style-type: none"> Boise City/Ada County Housing Authority: 14. Idaho Assistive Technology Project: 10.
<u>Benchmark:</u> Referrals increased annually by 2%.

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:

Provider Name	Phone #	County Served	Time of Operations
Boise Idaho Legal Aid	208-345-0106	Ada, Boise, Elmore, and Valley	8:30- 5:00
Caldwell Idaho Legal Aid	208-454-2591	Adams, Canyon, Gem, Owyhee, Payette, and Washington	8:30- 5:00

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	\$29,610	\$29,610
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$32,655	\$32,655
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$32,025	\$32,025
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Legal Assistance Service Delivery Strategy: Establish best practice to track A3SSA legal assistance data.

Performance Measure:

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

Baseline:

<u>Legal Assistance Category</u>	<u>SFY16 Total Cases</u>	<u>SFY16 Total Hrs.</u>	<u>SFY16 Cost/ Hr.</u>	<u>SFY16 Total Cost</u>	<u>SFY17 Total Cases</u>	<u>SFY17 Total Hrs.</u>	<u>SFY17 Cost/ Hr.</u>	<u>SFY17 Total Cost</u>	<u>SFY18 Total Cases</u>	<u>SFY18 Total Hrs.</u>	<u>SFY18 Cost/ Hr.</u>	<u>SFY18 Total Cost</u>

Income			\$	\$	28	69.1	\$75	\$5,182			\$	\$
Health Care			\$	\$			\$	\$			\$	\$
Long-term care			\$	\$	68	167.2	\$75	\$12,540			\$	\$
Nutrition			\$	\$			\$	\$			\$	\$
Housing			\$	\$	28	126.6	\$75	\$9,495			\$	\$
Utilities			\$	\$			\$	\$			\$	\$
Protective Services			\$	\$			\$	\$			\$	\$
Defense of Guardianship			\$	\$	1	1.5	\$75	\$112.5			\$	\$
Abuse			\$	\$	5	35.8	\$75	\$2,685			\$	\$
Neglect			\$	\$			\$	\$			\$	\$
Age Discrimination			\$	\$	3	8.6	\$75	\$645			\$	\$
Total			\$	\$	133	409	N/A	\$30,660			\$	\$

SFY16: State Fiscal Year, July 1, 2015 – June 30, 2016

SFY17: State Fiscal Year, July 1, 2016 – June 30, 2017

SFY18: State Fiscal Year, July 1, 2017 – June 30, 2018

<u>Legal Assistance Category</u>	<u>SFY19 Total Cases</u>	<u>SFY19 Total Hrs.</u>	<u>SFY19 Cost/ Hr.</u>	<u>SFY19 Total Cost</u>	<u>SFY20 Total Cases</u>	<u>SFY20 Total Hrs.</u>	<u>SFY20 Cost/ Hr.</u>	<u>SFY20 Total Cost</u>
Income			\$	\$			\$	\$
Health Care			\$	\$			\$	\$
Long-term care			\$	\$			\$	\$
Nutrition			\$	\$			\$	\$
Housing			\$	\$			\$	\$
Utilities			\$	\$			\$	\$
Protective Services			\$	\$			\$	\$
Defense of Guardianship			\$	\$			\$	\$
Abuse			\$	\$			\$	\$
Neglect			\$	\$			\$	\$
Age Discrimination			\$	\$			\$	\$
Total			\$	\$			\$	\$

SFY19: State Fiscal Year, July 1, 2018 – June 30, 2019

SFY20: State Fiscal Year, July 1, 2019 – June 30, 2020

Benchmark: Reporting system in place to track Legal Assistance data.

B. Legal Assistance Coordination Strategy: Provide Legal Assistance training to Information and Assistance, Adult Protection and Ombudsman staff to improve appropriate referrals to Idaho Legal Aid.

Performance Measure:

- Number of trainings provided to I&A, Ombudsman and Adult Protection Staff.
- Number of appropriate referrals to Idaho Legal Aid

Baseline: State Fiscal Year July 1, 2016-June 30, 2017 Referral counts.

- Legal Assistance (General): 19.
- Idaho Legal Aid: 39.

Benchmark: Number of eligible consumers referred to Idaho Legal Aid that are provided with assistance.

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

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

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

Service Implemented by:

Name	Congregate Service Hours	Phone #	City
Nampa Senior Center	Mo-Fri Lunch @12	208-467-7266	Nampa
Dick Eardley Boise Senior Center (Formerly Boise Senior Activities Center)	Monday - Friday - 12pm	208-608-7578	Boise
Eagle Community & Senior Center	Tuesday & Thursday - 12pm	208- 939-0475	Eagle
Garden City Senior Center (Boise Site)	Wednesday & Friday - 12pm	208-336-8122	Garden City
Kuna Senior Center	Monday, Wednesday, Friday 12pm	208-922-9714	Kuna
Meridian Senior Center	Monday, Wednesday, Friday - 12pm	208-888-5555	Meridian
Northgate Senior Village	Monday - Friday - 12pm	208-853-8448	Boise
Samaritan Village Apts	Monday - Friday - 12pm	208-342-3163	Boise
Star Senior Center	Wednesday & Friday - 12pm	208-286-7943; President: 322-4357	Star
Boise Basin Senior Center	Tuesday & Thursday - 12pm	208-392-4918	Idaho City
Caldwell Senior Center	Monday - Friday - 12pm	208-459-0132	Caldwell
Cambridge Senior Citizens -	Wed @ 12pm & Friday 5:30pm	208-257-3358	Cambridge
Cascade Senior Center	Tuesday & Thursday - 12pm	208-382-4256	Cascade
Council Senior Center	Tue, Wed, Fri @ 12pm	208-253-4802/ 208-253-4282	Council
Homedale Senior Center	Tuesday & Thursday - 12p, Wednesday - 11:30am	208-337-3020	Homedale

Horseshoe Bend Senior Center	Tuesday & Friday - 12pm	208-793-2344	Horseshoe Bend
Marsing Senior Center	Monday - 8am-11am, Tue, Wed, and Thu - 11-12:30pm	208-896-4634	Marsing
McCall Senior and Community Center	Tuesday & Thursday - 5:15pm	208-634-5408	McCall
Melba Valley Senior Center	Tue breakfast and Thu lunch at 12	208-495-2168	Melba
Mountain Home Senior Citizens Center	Monday, Wednesday, Friday - 12pm	208-587-4562	Mountain Home
New Meadows Senior Center	Monday, Wednesday, Friday - 5:30pm	208-347-2363	New Meadows
New Plymouth Senior Center	Tuesday, Thursday, Friday - 12pm	208-278-5320	New Plymouth
Parma Senior Center	Monday - Friday - 12pm	208-722-5421	Parma
Payette Senior Center	Monday, Wednesday, Friday - 12pm	208-642-4223	Payette
Rimrock Senior Center (Grandview)	Tuesday - 6pm, Thursday - 12pm	208-834-2922	Grandview
Three Island Senior Center (Glenns Ferry)	Monday, Tuesday, Thursday - 12pm	208-366-2051	Glenns Ferry
Weiser Senior Center	Monday-Friday at 12pm	208-414-0750	Weiser

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	\$143,077	\$492,373	\$635,450
SFY 2017 (July 2016 – June 2017) Actual	\$177,355	\$524,649	\$702,004
SFY 2018 (July 2017 – June 2018) Budget	\$236,761	\$355,141	\$591,902
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Congregate Meal Service Delivery Strategy: Work with Senior Centers and community partners to identify resources that can support the increase of congregate participation.

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	3,780	170,969	\$3.72	\$3.50
SFY 2017 (July 2016 – June 2017) Actual	3,603	173,666	\$4.04	\$3.50
SFY 2018 (July 2017 – June 2018) Actual				\$3.50
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

*Cost includes AAA wages, nutritionist and provider reimbursement.

Benchmark: Number of additional resources accessed.

B. Congregate Meal Coordination Strategy: Work with Senior Centers and provide technical guidance to sustain and increase participation at Senior Centers.

Performance Measure: Number of Senior Center visits and technical guidance provided.

Baseline: State Fiscal Year July 1, 2016-June 30, 2017 Site Visits

- 08/02/2016: Council Senior Center
- 08/02/2016: Weiser Senior Center
- 08/03/2016: Parma Senior Center
- 08/31/2016: Payette Senior Center
- 09/01/2016: Boise Basin Senior Center
- 09/08/2016: Rimrock Senior Center

Benchmark: Visit 2-3 Seniors a month and provide technical guidance.

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: (Service Authorized by A3SSA)

Organization Name	HDM Delivery Schedule H = Hot, F = Frozen	City
Metro Community Services	Monday - 7 F	Caldwell
Dick Eardley Boise Senior Center (Formerly Boise Senior Activities Center)	M-Th (1 H), Fri (1 H & 2 F)	Boise

Eagle Community & Senior Center	T (1 H & 1 F), Th (1 H & 4 F)	Eagle
Garden City Senior Center	M - Th (1 H), Fri (1 H & 2 F)	Garden City
Kuna Senior Center	M (1 H & 1 F), W (1 H & 1 F), F (1 H & 2 F)	Kuna
Meridian Senior Center	<i>City:</i> M (1 H & 1 F), W (1 H & 1 F), F (1 H & 2 F) <i>Rural:</i> Tuesday - 1 H & 6 F	Meridian
Star Senior Center	W (1 H & 1 F), F (1 H & 4 F)	Star
Caldwell MOW's	<i>City:</i> M-Th (1 H), Fri (1 H & 2 F) <i>Rural:</i> Tuesday – (7 F)	Caldwell, Middleton & Greenleaf
Cambridge Senior Citizens	Wednesday – (1 H & 6 F)	Cambridge
Homedale Senior Center	T (1 H), W (1 H), Th (1 H & 4 F)	Homedale
Horseshoe Bend Senior Center	T (1 H & 2 F), F (1 H & 3 F)	Horseshoe Bend
Marsing Senior Center	M - W (1 H), Th (1 H & 3 F)	Marsing
McCall Senior and Community Center	T (1 H & 1 F), Th (1 H & 4 F)	McCall
Melba Valley Senior Center	Th (1 H & 6 F) - call to verify	Melba
Mom's Meals NourishCare	Frozen Meals Delivered for the week	Any
Mountain Home Senior Citizens Center	M (1 H & 1 F), W (1 H & 1 F), F (1 H & 2 F)	Mountain Home
Nampa St. Alphonsus Meals-on-Wheels	M-Th (1 H), Fri (1 H & 2 F) <i>Rural:</i> M (1 H & 6 F)	Nampa
New Meadows Senior Center	Call to confirm schedule	New Meadows
New Plymouth Senior Center	T (1 H & 1 F), Th (1 H & 4 F)	New Plymouth
Parma Senior Center	M (1 H & 1 F), W (1 H & 1 F), F (1 H & 2 F)	Parma
Payette Senior Center	M - Th (1 H), Fri (1 H & 2 F)	Payette
Three Island Senior Center (Glenns Ferry)	M (1 H), T (1 H & 1 F), Th (1 H & 3 F)	Glenns Ferry
Weiser Senior Center	M - F (1 H), Friday (2 F)	Weiser

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	\$551,089	\$540,787	\$1,091,876
SFY 2017 (July 2016 – June 2017) Actual	\$509,781	\$472,820	\$982,601
SFY 2018 (July 2017 – June 2018) Budget	\$302,557	\$445,583	\$748,140
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Home Delivered Meal Service Delivery Strategy: Identify and implement best practices for managing Home Delivered Meals programs to ensure eligible high risk consumers are served and to minimize waiting lists.

Performance Measure:

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

Baseline:

<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	1,583	216,858	\$5.03	\$4.25
SFY 2017 (July 2016 – June 2017) Actual	1,125	200,690	\$4.90	\$4.25
SFY 2018 (July 2017 – June 2018) Budget				\$4.25
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

*Cost includes AAA wages, nutritionist and provider reimbursement.

Demographic Baseline:

<u>Home Delivered Meals State Fiscal Year (SFY)</u>	<u>Census Data: % of Population Living in Rural Areas</u>	<u>% of Registered Consumers living in Rural Areas</u>	<u>Census Data: % of Population in *Greatest Economic Need</u>	<u>% of Registered Consumers with Greatest Economic Need</u>	<u>Census Data: % of Population in **Greatest Social Need</u>	<u>% of Registered Consumers with Greatest Social Need</u>
SFY 2016 (July 2015 – June 2016)	25,218/127,236=20%	278/1425=20%	7,621/127,236=6%	268/1425=19%	23,163/127,236=18%	873/1425=61%
SFY 2017 (July 2016 – June 2017)						
SFY 2018 (July 2017 – June 2018)						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

*Greatest Economic Need: 65 or older living in Poverty

**Greatest Social Need: 65 or older living alone

Benchmark: Number of consumers served that are high risk and there is no waiting list.

B. Home Delivered Meal Coordination Strategy: Work with home delivered meals providers and ICOA to establish an eligibility process that will ensure high risk consumers are not placed on a waiting list.

Performance Measure: Eligibility process is in place that ensures high risk consumers are not placed on a waiting list.
Baseline: Pre-Screening Criteria: (Must meet at least one of the following) <ul style="list-style-type: none"> • Rural • Lives Alone • Below Poverty Eligibility criteria for Home Delivered Meals: <ul style="list-style-type: none"> • 60 or older • Homebound • Frail (unable to prepare meals)
Benchmark: <ul style="list-style-type: none"> • New eligibility process in place

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 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 Agencies on Aging

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

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$35,735	\$35,735
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$9,860	\$9,860
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$38,475	\$38,475
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Disease Prevention and Health Promotion Service Delivery Strategy: Review the approved ACL list of evidence based health promotion programs and implement one.

Performance Measure:

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

Baseline: (If AAA only has one program, delete the other tables)

<u>State Fiscal Year (SFY)</u>	<u>Evidency Based Program Expense</u>	<u>Total Unduplicate Clients</u>	<u>Average cost per Client</u>
SFY 2016 (July 2015 – June 2016) Actual	\$35,735	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	\$9,860	Not Available	Not Available

Benchmark: One evidence based health promotion program implemented in PSA III.
B. Disease Prevention and Health Promotion Coordination Strategy: Collaborate with A3SSA Board of Commissioners, A3SSA Advisory Council, Senior Centers, Southwest Health Collaborative and LINC and promote new health promotion program.
Performance Measure: Number of individuals that participated in A3SSA health promotion program.
Baseline: No active evidence based health promotion program in place.
Benchmark: Implement program and increase participation by 5% 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: <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • Area Agency on Aging • See Homemaker Providers Table
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	\$54,699	\$217,278	\$271,977
SFY 2017 (July 2016 – June 2017) Actual	\$35,313	\$113,530	\$148,843
SFY 2018 (July 2017 – June 2018) Budget	\$92,695	\$105,314	\$198,009
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: Expand current Caregiver services and implement new caregiver programs to meet current needs.

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	\$5,018	Not Available
SFY 2017 (July 2016 – June 2017) Actual	\$9,126	Not Available
SFY 2018 (July 2017 – June 2018) Budget	\$3,191	
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	\$53,354	1,650	\$32.34
SFY 2017 (July 2016 – June 2017) Actual	\$53,201	423	\$125.77
SFY 2018 (July 2017 – June 2018) Budget	\$37,531		
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	\$1,235	Not Available	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	\$0	Not Available	Not Available	Not Available
SFY 2018 (July 2017 – June 2018) Budget	\$0			
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 Client</u>
SFY 2016 (July 2015 – June 2016) Actual	\$95,063	91	5,272	\$1,045
SFY 2017 (July 2016 – June 2017) Actual	\$75,503	78	4,041	\$968
SFY 2018 (July 2017 – June 2018) Budget	\$156,062			
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	\$14,289
SFY 2017 (July 2016 – June 2017) Actual	\$11,011
SFY 2018 (July 2017 – June 2018) Budget	\$0
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	\$14,289
SFY 2017 (July 2016 – June 2017) Actual	\$11,011
SFY 2018 (July 2017 – June 2018) Budget	\$0
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Supplemental Caregiver Nutrition service

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>
SFY 2016 (July 2015 – June 2016) Actual	\$90,582

Benchmark:

- Increase Caregiver Contacts by 5% annually.
- Increase the number of Caregivers served by 5% annually.
- Customer satisfaction at 80% or higher.

B. NFCSP Coordination Strategy: Collaborate with community partners, contracted service providers, the Alzheimer Association, A3SSA Advisory Council, Veterans Administration, Southwest Health Collaborative, to promote NFCSP resources.

Performance Measure: Number of caregiver presentations conducted with community partners.

Baseline: No caregiver presentations conducted during State Fiscal Year July 1, 2016-June 30, 2017

Benchmark: 2 presentations conducted annually.

Focus Area B:

Older Americans Act (OAA) Discretionary Programs

ICOA Goal: To collaborate with aging network partners to implement discretionary programs that enhance Title III Core Services.				
1: Senior Medicare Patrol (SMP) Objective: To have well educated and knowledgeable consumers who know how to identify, report, and prevent Medicare and Medicaid Fraud.				
Service Description: SMP funds are used to educate Medicare and Medicaid beneficiaries to detect, report, and prevent health care fraud. Trained SMP staff and volunteers conduct group education sessions, provide one-to-one counseling with Medicare beneficiaries, and hold regional Scam Jams co-sponsored by the Idaho Scam Jam Alliance which includes the SMP, Idaho Attorney General's Office, Idaho Department of Insurance, Idaho Department of Finance, Idaho Legal Aid Services, AARP, Better Business Bureau and other valued partners to help consumers learn to protect against fraud.				
Service Eligibility: Medicare beneficiaries and their Caregivers.				
Service Implemented by:				
	Provider Name	Phone #	Time of Operations	
	Metro Community Services	208-459-0064	M-F: 8:30- 5:00	
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	\$30,149	\$30,149
	SFY 2017 (July 2016 – June 2017) Actual	\$0	\$27,354	\$27,354
	SFY 2018 (July 2017 – June 2018) Budget	\$0	\$0	\$0
	SFY 2019 (July 2018 – June 2019)			
	SFY 2020 (July 2019 – June 2020)			
A. SMP Service Delivery Strategy: : Coordinate with Metro Community services to strengthen the local SMP Program by increasing volunteer recruitment and retention as well as increasing the number of group presentations and one-one-one counseling sessions.				
Performance Measure:				
<ul style="list-style-type: none"> Effectiveness = # of Volunteers, # of group presentation, # of community events, # of one-to-one counseling sessions and total program cost. 				
Baseline:				

<u>State Fiscal Year (SFY)</u>	<u>Volunteers</u>	<u>Group Presentations</u>	<u>Community Events</u>	<u>One-to-one Counseling</u>
SFY 2016 (July 2015 – June 2016) Actual	4	21	62	502
SFY 2017 (July 2016 – June 2017) Actual	3	15	30	374
SFY 2018 (July 2017 – June 2018) Budget				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark:

- Fill and sustain four volunteer positions.
- 30 group presentations annually.
- 25 one-on-one counseling sessions.
- SMP providers fully utilizing the VRPM.

B. SMP Coordination Strategy: Coordinate with Metro Community services to improve referrals between AAAIII and Metro Community Services. Additionally, coordinate with ICOA, the Idaho Scam Jam Alliance, and other area partners to conduct community events which include education about Medicare fraud prevention, identity theft, and exploitation.

Performance Measure: Number of referrals to SHIBA and Metro Community services.

Baseline: State Fiscal Year July 1, 2016-June 30, 2017 Referral counts.

- Metro Community Services 33
- SHIBA 3
- Medicare 1

Benchmark:

- Increase the number of referrals to SHIBA and Metro Community services by 25% annually.

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 Agencies on Aging (AAAs)

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

<p>A. <u>MIPPA Service Delivery Strategy:</u> Provide outreach to Medicare beneficiaries by engaging organizations to share MSP and LIS information and assist eligible beneficiaries to apply for benefits.</p>												
<p><u>Performance Measure:</u></p> <ul style="list-style-type: none"> • Efficiencies = Average cost per participating agency. • Effectiveness = Total Host Agency and total program cost. 												
<p><u>Baseline:</u> AAAll did not participate during State Fiscal Year 2016 and 2017.</p> <p><u>Baseline:</u></p> <table border="1"> <thead> <tr> <th><u>State Fiscal Year (SFY)</u></th> <th><u>Participating Host Agencies</u></th> </tr> </thead> <tbody> <tr> <td>SFY 2016 (July 2015 – June 2016) Actual</td> <td></td> </tr> <tr> <td>SFY 2017 (July 2016 – June 2017) Actual</td> <td></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>	<u>State Fiscal Year (SFY)</u>	<u>Participating Host Agencies</u>	SFY 2016 (July 2015 – June 2016) Actual		SFY 2017 (July 2016 – June 2017) Actual		SFY 2018 (July 2017 – June 2018) Actual		SFY 2019 (July 2018 – June 2019)		SFY 2020 (July 2019 – June 2020)	
<u>State Fiscal Year (SFY)</u>	<u>Participating Host Agencies</u>											
SFY 2016 (July 2015 – June 2016) Actual												
SFY 2017 (July 2016 – June 2017) Actual												
SFY 2018 (July 2017 – June 2018) Actual												
SFY 2019 (July 2018 – June 2019)												
SFY 2020 (July 2019 – June 2020)												
<p><u>Benchmark:</u> Increase the number of individuals served in PSAIII by 5% annually.</p>												
<p>B. <u>MIPPA Coordination Strategy:</u> Coordinate with Metro Community services to integrate the SMP and MIPPA programs.</p>												
<p><u>Performance Measure:</u> Public awareness materials and statewide media campaigns.</p>												
<p><u>Baseline:</u> AAAll did not participate during SFY 2016 and 2017.</p>												
<p><u>Benchmark:</u> Annually increase the number of LIS and MSP referrals.</p>												

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

<p>ICOA Goal: Integrate person-centered planning into existing service delivery system.</p>
<p>1: Participant-Directed/Person-Centered Planning Objective: To define and implement person centered processes with aging and disability network partners.</p>
<p><u>Service Description:</u> 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.</p>
<p><u>Service Eligibility:</u> General public needing long-term care services and supports.</p>
<p><u>Service Implemented by:</u></p> <ul style="list-style-type: none"> • Area Agency on Aging (AAA)
<p>A. <u>Participant-Directed/Person-Centered Planning Service Delivery Strategy:</u> Expand Veterans participant directed services and provide Person Centered Planning training to I&A, Ombudsman and AP staff.</p>
<p><u>Performance Measure:</u></p> <ul style="list-style-type: none"> • Number of Veteran’s Served

<ul style="list-style-type: none"> Number of AAA staff completing Person Centered Planning training
<p>Baseline: One Participant Directed services provided, VD-HCBS.</p>
<p>Benchmark:</p> <ul style="list-style-type: none"> Increase Veterans Served 5. 50% of the staff trained in Person Centered Planning.
<p>B. Participant-Directed/Person-Centered Planning Coordination Strategy: Coordinate referrals with the following Participant-Directed/Person-Centered Planning trained staff:</p> <ul style="list-style-type: none"> Idaho Home Choice Transition Managers Targeted Service Coordinators Health and Welfare Navigators Independent Living Specialists Employment Training Coordinators
<p>Performance Measure: Number of referrals to Participant-Directed/Person-Centered Planning programs.</p>
<p>Baseline:</p> <ul style="list-style-type: none"> No cross trainings provided in previous fiscal year 2016-2017. Number of referrals to organizations: <ul style="list-style-type: none"> LINC: 9
<p>Benchmark:</p> <ul style="list-style-type: none"> Incorporate Participant-Directed/Person-Centered Planning programs into GetCare Listing Manager Increase the number of referrals to programs by 20%

Focus Area D: Elder Justice

<p>ICOA Goal: Ensure all older individuals have access to OAA and SSA Elder Justice Services.</p>
<p>1: Ombudsman Objective: To develop Idaho specific policies and procedures to comply with new Older Americans Act (OAA) Ombudsman rules.</p>
<p>Service Description: The Ombudsman funds are used to:</p> <p>(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;</p> <p>(B) provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;</p> <p>(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);</p> <p>(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;</p> <p>(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;</p>

(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 Agencies on Aging (AAAs)

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	\$83,877	\$54,853	\$138,730
SFY 2017 (July 2016 – June 2017) Actual	\$35,091	\$131,278	\$166,369
SFY 2018 (July 2017 – June 2018) Budget	\$1,296	\$140,915	\$142,211
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Ombudsman Service Delivery Strategy: Support A3SSA State Ombudsman to receive training on new State Ombudsman Program Manual.

Performance Measure:

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

Baseline:

State Fiscal Year (SFY)	Number of Ombudsman	Number of Skilled Nursing Facilities	Number of Assisted Living Facilities	Total Number of Beds	Average Bed Count per Ombudsman	Total Volunteer Ombudsman	Total Information and Education Presentation
SFY 2016 (July 2015 – June 2016) Actual	3	Not Available	Not Available	6,239	2,080	0	24
SFY 2017 (July 2016 – June 2017) Actual	3	Not Available	Not Available	6,321	2,107	0	31
SFY 2018 (July 2017 – June 2018) Actual	3	31	137	6,665	2,222	0	
SFY 2019 (July 2018 – June 2019)							
SFY 2020 (July 2019 – June 2020)							

Ombudsman

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

SFY16		SFY17		SFY18		SFY19		SFY20	
Type of Complaint	Total Complaint	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints
Discharge Eviction	43	Medication #44	16						
Dignity Respect	42	Dignity/Respect #26	15						
Medication Administration	27	Discharge/Eviction #19	9						
Personal Hygiene	17	Failure to Respond to Requests #41	9						
Equipment Building in Disrepair	16	Short Staffed #97	9						

Benchmark:

- Meet or exceed the required level of Community and facility Presentations
- Increase the number of referrals to the Ombudsman Program by community partners.

B. Ombudsman Coordination Strategy: Implement processes and policies between the Ombudsman and Adult Protection program that will be required by the new Ombudsman Program Manual.

Performance Measure:

Newly implemented policies

Baseline:

- ICOA Program Manual
- New Ombudsman Program Manual
- Adult Protection and Ombudsman Conflict of Interest policies

Benchmark:

- Ombudsman program compliance with new manual.

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 Agencies on Aging (AAAs)

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	\$247,793	\$0	\$247,793
SFY 2017 (July 2016 – June 2017) Actual	\$252,149	\$0	\$252,149
SFY 2018 (July 2017 – June 2018) Budget	\$383,472	\$0	\$383,472
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Adult Protection Service Delivery Strategy: Ensure AAAs Adult Protection procedures comply with statewide standards.

Performance Measure:

- Presentations
- Reporting

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Abuse Allogations</u>	<u>Neglect Allogations</u>	<u>Self-Neglect Allogations</u>	<u>Exploitation Allogations</u>	<u>Reports to Law Enforcement</u>	<u>Total Information and Education Presentation</u>
SFY 2016 (July 2015 – June 2016) Actual	393	310	291	311	184	18
SFY 2017 (July 2016 – June 2017) Actual	367	294	304	292	143	15
SFY 2018 (July 2017 – June 2018) Actual						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

Benchmark:

- Procedures are in place

B. Adult Protection Coordination Strategy: Utilize ICOA training and education materials to strengthen communication and partnership with law enforcement, Justice Alliance for Vulnerable Adults, DHW, Mobile Crisis, Legal Aid, medical services; facilitate external community in-service trainings and develop creative collaboration strategies with community partners.

Performance Measure:

- Number of educational presentations provided by A3SSA Staff.

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Total AP Presentation focusing on Prevention of Maltreatment of Vulnerable Adults</u>
SFY 2016 (July 2015 – June 2016)	18
SFY 2017 (July 2016 – June 2017)	15
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:

- Provide a minimum of 2 educational presentations per month.

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);

The mechanism in place to assure an adequate proportion of funds are utilize to provide access to services is ICOA’s minimum and maximum budget parameters. (attachment c) The AAA director will submit a recommended annual budget to the A3SSA Board that meets ICOA’s minimum and maximum budget levels. The A3SSA board will review and approve the budget then submit to ICOA.

The A3SSA will continue to fund programs that provide access to services. These programs include Information and Assistance, Outreach, Transportation, Family Caregiver Access and Case Management. Current funding levels for access programs are:

Program	SFY 18 Budget Levels
Information and Assistance	\$ 342,086
I&A Caregiver Access Assistance	\$ 95,706
Transportation	\$207,382
Outreach	\$ 891
Case Management	0
Total for Access Programs	\$646,065

Budget levels will be determined by census demographic information and service delivery, with special attention to consumers having greatest economic and social needs and living in rural areas.

Specific strategies for access programs can be found in the A3SSA State Plan in Focus Area A; Objectives 1-4.

(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

The mechanism in place to assure an adequate proportion of funds are utilize to provide access to services is ICOA’s minimum and maximum budget parameters. (attachment c) The AAA director will submit a recommended annual budget to the A3SSA Board that meets ICOA’s minimum and maximum budget levels. The A3SSA board will review and approve the budget then submit to ICOA.

The A3SSA will continue to provide in- home services. These programs include Homemaker, Home Delivered Meals, Chore and Respite. Current funding levels for access programs are:

Program	SFY 18 Budget Levels
Home Delivered Meals	\$765,578
Homemaker	\$205,108

Respite	\$159,101
Chore	0
Total for in-home services	\$1,129,788

Individuals who are victims of Alzheimer’s disease will be given priority of services. Priority of services is required by providers as noted in the A3SSA contracts. Below is language included in our contracts:

“In addition, the primary target population of all services is the vulnerable elderly who are characterized as: older individuals with physical and mental disabilities; older individuals with limited English-speaking or those older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals;”

Specific strategies for access programs can be found in the A3SSA State Plan in Focus Area A; Objectives 5, 6, 10 and 12

(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

The A3SSA provides specific language in the contracts with each Senior Center explaining the responsibilities of being a focal point. Focal point criteria will be developed with the input from the A3SSA Advisory Council, ICOA and Stakeholders. The focal point criteria will be shared during Senior Center monitoring reviews and site visits.

List the AAA designated focal points: **(Proposed Focal Points)**

Name of Focal Point	Phone #	Street Address	City		Zip
Emmett	208-459-0063	304 N Kimball Ave	Caldwell	ID	83605
Nampa Senior Center	208-467-7266	207 Constitution Way	Nampa	ID	83686
Boise Senior Activities Center	208-345-9921	690 Robbins Road	Boise	ID	83702
Eagle Community & Senior Center	208-939-0475	312 E State Street	Eagle	ID	83616
Garden City Senior Center	208-336-8122	3858 Reed Street	Garden City	ID	83714
Kuna Senior Center	208-922-9714	299 Avenue B	Kuna	ID	83634
Meridian Senior Center	208-888-5555	1920 N Records Ave	Meridian	ID	83680

Northgate Senior Village	208-853-8448	5901 Ellens Ferry Way	Boise	ID	83703
Samaritan Village Apts	208-342-3163	3350 Collister Drive	Boise	ID	83703
Star Senior Center	208-286-7943	102 S Main Street	Star	ID	83669
Boise Basin Senior Center	208-392-4918	102 Bear Run Street	Idaho City	ID	83631
Caldwell Senior Center	208-459-0132	1009 Everett	Caldwell	ID	83605
Cambridge Senior Citizens	208-257-3358	40 Superior Street	Cambridge	ID	83610
Cascade Senior Center	208-382-4256	409 School Street	Cascade	ID	83611
Council Senior Center	208-253-4802	103 Main Street	Council	ID	83612
Homedale Senior Center	208-337-3020	224 W Idaho Ave	Homedale	ID	83628
Horseshoe Bend Senior Center	208-793-2344	109 S Riverside Dr	Horseshoe Bend	ID	83629
Marsing Senior Center	208-896-4634	218 Main Street	Marsing	ID	83639
McCall Senior and Community Center	208-634-5408	701 N. 1st Street	McCall	ID	83638
Melba Valley Senior Center	208-495-2168	115 Baseline Rd	Melba	ID	83641
Mountain Home Senior Citizens Center	208-587-4562	1000 N 3rd East St	Mountain Home	ID	83647
New Meadows Senior Center	208-347-2363	3261 Hwy 55	New Meadows	ID	83654
New Plymouth Senior Center	208-278-5320	126 Plymouth Ave	New Plymouth	ID	83655
Parma Senior Center	208-722-5421	410 N 8th Street	Parma	ID	83660
Payette Senior Center	208-642-4223	137 N Main Street	Payette	ID	83661
Rimrock Senior Center (Grandview)	208-350-7359	255 Main Street	Grandview	ID	83624
Three Island Senior Center (Glenns Ferry)	208-366-2051	492 East Cleveland Ave	Glenns Ferry	ID	83623
Weiser Senior Center	208-414-0750	115 E Main St	Weiser	ID	83672

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

The A3SSA designates each congregate nutrition provider as focal points through contracts. Below is the current Congregate contract language:

- 1. Program Definition:**
Congregate Nutrition

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

c. Congregate nutrition provider also will provide outreach. Outreach is identifying older persons in the service area in need of services and making appropriate referrals by personal face to face visit or a telephone call.

(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;

Description	Economic Need (Poverty)	Social Need (Lives alone)	Institutional Placement: 75 and over
BASELINE: % of population from the most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates	6%	18%	28%
% of register clients receiving Homemaker service	26%	84%	64%
% of register clients receiving Congregate Meal service	20%	43%	61%
% of register clients receiving Home Delivered Meal service	19%	61%	71%
% of register clients receiving Respite service	3%	0% (Cg resides in home)	51%
% of register clients receiving Chore service	22%	68%	68%
Percentage of registered clients based off of consumers served PY 16			

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

Service Description	Describe the Mechanism that is in place to meet or exceed Census population %
Respite service	<p>The mechanism in place to meet or exceed the respite poverty census is identified in the Outreach Service Delivery strategy.</p> <p>A. Outreach Service Delivery Strategy: Increase the number on one to one outreach contacts by visiting 2-3 Senior Centers a month and provide AAA information to participants. Specific target populations must include:</p> <ol style="list-style-type: none"> 1. Seniors residing in rural areas 2. Greatest economic need 3. Greatest social need 4. Seniors with limited English ability 5. Seniors with severe disabilities 6. Seniors with Alzheimer's disease and related disorders 7. Caretakers of individuals listed above in 1-6. <p>A3SSA intends on targeting individuals with greatest economic need by sharing Respite information to congregate meal participants. The percentage of Congregate participants under poverty that visited the center in PY 16 was 20%.</p>

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

Description	Low Income 60 + Minority Population	60 + Limited English Population	60 + Living in Rural Areas Population
BASELINE: % of population from the most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates	ICOA provides per PSA	ICOA provides per PSA	20%
% of register clients receiving Homemaker service	N/A	N/A	27%
% of register clients receiving Chore service	N/A	N/A	11%
% of register clients receiving Congregate Meal service	N/A	N/A	38%
% of register clients receiving Home Delivered Meal service	N/A	N/A	20%
% of register clients receiving Respite service	N/A	N/A	24%

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

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

A3SSA will work with ICOA to identify the percentage of individuals that are Low Income 60 + Minority Population and 60+ Limited English Population living in the ten county PSA. Reports in GetCare will be utilized to determine how many individuals are registered that are Low Income 60 + Minority Population and 60+ Limited English Population. A3SSA will identify strategies where the percentage of individuals falls below in the census.

Service Description	Describe the Mechanism that is in place to meet or exceed Census population %
Chore service	<p>See A3SSA Area Plan:</p> <p><i>Chore Service Delivery Strategy: Implement a new A3SSA Chore program that will serve eligible consumers with the highest risk factors.</i></p> <p>A chore service program will be implemented and will serve eligible consumers with highest risk factors. High risk factors include individuals living in rural communities.</p>

(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;

A3SSA will ensure providers will satisfies the service needs of low-income minority individuals, older individuals with limited English

proficiency, and older individuals residing in rural areas by prioritizing these individuals in case resources are limited.

Agreement language/clause for Legal Assistance, Congregate Meal and Transportation contracts

Target Population and Strategies.

Services are targeted to individuals aged 60+ with the greatest economic or social need, with particular attention to low income minority individuals and individuals residing in rural areas. In addition, the primary target population of all services is the vulnerable elderly who are characterized as: older individuals with physical and mental disabilities; older individuals with limited English-speaking or those older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals; and older individuals who are culturally, socially or geographically isolated, including isolation caused by racial or ethnic status that restricts the ability of the individual to perform daily tasks or threatens the capacity of the individual to live independently.

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

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

The A3SSA will ensure the provider will serve the needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas by prioritizing these individuals in case resources are limited.

Agreement language/clause for Legal Assistance, Congregate Meal and Transportation contracts

Target Population and Strategies.

Services are targeted to individuals aged 60+ with the greatest economic or social need, with particular attention to low income minority individuals and individuals residing in rural areas. In addition, the primary target

population of all services is the vulnerable elderly who are characterized as: older individuals with physical and mental disabilities; older individuals with limited English-speaking or those older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals; and older individuals who are culturally, socially or geographically isolated, including isolation caused by racial or ethnic status that restricts the ability of the individual to perform daily tasks or threatens the capacity of the individual to live independently.

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

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

A3SSA will utilize the census to establish objectives for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The objective for Legal Assistance, Congregate Meals and Transportation will be to meet or exceed the percentage of the demographic.

(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

See (4)(A)(i)(I)

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

See (4)(A)(i)(aa) and (4)(A)(i)(bb).

- (B) provide assurances that the area agency on aging will use outreach efforts that will—
(i) identify individuals eligible for assistance under this Act, with special emphasis on—

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

<p>Specific targeted outreach objective provided in Area Plan Objective 2; A.</p> <p>A. Outreach Service Delivery Strategy: Increase the number on one to one outreach contacts by visiting 2-3 Senior Centers a month and provide AAA information to participants. Specific target populations must include:</p> <ol style="list-style-type: none"> 1. Seniors residing in rural areas 2. Greatest economic need 3. Greatest social need 4. Seniors with limited English ability 5. Seniors with severe disabilities 6. Seniors with Alzheimer’s disease and related disorder 7. Caretakers of individuals listed above in 1-6.
<p>Performance Measure:</p> <ul style="list-style-type: none"> • Number of Senior Centers visited annually. • Number of one to one contacts
<p>Benchmark:</p> <ul style="list-style-type: none"> • Outreach increased by 50 contacts per area plan year. 2017=102; 2018=152; 2019=202; 2020=252 • Modify and increase outreach budget to support outreach objectives.

(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

See above Outreach strategy sub bullet 7, includes targeting caregivers of individuals listed in I through VII.

(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 A3SSA will utilize GetCare Reports and track the percentage of low-income minority older individuals and individuals residing in rural areas. The percentage of individuals residing in rural areas that are being served is provided below. A3SSA will utilize this baseline to improve participating in rural areas.

Description	Individuals in rural areas.
BASELINE: % of population from the most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates	20%
% of register clients receiving Homemaker service	27%
% of register clients receiving Congregate Meal service	38%
% of register clients receiving Home Delivered Meal service	20%
% of register clients receiving Respite service	24%
% of register clients receiving Chore service	11%

The A3SSA will reach out to organization that serve minority groups (i.e Community Council of Idaho and Terry Reilly Clinic) and distribute A3SSA information.

(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;

The A3SSA will coordinate with the local CIL (LINC) and explore ways to collaborate the provision of services for older individuals with disabilities. Below is a list of strategies identified in the plan to coordinate with the local CIL.

Case Management Coordination Strategy: Streamline referrals with program staff that provide service coordination:

- Idaho Home Choice Transition Managers,
- Health and Welfare Navigators,
- Blue Cross Service Coordinators,
- Senior Community Service Employment Program Employment Training Coordinators
- Living Independent Network Corporation Living Specialists.

Disease Prevention and Health Promotion Coordination Strategy: Collaborate with A3SSA Board of Commissioners, A3SSA Advisory Council, Senior Centers, Southwest Health Collaborative and LINC and promote new health promotion program.

Chore Coordination Strategy:

Utilize the following disability groups to seek input on home safety and accessibility:

- Idaho State Independent Living Council,
- Northwest ADA
- LINC

Minor Home Modification Coordination Strategy: Coordinate home modification referrals by utilizing resource list maintained by LINC and ensure service list is in GetCare Listing Manager.

(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;

The A3SSA has ensured the views of participants have been considered in the development of the plan by conducting the following public meetings.

Focal Points	Date	Time
McCall Senior Center	09/07/2017	5:30 PM
Mountain Home Senior Center	09/11/2017	12:30 PM
Weiser Senior Center	09/12/2017	11:30 AM
Caldwell Senior Center	09/18/2017	12:30 PM

The Area Plan was also put out for public comment September 18, 2017- October 2, 2017 and was advertised to all Senior Centers within the Southwest Region.

The A3SSA Advisory Council will also be made up of 50% or more of the membership will be individuals 60 and older and eligible to receive services. As stated in the OAA 307(a)(6)(D).

The following is included in the Advisory Council By Laws to ensure individuals affected have input on activities:

B. *The Council shall carry out advisory functions which further the area agency's mission of developing and coordinating community-based systems of services for all older persons in the planning and service area. (CFR45 1321.57)*

The council shall advise the agency relative to:

- 1. All matters relating to the development of the Area Plan,*
- 3. Conducting public hearings.*
- 4. Reviewing and commenting on all community policies, programs and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older persons.*

Furthermore, the by laws require the Advisory Council meeting be conducted in public.

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

The A3SSA currently contracts with Jannus Inc. to provide seniors an opportunity to volunteer and provide respite services for full time caregivers. Jannus Inc also has a Foster grandparent program that provides volunteer opportunities for seniors 55+ to provide children with tutoring, on a one-on-one basis in schools, Head Starts, and juvenile correction facilities. Jannus Inc. also has a head start program that can serve as a day care option for seniors raising children. A3SSA also contracts with WICAP that also provides a head start program.

The head start program information will be shared with the I&A staff in the event a Senior caring for children is looking for day care services. The A3SSA will coordinate with Idaho KinCare Coalition to obtain resources for older individuals caring for relatives who are children.

(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

The A3SSA currently has a contract with WICAP to provide homemaker and respite services in the following counties Adams, Gem, Payette, Valley and Washington.

- (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;

A3SSA contracts with Jannus Inc which currently offers the Retired & Senior Volunteer Program (RSVP). A3SSA will utilize its existing partnership to route individuals looking for volunteer opportunities to the RSVP.

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

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

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

N/A

(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;

(Select only the ones that the AAA coordinates with and describe coordination activities. Delete the ones the AAA does not coordinate with)

(2) title II of the Domestic Volunteer Service Act of 1973,

- Jannus Inc: Current contract to provide respite services and caregiver training.

(3) titles XVI, XVIII, XIX, and XX of the Social Security Act,

- Social Security Administration: Provide referrals to Seniors looking for Social Security information.

(9) sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964,

- Valley Regional Transit: Current contract to provide Transportation Services.

(11) the Low-Income Home Energy Assistance Act of 1981,

- WICAP: Current Contract to provide Homemaker and Respite Services.

(12) part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low income persons

- Metro Community Services: Current Contract to provide Respite, Home Delivered Meals, Homemaker, Congregate and Respite Services.

(15) parts II and III of title 38, United States Code,

- VAMC: Current provider for the VD-HCBS program.

(16) the Rehabilitation Act of 1973,

- LINC: Coordination and Collaboration

(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;

A3SSA will work with Idaho Division of Behavioral health to coordinate referrals and provide cross trainings. Information trainings have been provided to the Division of Behavioral health to obtain feedback on how to collaborate and streamline referrals between organizations.

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

The A3SSA currently has a member of the Native American Coalition of Boise (NACOB) on the Advisory Council. Strategies to conduct outreach to Native Americans and coordinate senior services with the Duck Valley reservation will be discussed and developed during Advisory Council meetings.

(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;

Adult Protection Service Delivery Strategy: Ensure AAAIII Adult Protection procedures comply with statewide standards.

Performance Measure:

- Presentations

Reporting

Baseline:

State Fiscal Year (SFY)	Abuse Allegations	Neglect Allegations	Self-Neglect Allegations	Exploitation Allegations	Reports to Law Enforcement	Total Information and Education Presentation
SFY 2016 (July 2015 – June 2016) Actual	393	310	291	311	184	18
SFY 2017 (July 2016 – June 2017) Actual	367	294	304	292	143	15
SFY 2018 (July 2017 – June 2018) Actual						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

Benchmark:

Adult Protection Coordination Strategy: Utilize ICOA training and education materials to strengthen communication and partnership with law enforcement, DHW, Mobile Crisis, Legal Aid, medical services; facilitate external community in-service trainings and develop creative collaboration strategies with community partners.

Performance Measure:

Number of educational presentations provided by A3SSA Staff.

Baseline:	
State Fiscal Year (SFY)	Total AP Presentation focusing on Prevention of Maltreatment of Vulnerable Adults
SFY 2016 (July 2015 – June 2016)	18
SFY 2017 (July 2016 – June 2017)	15
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:
Provide a minimum of 2 educational presentations per month.

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

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

-Describe what projects the AAA collaborates on:

Southwest Health Collaborative Senior Workgroup:

- Purpose of meetings:
 - The Southwest Health Collaborative prioritizes medical services to the senior population and coordinates resources to Emergency Medical Service staff.
- How we collaborate:
 - A3SSA attends quarterly meetings, provides resource information. Works with group to establish strategies and work with seniors in Emergency health situations.

Treasure Valley Care Coordination Coalition:

- Purpose of meetings:
 - Explore solutions for seniors transitioning from the hospital to home. Discussing the feasibility to provide care transition services for seniors being released from the hospital.
- How we collaborate:
 - Introductory and overview meeting held on September 7 to discuss feasibility.

The Department of Health and Welfare Licensing and Certification (L&C) and the Bureau of Facility Standards (BFS)

- Purpose of Meetings:
 - To relay concerns and complaints regarding facilities being visited for recertification by L&C and BFS.
 - Present on the Role of the Ombudsman for the L&C “Administrator Boot Camp”.
- How we collaborate:
 - Referrals to both L&C and BFS, when a complaint about a facility is outside the scope of what the Ombudsman can act upon.

Justice Alliance for Vulnerable Adults (JAVA)

- Purpose of Meetings:
 - To provide point of contact for our agency and provide resource information and training.
- How we collaborate:
 - Ombudsman attends monthly meetings and has provided trainings for attendees.

-Describe how the AAA coordinates activities:

A3SSA coordinates services to seniors by contract with the following organizations.

- Public: Senior Centers, Jannus Inc, Elderly Opportunity Agency, Metro Community Services, VAMC, Valley Ride Transit, Idaho Legal Aid and WICAP
- Private Organizations: Home Health Agencies and Acumen Fiscal Agent.

-Describe who the AAA consults with:

The A3SSA consults with the following organizations to improve services to Seniors.

Idaho Commission on Aging: Consults with ICOA on how to make services more efficient by initiating technical guidance. Complies with monitoring review issues and to performance based contract requirements.

A3SSA Board of Commissioners: Consults with board on how to best serve the varying county demographics. Obtains approval on providing contracts that will be the most effective and efficient in delivering services.

A3SSA Advisory Council: Consults with various organizations represented during council meetings.

- VAMC: Improve services to Veterans.
- NACOB: Improve services to Native Americans
- Valley Ride Transit: Improve transportation services
- Metro Community Services: Improve Homemaker, Respite, Transportation, MIPPA and SMP.

(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;

A3SSA will create and implement a quality assurance survey to solicit recommendations to improve services to older individuals and family caregivers.

Current contracts state the following to ensure providers are providing quality of service and in compliance with State and Federal rules and regulations. A3SSA will incorporate consumer feedback into monitoring reviews.

XVI. ASSESSMENT REPORTS

16.1 Assessments.

A3SSA will periodically assess and report on the on-going quality and consistency of the programs provided by the Service Provider. A3SSA and the Service Provider shall meet as requested by A3SSA to discuss issues of quality and consistency of program management.

16.2 Corrective Action.

A Monitoring Letter will be submitted indicating any deficiencies identified. A written response will be required that will at a minimum indicate actions to be taken and a time table to correct identified deficiencies. Failure to comply with the assessment reports shall be cause for Contract termination as provided herein.

(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;

A3SSA currently conducts an initial screen and prioritizes individuals seeking home delivered meals with the following criteria.

- Below Poverty
- Lives Alone
- Rural
- Over 75 an Older

Individuals must meet at minimum one of the criteria above to qualify for the home delivered meals.

Individuals seeking Homemaker services are prioritized based their functional ability score. The higher the functional ability score puts the person at higher risk for institutional placement. Individuals must meet a score of 14 or higher to enter onto the program.

The strategy to target older individuals at risk for institutional placement are identified in our Outreach strategy.

B. Outreach Service Delivery Strategy: *Increase the number on one to one outreach contacts by visiting 2-3 Senior Centers a month and provide AAA information to participants. Specific target populations must include:*

1. *Seniors residing in rural areas*
2. *Greatest economic need*
3. *Greatest social need*
4. *Seniors with limited English ability*
5. *Seniors with severe disabilities*
6. *Seniors with Alzheimer's disease and related disorders*
7. *Caretakers of individuals listed above in 1-6.*

A3SSA intends on targeting high risk individuals by sharing A3SSA information to congregate meal participants. The percentage of Congregate participants under poverty that visited the center in PY 16 was 20%.

(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;

A3SSA I&A staff ensure case management services are not duplicated by completing the Initial intake and exploring with the consumer if other services are in place. The Intake requires staff to complete the following.

Identify below if the consumer has been approved for any of the following services from another agency. If so, the consumer is ineligible for like services through the Older Americans Act:

Case management (yes/no) If marked yes, indicate the funding source that is providing the Case Management service

If marked yes I&A staff are trained not to authorize case management services.

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

C. Case Management Coordination Strategy: Streamline referrals with program staff that provide service coordination:

- Idaho Home Choice Transition Managers,

<ul style="list-style-type: none"> • Health and Welfare Navigators, • Blue Cross Service Coordinators, • Senior Community Service Employment Program Employment Training Coordinators and Living Independent Network Corporation Living Specialists.
<p>Performance Measure:</p> <ul style="list-style-type: none"> • Number of referrals provided to organizations that provide service coordination. 2. Number of cross trainings facilitated with Health and Welfare, Blue Cross of Idaho and LINC
<p>Baseline:</p> <ul style="list-style-type: none"> • No cross trainings provided in previous fiscal year 2016-2017. • Number of referrals to organizations: LINC: 9
<p>Benchmark:</p> <ul style="list-style-type: none"> • Increase number of referrals to organizations providing service coordination by 5% annually. <p>Two cross trainings annually with Experience Works, LINC, Health and Welfare and Blue Cross of Idaho</p>

(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;

The I&A staff are trained to provide individuals seeking services with a list of providers available in their area. The A3SSA maintains a provider list and provide each I&A staff access to the list. Provider list include the areas served by the organization. I&A staff are trained to attach the referrals made to the organizations in GetCare. A3SSA will work with ICOA to ensure the provider list is updated and maintained in GetCare to show proper documentation that individuals are provided with a list of similar 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;

A3SSA will seek input from ICOA on how to best incorporate a statement specifying that the individual has the right to make an independent choice.

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

A3SSA currently does not implement Case Management services.

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

A3SSA currently does not implement Case Management services.

(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;

See Federal and State minimum and maximum budget requirements:

Provider	Service	Max.
Direct AAA Service	AAA Administration	10%
Direct AAA Service	AAA Coordination/Program Development	2%
Direct AAA Service	Adult Protection	15%
Direct AAA Service	Ombudsman (Not including title VII)	5%
		32%
Provider	Service	Min.
Contracted Service	Home Delivered Meals	18.5%
Contracted Service	Congregate Meals	18.5%
Contracted Service	Legal Assistance	1%
Contracted Service	Transportation	15%
Contracted Service	Homemaker	
Contracted Service	National Family Caregiver (Respite)	
		53%
Provider	Service	
Direct AAA Service	Information & Assistance	15%
Direct AAA Service	Case Management	
Direct AAA Service	Outreach	
Contracted Service	Chore	
Contracted Service	Home Modification	
Combination	National Family Caregiver besides Respite	
Contracted Service	Health Promotions & Disease prevention	
		15%
Total OAA and State Formula Funding Allocations		100%

(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;

According to the Census, Owyhee County has the highest population ratio of Native Americans. (4.6%) The high percentage of Native Americans living in Owyhee County is

attributed to the Duck Valley Reservation. The A3SSA will work with the Duck Valley Senior Center and coordinate resource sharing and outreach. A3SSA has a member from the Native Americans Coalition of Boise.

(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

A3SSA will coordinate information with Duck Valley Reservation and Native Americans Coalition of Boise.

(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

A3SSA will coordinate information with Duck Valley Reservation and Native Americans Coalition of Boise.

(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;

See Performanc Based Contract with ICOA:

C. Terms and Conditions

11. Records.

- a. The AAA shall maintain all records required by the OAA, the ICOA Program Manual, this Contract, and all documents set forth in full text in Attachment A, as well as any audits of its programs or services and all records related to subcontractors under this Contract (collectively the "Records"). The AAA shall maintain the Records in accordance with the ICOA Program Manual requirements. The AAA shall provide access to the Records to ICOA or its designee within three (3) days of request.
- b. The AAA shall ensure that subcontractors maintain, or deliver to the AAA to maintain, all records required by the OAA, the ICOA Program Manual, this Contract, and all documents set forth in full text in Attachment A, as well as any audits of its programs or services (the "Subcontractor Records"). The AAA shall ensure that the subcontractors provide access to the Subcontractor Records to ICOA or its designee upon request.
- c. ICOA shall be the sole and exclusive owner of all Records and Subcontractor Records. The AAA shall ensure that all subcontractors acknowledge and agree to ICOA ownership of such records. Release, publication, or use of all data is at the sole discretion of the ICOA.
- d. The AAA shall keep records in accordance with standard business practices for protecting confidentiality. The AAA will ensure at all times it has in place appropriate measures to guard against unauthorized or unlawful use of AAA records.

(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;

A3SSA will ensure the following ICOA Contract Approval form is filed for all pertaining contracts.

Contract Approval Form

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

Section 1 (To be completed by AAA)						
Date	Area Agency on Aging		Contact Phone			
Name of Representative:		Contact E-Mail				
Section 2 (To be completed by AAA)						
Please submit the following information for each contract requiring approval. For for-profit legal service provider contracts, a copy of the contract template will also need to be submitted prior to execution.						
*Type	Vendor Name	Services to be provided	Amount	Start Date	End Date	*Method of Procure
Section 3 (To be completed by AAA)						
Please provide a justification and or need for the contract.						
Section 4 (ICDA Use Only)						
Date Received by ICDA:		Recommend: Yes <input type="radio"/> No <input type="radio"/>				
Contracts Officer Comments:						
Administrative Service Manager:	Date:	Approval:		Yes <input type="checkbox"/> No <input type="checkbox"/>		
ICDA Administrator's Signature	Date:	Approval:		Yes <input type="checkbox"/> No <input type="checkbox"/>		
*Type: M=Multi-year, P=For Profit, L=Legal Method: RFP=Request for Proposal Process, SS=Sole Source, CA=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;

A3SSA will conduct annual monitoring reviews of contracted providers and survey Nutrition and Transportation consumers for quality of services. Furthermore, A3SSA will conduct monitoring review and survey consumers to solicit feedback to improve services.

A3SSA current language in contract:

5.5 **Monitoring/Audit.**
A3SSA may at its discretion conduct on-site reviews or desk reviews of the service providers facility and program and fiscal records to determine the quality of services provided and compliance with the program requirements.

(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

A3SSA is required to follow the rules for "Procuring Services or Personal Property" (Idaho Statute 67-2806) and will ensure contracts are awarded based on the best bid proposals. A3SSA will implement a solicitation for bids to award contracts starting on July 1, 2018.

A3SSA will monitor periodically service delivery report to ensure the programs are running efficiently. Provider trainings will be conducted annually to provide trainings on compliance, best practices and invoicing processes

(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;

See Performance Based Contract with ICOA:

C. Terms and Conditions

11. Records.

- a. The AAA shall maintain all records required by the OAA, the ICOA Program Manual, this Contract, and all documents set forth in full text in Attachment A, as well as any audits of its programs or services and all records related to subcontractors under this Contract (collectively the "Records"). The AAA shall maintain the Records in accordance with the ICOA Program Manual requirements. The AAA shall provide access to the Records to ICOA or its designee within three (3) days of request.
- b. The AAA shall ensure that subcontractors maintain, or deliver to the AAA to maintain, all records required by the OAA, the ICOA Program Manual, this Contract, and all documents set forth in full text in Attachment A, as well as any audits of its programs or services (the "Subcontractor Records"). The AAA shall ensure that the subcontractors provide access to the Subcontractor Records to ICOA or its designee upon request.
- c. ICOA shall be the sole and exclusive owner of all Records and Subcontractor Records. The AAA shall ensure that all subcontractors acknowledge and agree to ICOA ownership of such records. Release, publication, or use of all data is at the sole discretion of the ICOA.
- d. The AAA shall keep records in accordance with standard business practices for protecting confidentiality. The AAA will ensure at all times it has in place appropriate measures to guard against unauthorized or unlawful use of AAA records.

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

The AAA will include language in our next issued contracts and/or complete addendums to existing contracts assuring that preference in receiving services under this title will not be given

by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

Also written in the Area VI Advisory Council bylaws:

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

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and **(Reference Section: (4)(A)(i) in this document)**

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

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

<p>Participant-Directed/Person-Centered Planning Service Delivery Strategy: Expand Veterans participant directed services and provide Person Centered Planning training to I&A, Ombudsman and AP staff.</p>
<p>Performance Measure:</p> <ul style="list-style-type: none"> • Number of Veteran’s Served <p>Number of AAA staff completing Person Centered Planning training</p>
<p>Baseline:</p> <p>One Participant Directed services provided, VD-HCBS.</p>
<p>Benchmark:</p> <ul style="list-style-type: none"> • Increase Veterans Served 5. <p>50% of the staff trained in Person Centered Planning.</p>
<p>A. Participant-Directed/Person-Centered Planning Coordination Strategy: Coordinate referrals with the following Participant-Directed/Person-Centered Planning trained staff:</p> <ul style="list-style-type: none"> • Idaho Home Choice Transition Managers • Targeted Service Coordinators • Health and Welfare Navigators • Independent Living Specialists <p>Employment Training Coordinators</p>
<p>2. Performance Measure: Number of referrals to Participant-Directed/Person-Centered Planning programs.</p>
<p>Baseline:</p>

- No cross trainings provided in previous fiscal year 2016-2017.
- Number of referrals to organizations:
3. LINC: 9

Benchmark:

- Incorporate Participant-Directed/Person-Centered Planning programs into GetCare Listing Manager
Increase the number of referrals to programs by 20%

(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 is expected to affect the need for supportive services.

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;~~and~~
- (K) protection from elder abuse, neglect, and exploitation; and''
- (L) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

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

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

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

A3SSA current language in contract:

Attorney-client Privilege (Section 306(e)) *An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.*

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

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

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

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

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days. (42 U.S.C. 3026)

Area 3 Senior Services Agency
Raul Enriquez, Executive Director

Signature: 

Date: 10/8/17

ATTACHMENT B

FY 2017 AREA PLAN INTRASTATE FUNDING FORMULA (IFF)

Intrastate Funding Formula (IFF)

Goal: To Provide funding in accordance with OAA guidelines that distribute priority funding to the target population identified in OAA 305(a)(2)(C).

Objective 1: Intrastate Funding Formula (IFF): The IFF is the methodology used to calculate how much Title III funding, including the Title IIID Disease Prevention and Health Promotion Services, goes to each Planning and Service Area (PSA). As seen in the Table below, it is based on the “At Risk” factors in each of the PSAs. This factor is then weighted and applied to the total available funding to determine the funding allocations. The formula provides that funding reaches individuals with the greatest economic and social needs for such services and reaches areas throughout the state that are medically underserved.

Formula Development: The Intrastate Funding Formula was developed in consultation with area agencies using the best available data, and published for review and comment taking into account —(i) the geographic distribution of older individuals in the State; and (ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals; OAA 305(a)(2)(C) and 45 CFR 1321.37.

Each Planning and Service Area (PSA) is allotted an equal amount of “base” funding. This funding is 10% of the total available State and Federal funding divided equally between each of the six PSAs. The remaining funding is then multiplied by the “At Risk” percentages and distributed to each of the PSAs accordingly.

At the February 4, 2016 ICOA Board of Commissioners’ meeting, Commissioners and the AAAs agreed to form a subcommittee to analyze the IFF methodology. Multiple scenarios were developed by the subcommittee and presented to the AAAs. On February 25, 2016, all AAA Directors agreed to keep the existing IFF. After all stakeholder and public comments have been received, the ICOA Commissioners approved Idaho’s Senior Services State Plan and the Intrastate Funding Formula at the June 21, 2016 special Commissioners’ meeting. The funding formula for the current fiscal year (FY2017: July 1, 2016 – June 30, 2017 and reference explanation is provided below:

Idaho Intrastate Funding Formula											Adopted April 30, 2013					Effective July 1, 2016					Dated 6/01/2016														
OAA Title III Funds (not including Title VII) and State of Idaho General Funds																																			
											\$ 538,340					\$ 397,710					\$ 4,845,060					\$ 3,579,390					\$ 9,360,500				
Total OAA Federal Funds											\$ 538,340																								
Total State Funds											\$ 3,977,100																								
Total Funds											\$ 9,360,500																								
Less 10% Base Amount of Federal and State Funds											\$ 936,050																								
Balance to be Distributed by Formula:											\$ 8,424,460																								
											Factors used in Weighted Elderly Population (At Risk)																								
PSA	2015 TOTAL PSA POPULATION	TOTAL PERSONS AGED 60+ IN PSA	NUMBER OF 65+ LIVING IN POVERTY	65+ LIVING ALONE	60+ RACIAL MINORITY (Not Hispanic)	60+ HISPANIC (ETHNIC MINORITY)	60+ LIVING IN RURAL COUNTY	AGED 75+	AGED 85+	WEIGHTED ELDERLY POPULATION (AT RISK)	WEIGHTED "At Risk" PERCENTAGE	Federal Fund Base	State Fund Base	Federal Funds Distributed by Formula	State Funds Distributed by Formula	TOTAL FUND ALLOCATION																			
I	216,363	52,773	2,970	8,807	1,489	887	20,647	14,786	3,826	53,412	17.05%	\$ 89,723	\$ 66,285	\$ 825,872	\$ 610,130	\$ 1,592,010																			
II	106,381	25,245	1,487	5,061	961	279	9,179	8,040	2,178	27,185	8.68%	\$ 89,723	\$ 66,285	\$ 420,343	\$ 310,537	\$ 886,888																			
III	712,261	127,236	7,621	23,163	4,269	6,204	25,218	36,117	10,646	113,239	36.14%	\$ 89,723	\$ 66,285	\$ 1,750,937	\$ 1,293,542	\$ 3,200,488																			
IV	187,891	36,834	2,568	6,776	815	2,671	21,047	11,378	3,392	48,647	15.53%	\$ 89,723	\$ 66,285	\$ 752,200	\$ 555,704	\$ 1,463,912																			
V	166,586	29,842	1,416	5,432	1,307	1,400	15,748	9,179	2,487	36,969	11.80%	\$ 89,723	\$ 66,285	\$ 571,632	\$ 422,305	\$ 1,149,945																			
VI	209,982	33,677	1,430	5,041	710	1,144	12,731	9,811	3,027	33,894	10.82%	\$ 89,723	\$ 66,285	\$ 524,076	\$ 387,172	\$ 1,067,257																			
TOTAL	1,599,464	305,607	17,492	64,280	9,551	12,585	104,570	89,312	25,556	313,346		\$ 538,340	\$ 397,710	\$ 4,845,060	\$ 3,679,390	\$ 9,360,500																			
Column Ref. #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																			

The source documentation is from the ID Department of Labor.

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

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

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

Funding Source: OAA and SSA funds.

ATTACHMENT C BUDGET PARAMETERS

Budget Parameters

Goal: Ensure each category of OAA and SSA service receives an adequate proportion of funds to serve the Older Individuals in each Planning and Service Area (PSA).

Objective 1: Budget Parameters: Ensure OAA and SSA services reach the target population and increase service provision to older individuals.

Authorization: The State agency plans, sets priorities, coordinates, develops policies, and evaluates state activities relative to the objectives of the OAA.

(a) The State agency on aging develops policies governing all aspects of programs operated under this part, including the ombudsman program. These policies shall be developed in consultation with other appropriate parties in the State. The State agency is responsible for enforcement of these policies.

(b) The policies developed by the State agency address the manner in which the State agency will monitor the performance of all programs and activities initiated under this part for quality and effectiveness. In monitoring the ombudsman program, access to files, minus the identity of any complainant or resident of a long-term care facility, shall be available only to the director of the State agency on aging and one other senior manager of the State agency designated by the State director for this purpose. In the conduct of the monitoring of the ombudsman program, the confidentiality protections concerning any complainant or resident of a long term care facility as prescribed in section 307(a)(12) of the Act shall be strictly adhered to.

The budget parameters earmark available funding to maximize OAA and SSA services to seniors. Area Agency as provided in agreements with the State Agency, Area Agencies earmark portions of their allotment. The typical earmarks are:

(1) A maximum amount or percentage for program development and coordination activities by that agency. (i) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans; (ii) State and area agencies on aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and (iii) The State agency certifies that any such expenditure by an area agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

(2) A minimum amount or percentage for services related to access, in-home services, and legal assistance. Provide assurances that an adequate proportion, as required under section 3027(a)(2) of this title, of the amount allotted for part B of this subchapter to the planning and service area will be expended for the delivery of each of the following categories of services— (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services); (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction); [1] and(C) legal assistance; and assurances that the area agency on aging will

report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

Percentages are based on total AAA budget.

Services where maximum funding can be lower but not higher.			
Provider	Service	Maximum	AAA Budget Percentage
Direct AAA Service	AAA Administration	10%	8%/\$257,883
Direct AAA Service	AAA Coordination/Program Development	2%	.6%/\$20,166
Direct AAA Service	Adult Protection	15%	12%/\$383,473
Direct AAA Service	Ombudsman	5%	5% \$176,417
		32%	25.6%/\$837,939

Services where minimum funds can be higher, but not lower.			
Provider	Service	Minimum	AAA Budget Percentage
Contracted Service	Home Delivered Meals	37%	24%/\$765,578
Contracted Service	Congregate Meals		19%/\$606,182
Contracted Service	Legal Assistance (3% of Title IIIB funding)	1%	1%/\$32,025
Contracted Service	Transportation	15%	6%/\$207,382
Contracted Service	Homemaker		6%/\$205,108
Contracted Service	National Family Caregiver Program (Respite only)		5%/\$159,102
		53%	61%/\$1,975,377

Services with variable percentage of funds.			
Provider	Service	Variable	AAA Budget Percentage
Direct AAA Service	Information & Assistance	15%	12%/\$376,840
Direct AAA Service	Case Management		0
Direct AAA Service	Outreach		.5%/\$969
Contracted Service	Chore		0
Contracted Service	Home Modification		0
Contracted Service	National Family Caregiver (not including Respite)		.5%/\$6,870
Contracted Service	Health Promotions & Disease prevention		1%/\$45,630
		15%	

Total OAA and State Formula Funding Allocations

100% 100%/\$3,243,626

Service Eligibility: Multiple: Services have different eligibility criteria.

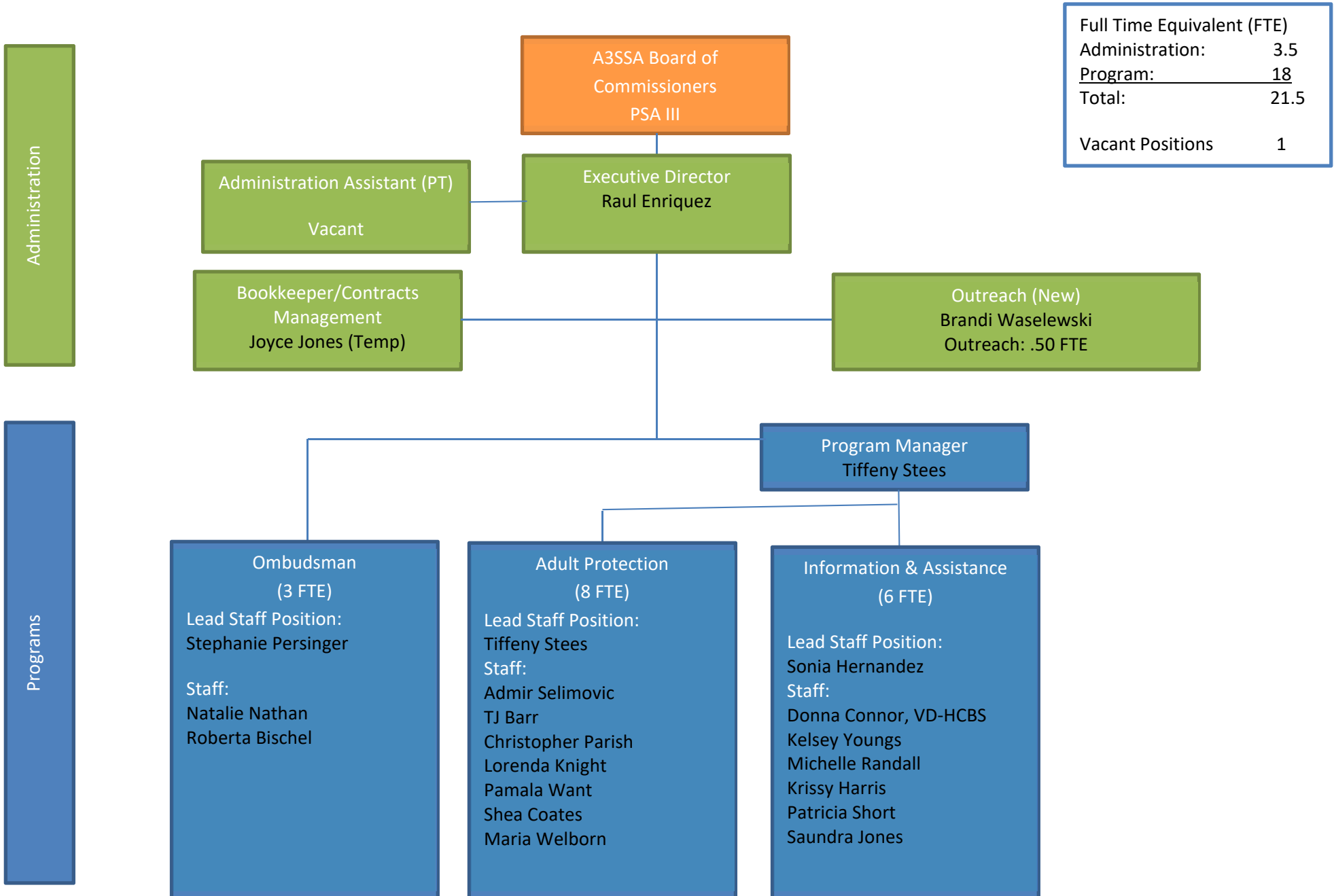
Developed by: ICOA in consultation with AAAs, ICOA Commissioners and feedback from the Steering Committee and Public.

Funding Source: OAA and SSA funds.

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

Attachment D

PLANNING AND SERVICE AREA III (PSA III)



Attachment E

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

SLIDING FEE SCALE									
<p>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.</p>									
<p>Circle the client's income range, then circle the Percentage of the hourly fee the client will be required to pay.</p>									
Client's Name:					Date:				
MONTHLY INCOME			ANNUAL INCOME			FEE	HMK FEE	RESPITE FEE	ADULT DAY CARE FEE
Individual Income						%	%	%	%
		\$1,005.00			\$12,060.00	0%			
\$1,005.00	-	\$1,206.00	\$12,060.00	-	\$14,472.00	20%			
\$1,207.00	-	\$1,407.00	\$14,473.00	-	\$16,884.00	40%			
\$1,408.00	-	\$1,608.00	\$16,885.00	-	\$19,296.00	60%			
\$1,609.00	-	\$1,809.00	\$19,297.00	-	\$21,708.00	80%			
\$1,810.00	-	& Over	\$21,709.00	-	& Over	100%			
TWO Persons in Household						%	%	%	%
		\$1,353.00			\$16,240.00	0%			
\$1,353.00	-	\$1,624.00	\$16,240.00	-	\$19,488.00	20%			
\$1,625.00	-	\$1,895.00	\$19,489.00	-	\$22,736.00	40%			
\$1,896.00	-	\$2,165.00	\$22,737.00	-	\$25,984.00	60%			
\$2,166.00	-	\$2,436.00	\$25,985.00	-	\$29,232.00	80%			
\$2,437.00	-	& Over	\$29,233.00	-	& Over	100%			
THREE Persons in Household						%	%	%	%
		\$1,702.00			\$20,420.00	0%			
\$1,702.00	-	\$2,042.00	\$20,420.00	-	\$24,504.00	20%			
\$2,043.00	-	\$2,382.00	\$24,505.00	-	\$28,588.00	40%			
\$2,383.00	-	\$2,723.00	\$28,589.00	-	\$32,672.00	60%			
\$2,724.00	-	\$3,063.00	\$32,673.00	-	\$36,756.00	80%			
\$3,064.00	-	& Over	\$36,757.00	-	& Over	100%			
FOUR Persons in Household						%	%	%	%
		\$2,050.00			\$24,600.00	0%			
\$2,050.00	-	\$2,460.00	\$24,600.00	-	\$29,520.00	20%			
\$2,461.00	-	\$2,870.00	\$29,521.00	-	\$34,440.00	40%			
\$2,871.00	-	\$3,280.00	\$34,441.00	-	\$39,360.00	60%			
\$3,281.00	-	\$3,690.00	\$39,361.00	-	\$44,280.00	80%			
\$3,691.00	-	& Over	\$44,281.00	-	& Over	100%			
The full cost for one hour of Homemaker Service is:					\$				
The full cost for one hour of Respite Service is:					\$				
The full cost for one hour of Adult Day Care is:					\$				
Percentage Above Poverty Line					100%				
The 2017 poverty guidelines will be in effect as of January 31, 2017.									
https://aspe.hhs.gov/poverty-guidelines									
Area Plan: Attachment E									
State Plan: Attachment F, page 30 of 143									
GU_AD_01: Sliding Fee Scale 2/08/2017: Previous Editions are Obsolete									

Attachment F

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

Department of Health And Human Services 2017 Poverty Guidelines

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

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

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

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

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

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

Area Plan: Attachment F

State Plan: Attachment G, page 32 of 143

Attachment G

Planning and Service Area (III) Area Plan Steering Committee

<u>Name</u>	<u>Affiliation</u>	<u>Title</u>
Raul Enriquez	A3SSA	Executive Director
Debra Mueller	Veterans Administration	Behavioral Health Section Chief
Dolly Baughman	Senior	Consumer
Grant Jones	Metro Meals on Wheels	Director
Jim Sola	Senior	Consumer
John O'keefe	Havenwood Caregivers	Owner
Karin Hoffer	Senior	Consumer
Kathy Skogsberg	Family Caregiver	Consumer
Kelly Aberasturi	A3SSA Board Member	Owyhee County Commissioner
Lana McCollough	Nampa Family Justice	Senior Resource Coordinator
Liz Mummey	Native Americans Coalition of Boise	Consumer
Todd Morris	Valley Regional Transit	Community Programs Manager

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>Carolyn Bollar</u>										
County of Residence: <u>Valley County</u>										
Beginning Term Date: <u>08/01/2017</u>										
Ending Term Date: <u>07/31/2019</u>										
Select <u>all</u> 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>Debra Mueller</u>										
County of Residence: <u>Ada County</u>										
Beginning Term Date: <u>08/01/2017</u>										
Ending Term Date: <u>07/31/2019</u>										
Select <u>all</u> 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	

Advisory Council Member's Name: <u>Dolly Baughman</u>										
County of Residence: <u>Ada County</u>										
Beginning Term Date: <u>08/01/2017</u>										
Ending Term Date: <u>07/31/2019</u>										
Select <u>all</u> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
X	X									X

Advisory Council Member's Name: <u>Grant Jones</u>										
County of Residence: <u>Ada County</u>										
Beginning Term Date: <u>08/01/2017</u>										
Ending Term Date: <u>07/31/2019</u>										
Select all Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
X						X				

Advisory Council Member's Name: <u>Jim Sola</u>										
County of Residence: <u>Ada County</u>										
Beginning Term Date: <u>08/01/2017</u>										
Ending Term Date: <u>07/31/2019</u>										
Select all Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
X				X						X

Advisory Council Member's Name: <u>John O'Keefe</u>										
County of Residence: <u>Ada County</u>										
Beginning Term Date: <u>08/01/2017</u>										
Ending Term Date: <u>07/31/2019</u>										
Select all Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
						X	X			

Advisory Council Member's Name: <u>Karin Hoffer</u>										
County of Residence: <u>Ada County</u>										
Beginning Term Date: <u>08/01/2017</u>										
Ending Term Date: <u>07/31/2019</u>										
Select all Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
X	X		X							X

Advisory Council Member's Name:		Kathy Skogsberg								
County of Residence:		Ada County								
Beginning Term Date:		08/01/2017								
Ending Term Date:		07/31/2019								
Select <u>all</u> 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						

Advisory Council Member's Name:		Kelly Aberasturi								
County of Residence:		Owyhee								
Beginning Term Date:		08/01/2017								
Ending Term Date:		07/31/2019								
Select <u>all</u> 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		

Advisory Council Member's Name:		Lana McCollough								
County of Residence:		Ada County								
Beginning Term Date:		08/01/2017								
Ending Term Date:		07/31/2019								
Select <u>all</u> 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								

Advisory Council Member's Name:		Liz Mummey								
County of Residence:		Ada County								
Beginning Term Date:		08/01/2017								
Ending Term Date:		07/31/2019								
Select <u>all</u> 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								

Advisory Council Member's Name:		Todd Morris								
County of Residence:		Ada County								
Beginning Term Date:		08/01/2017								
Ending Term Date:		07/31/2019								
Select all Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
						X				

Attachment I

Area Agency on Aging III Area Plan Development Schedule

Areas to Setup	Date
<u>Administration</u>	
AAA Prepares Area Plan Development Schedule	March, 9, 2017 (Completed)
AAA III Board Meeting identifying Area Plan Development	July 26, 2017 (Completed)
AAA III Identifies Steering Committee Members and sends out invite	Monday, July 10, 2017 (Completed)
AAA III Identifies Potential Advisory Council, develops solicitation and approval members	Friday, July 28, 2017 (Completed)
<u>Strategy Development</u>	
AAA III completes draft Strategies, Performance Measures, Baselines and Benchmarks for each of the 12 core programs.	Wednesday, August 24, 2017 (Completed)
AAA III completes draft Strategies, Performance Measures, Baselines and Benchmarks for VD-HCBS and MIPPA	Wednesday, August 24, 2017 (Completed)
AAA III completes draft Strategy, Performance Measure, Baseline and Benchmark for Participant-Directed/Person-Centered Planning	Wednesday, August 24, 2017 (Completed)
AAA III completes draft Strategies, Performance Measures, Baselines and Benchmarks for Ombudsman and Adult Protection program.	Wednesday, August 24, 2017 (Completed)
<u>Supporting Documentation</u>	
Attachment A (Assurance and Required Activities) identifying the mechanisms that are in place to ensure the AAA has the capacity to meet OAA requirements	Wednesday, August 2, 2017
Attachment B (intrastate funding formula)	March, 9, 2017 (Completed)
Attachment C (Budget Parameters)	Monday, March 13, 2017 (Completed)
Attachment D (Org. Chart)	Monday, March 13, 2017 (Completed)
Attachment E (Sliding fee scale)	March, 9, 2017 (Completed)
Attachment F (Poverty Guidelines)	March, 9, 2017 (Completed)
Attachment G (Area Plan Steering Committee)	Friday, July 28, 2017 (Completed)
Attachment H (Advisory Council Profile)	Friday, July 28, 2017 (Completed)
Attachment I (Area Plan Development Schedule)	Monday, March 13, 2017 (Completed)
Attachment J (Comments received on Area Plan)	Pending meeting with Advisory/steering committee
Attachment K (ISU Needs Assessment)	March, 9, 2017 (Completed)
Attachment L (Civil Rights)	March, 9, 2017 (Completed)
Attachment M (PSA Demographics)	March, 9, 2017 (Completed)
Attachment N (AAA Disaster & Emergency Preparedness Plan)	Friday, September 1, 2017 (Completed)
Attachment O (Plan in advance for long-term care)	Tues, August 29, 2017 (Completed)
Attachment P (List of Public and Private Long-term care programs, options, service providers and resources)	Friday, September 1, 2017 (Completed)
Attachment Q (Grievance/Appeals Policies for denial and termination of service)	March, 9, 2017 (Completed)

Coordination, Review and Comment Process		
First: Steering Committee Strategy Input		Friday, July 28, 2017 (Completed)
	Incorporate steering committee feedback into Area Plan, and make appropriate changes	Wednesday, August 30, 2017 (Completed)
	Advise Board and Advisory Committee of progress and include any comments into Area Plan	Friday, September 15, 2017 (Completed)
Senior Center Meetings (Identify four meetings) and send invites to the surrounding counties as well as post in local newspapers		
1	Public meeting Planning: Weiser Senior Center	Tuesday, September 12, 2017 (Completed)
2	Public meeting Planning: Caldwell Senior Center	Monday, September 18, 2017
3	Public meeting Planning: Mountain Home Senior Center	Monday, September 11, 2017 (Completed)
5	Public meeting Planning: McCall Senior Center	Thursday, September 7, 2017 (Completed)
Second: Steering Committee strategy review and send to ICOA		Monday, September 18, 2017
	Incorporate steering committee feedback into Area Plan, and make appropriate changes	Friday, September 15, 2017 (Completed)
	Release draft strategies for public comment (two-week public comment)	Monday, September 18 - Monday, October 2, 2017 (Completed)
	Incorporate public comment into plan	Wednesday, October 4, 2017 (Completed)
	Present Area Plan to Advisory Council for approval	Wednesday, October 4-9, 2017 (Completed)
	Present Area Plan to Board for approval	Wednesday, October 4-9, 2017 (Completed)
	AAA III submits Area Plan to the ICOA	Wednesday, October 9, 2017 (Completed)

Attachment J

Comments on Area Plan in Planning and Service Area (III)

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

Executive Summary

1. Comment:

- Social Security Administration is referenced as a A3SSA funding source. I don't think Social Security is a A3SSA funding Source.

Outcome: “

- Social Security Administration” replaced with “Senior Services Act.”

Planning Process

1. Comments:

Outcome:

Comments on the Core Services

1. Transportation

Transportation Service Funding

Comments:

Outcome:

A. Comments on Transportation Service Delivery:

- Connect Seniors with Free or Low Cost Local Travel resources in their community Network with local providers to ensure the information is accurate. Provide current information by phone, then mail brochure or flyer.
- Increase and consolidate funding for transportation in the region and develop a partnership with VRT to coordinate a single regional approach to providing services. Under this model a single (or several large) transportation providers could provide on-demand transportation services, with a heavy reliance on technology applications.
- Valley Regional Transit's Rideline customer service outlet could serve as the central communication outlet for riders to access the service. PROS- - Maximize transportation efficiencies by adopting best practices from the private transportation industry. - Provide day-of scheduling through the use of automated booking technology - Create opportunities for additional funding partners to participate in the comprehensive transportation solution - Provides service for more hours and during more times than current model CONS- - Traditional model of

having Senior Centers provide transportation service will go away - Senior Center will lose out of revenue to support operations - Riders will no longer receive rides from “familiar” senior centers

- Develop Rural Transportation Service for seniors in the 8 counties that are rural.

Outcome:

- Strategy developed to explore other service delivery models that are more efficient.

B. Comments on Transportation Coordination:

- DAV: 208-422-1000x7555 *limitations: -provides rides only to veterans, s/o if van not full. -picks up at a designated area, not door to door. -transports home after last veterans appointment is complete
- Access-Boise Ship-Boise (Free Medicaid up to Eagle Road) Valley Ride Boise Taxi Vouchers(Senior Solucion Medicaid Transportation
- Increase and consolidate funding for transportation in the region and develop a partnership with VRT to coordinate a single regional approach to providing services. Under this model a single (or several large) transportation providers could provide on-demand transportation services, with a heavy reliance on technology applications.
- Partner with senior centers and a main provider that is under development.

Outcome:

- Transportation Coordination Strategy developed to include coordination with other transportation providers like Valley Regional Transit and Medicaid Transportation.

2. Outreach

Outreach Service Funding

Comments:

Outcome:

A. Comments on Outreach Service Delivery:

- Senior Center visits to better understand facility and community need. Identify areas where potential services could be beneficial.
- Partner with BSU Service Learning teams (those that are already volunteering with the older adult population) and/or aging classes to educate volunteers of our resources and services. Classroom presentation or information handout.
- Conference that would provide education on all the programs to the 10-county area.

Outcome:

- Outreach strategy developed to increase number of senior centers outreach contacts and target specific high risk populations.

B. Comments on Outreach Coordination:

- HCBS Medicaid 2) VHA: respite, homemaker bath aide *limitations of homemaker service -Homemaker services only offered in the absence of an able bodied individual in the home. -at present lengthy waiting list. 3) Community Action Agency
- Work with local senior centers, district health, boards
- Terry Reilly
- SWDH
- CDH

Outcome:

- Outreach strategy developed to include senior centers to connect with eligible seniors.

3. Information and Assistance (I&A)

Information and Assistance Service Funding

Comments:

Outcome:

A. Comments on I&A Service Delivery:

- Further develop program to identify who to call and how. Market heavily to many sources: develop program of one stop shoppingNo Wrong Door...? To help identify and market the service: Media TV, Facebook, Web, brochures, Identification on MOW packaging.
- Attend Health Fairs and provide presentations to consumer groups about the programs provided.
- Engage local media groups, paper, social media and internet

Outcome:

- Strategy developed to streamline referrals between organizations.

B. Comments on I&A Coordination:

- Perhaps use news media: KTVB has a community happenings advertisement...?
- Use volunteers that would be willing to get information out at the Health Fairs and to provide presentations.
- Local newspaper

Outcome:

- None

4. Case Management (CM)

Case Management Service Funding

Comments:

- Any funds saved from community partners-AOA might consider adding to this program. Identify the individuals who “fall through the cracks” through community partner communication, APS referrals. A primary “vulnerable adult” might be he who is opinioned to lack capacity. Family wont step in, County BOG wont take case, private guardians won’t accept pro bono

Outcome:

- Strategy developed to provide service to individuals that qualify.

A. Comments on CM Service Delivery:

- Veteran’s Case Management is not mentioned as a referral source.

Outcome:

- Veteran’s Case Management added as a referral source.

B. Comments on CM Coordination:

- This is an area I have struggled with for nearly two decades. How to provide strong supports and services to those individuals who need case management but d/t circumstances, are not reached.
- Add Veteran’s Case Managers to the list of Case Managers.

Outcome:

- Strategy developed to coordinate referrals with other organizations.

5. Homemaker

Homemaker Service Funding

Comments:

Outcome:

A. Comments on Homemaker Service Delivery:

- Limitation: may be that a homemaker (provided by an agency) cannot provide med management. Has to be an RN for mediset fills and medication oversight.

Outcome:

- Response: A3SSA Homemakers are not allowed to manage medications. However can provide reminders, assist in taking medications and observe.

B. Comments on Homemaker Coordination:

Outcome:

6. Chore

Chore Service Funding

Comments:

Outcome:

A. Comments on Chore Service Delivery:

Outcome:

B. Comments on Chore Coordination:

- *VHA limitation: we only do basic housekeeping: mopping, vacuuming, dishes, meal prep, laundry, bathrooms, etc. Has to be for the participant only and not to others in the home. *other (state and fed) funding makes finding a resource for this need difficult
- Partner with senior centers that will utilize volunteers and local community partners.

Outcome:

- Strategy developed to utilize local community partners to seek input on home safety and accessibility.

7. Minor Home Modification

Minor Home Modification Service Funding

Comments:

Outcome:

A. Comments on Minor Home Modification Service Delivery:

Outcome:

B. Comments on Minor Home Modification Coordination:

- VHA provides minor; Community Action Agency provides minor; Volunteer support systems? Area for growth?

Outcome:

- Strategies developed to coordinate referrals with LINC resource list.

8. Legal Assistance

Legal Assistance Service Funding

Comments:

Outcome:

A. Comments on Legal Assistance Service Delivery:

- Area of growth needed. Legal aide appears overwhelmed.

Outcome:

- Strategy developed to improve legal assistance data tracking.

B. Comments on Legal Assistance Coordination:

- Provide in-service trainings to staff with local elder law specialists so that consumer needs are better understood, and better, more appropriate referrals made as a result; Improve AP understanding of legal concerns, terms (e.g. guardianships, POAs, Conservatorships, etc.) to assist them in making more appropriate referrals, and understanding processes and needs affecting those they serve.
- Improve bank of referrals/referrals list by researching elder law firms, areas of expertise, their offerings, and fee schedules to the end of #1.
- Do not have any solutions. Recognize the need to identify those who (don't) need legal aide and can afford to accept and pay for counsel, prioritize those who DO need legal aide and the urgency of need.
- David J. Wilson www.idahoelderlaw.com Quade, Beck, & Conder <http://www.ckquadelaw.com/> <http://www.defordlaw.com/index.html> Idaho Legal Aide <http://www.idaholegalaid.org/>
- Local indigent defense, law enforcement, adult protection

Outcome:

- Strategy developed provide legal assistance training to A3SSA staff.

9. Congregate Meals

Congregate Meal Service Funding

Comments:

Outcome:

A. Comments on Congregate Meal Service Delivery:

- Advertising in the local newspaper (especially in rural areas), grocery stores, healthcare providers
- Increase access to meal sites through a robust transportation network.

- Work closely with Meals on Wheels programs and senior centers to promote the program to all senior audiences and their families, as well as the community at large.
- Senior centers actively promote the Congregate program as a major part of their marketing efforts
- Education to those over 60

Outcome:

- Strategy developed to identify resources that can support the congregate program.

B. Comments on Congregate Meal Coordination:

Outcome:

10. Home Delivered Meals (HDM)

Home Delivered Meal Service Funding

Comments:

Outcome:

A. Comments on HDM Service Delivery:

- Work closer with the senior centers and the HDM providers to identify the consumer,
- Work in tandem with Meals on Wheels programs organizations and agencies that provide senior services and healthcare facilities.

Outcome:

- Strategy developed to identify and implement best practices.

B. Comments on HDM Coordination:

- Meals on Wheels programs family members of eligible seniors, and hospital discharge planners and social workers.
- District health, meals on wheels and senior centers.

Outcome:

- Strategy in place to work with HDM providers and establish a high risk consumer eligibility process.

11. Disease Prevention and Health Promotions

Disease Prevention and Health Promotions Service Funding

Comments:

Outcome:

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

- Get more seniors out of their homes and exercising by participating in sporting events.
- Help with the care of those homebound

Outcome:

- Strategy in place to implement a new program.

B. Comments on Health Promotions and Disease Prevention Coordination:

- District Health and Senior centers
- Work closely with Meals on Wheels programs and senior centers to incorporate health and nutrition education and awareness as an integral part of the congregate programs.

Outcome:

- Strategy developed to work with senior centers and partners to promote the program.

12. National Family Caregiver Support Program (NFCSP)

National Family Caregiver Support Program Service Funding

Comments:

Outcome:

A. Comments on NFCSP Service Delivery:

- There are a few redundancies I see here, although should it change? The large group presentations, I believe, are a huge benefit. I wonder if we can identify whether or not we are reaching intended, needed beneficiaries of the service
- Reduce the strain on “non-essential” caregiver support and increase independence of regional seniors through a robust transportation solution.
- Provide Caregiver education in their homes.

Outcome:

- Strategy in place to implement a new caregiver program.

B. Comments on NFCSP Coordination:

- VHA has a caregiver program in every facility. Could decrease the dependency on state resources and funnel over to VHA.
- In-home providers that provide Respite Care.

Outcome:

- Strategy developed to collaborate with various organizations, including the VHA.

13. Senior Medicare Patrol (SMP)

Senior Medicare Patrol Service Funding

Comments:

Outcome:

A. Comments on SMP Service Delivery:

Outcome:

B. Comments on SMP Coordination:

Outcome:

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

Medicare Improvement for Patients and Providers Act Service Funding

Comments:

Outcome:

A. Comments on MIPPA Service Delivery:

Outcome:

B. Comments on MIPPA Coordination:

Outcome:

15. Participant-Directed/Person Centered Planning

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

- I am not aware of the state participant directed person centered planning. VHA's tool (nationwide) is very helpful to the participant, caregiver, persons involved in participants care. Perhaps identify a way to make state, fed, community partner tools and assessment same?

Outcome:

- Strategy developed to expand the Veterans Directed Home and Community Based Settings program.

B. Comments on Participant-Directed/Person Centered Planning Coordination:

-

Outcome:

-

16. Ombudsman

Ombudsman Service Funding

Comments:

Outcome:

A. Comments on Ombudsman Service Delivery:

- Budget allowances for Ombudsman training, either in or out of state
 - Training specific to: HIPPA and resident confidentiality
 - Apply for grants to fund training
- Yearly documented conflicts of interests (i.e. Ombudsman with family members in facilities)
- Policy for Ombudsman and Adult Protection interaction
 - Procedures to be developed and staff trained
- Adult Protection and I&A Training given by Ombudsman to educate staff

Outcome:

- Strategy developed to support ombudsman with trainings.

B. Comments on Ombudsman Coordination:

- Need to reach out to doctors, health districts to work together for the security of the aged
- Local Hospitals – work with ER discharge planners, elder care staff, etc.
 - St. Luke’s
 - St. Alphonsus
- Geriatric clinics – outreach and education of Ombudsman services
 - Primary Health group
 - St. Luke’s internal medicine
- Educational articles (i.e. resident rights, dementia care, activities, etc.)
 - Senior Blue Book
 - Senior Gold Mine
- Senior Center – outreach and education
- Health Fairs – outreach and education
- Community Partnerships of Idaho – outreach and education

Outcome:

- Strategy developed to implement a process between Ombudsman and Adult Protection.

17. Adult Protection Services

Adult Protection Service Funding

Comments:

Outcome:

A. Comments on Adult Protection Service Delivery:

- Identify a way in which feedback can (within HIPPA) be provided back to reporter. Identify ways APS and reporter, community partners can improve communication, identify shared or not shared roles. Identify the gaps---who is not served, who falls through the cracks and can any source be identified to address the participant who “falls through the cracks” and improve services to them?
- Provide an investigation and intervention Model
- Aps obligation to balance the duty to protect the vulnerable adults with the duty to protect the rights to self – determination
- Investigate reports of abuse, neglect, and exploitation
- Provide assessments and resources regardless of the case outcome, and protection action plans

Outcome:

- Strategy developed to comply with statewide standards.

B. Comments on Adult Protection Coordination:

- Increased progress in communication and partnership with Law Enforcement, DHW, Mobile Crisis, Legal Aid, Medical services,

Outcome:

- Strategy developed to improve coordination between law enforcement, DHW, Mobile Crisis, Legal Aid, medical services

Other:

Other:

2. **Comment:** One question I would ask is how much latitude do we have in the review to make changes?
 - Outcome: The advisory council will essentially vote on the plan and approve it. So as members your input is weighted heavily. If a majority has a strategy they feel strong about then it would influence the plan. However, the Goals and Objectives are already cemented by ICOA. So, the strategies would need to coincide with ICOA's direction.
3. **Comment:** I may ask about the funding categories and if funds can be transferred between programs if the need arises. Are they prioritized?
 - Outcome: Yes. The Programs are prioritized. I am required to comply to these minimum and maximum levels. I can transfer funds between programs as long as they meet the maximum and minimum levels. ICOA establishes the levels so in a sense they control what is prioritized.
4. **Comment:** Are State funds more easily moved between categories?
 - Outcome: A3SSA does have flexibility in state to move between programs. However, again, the maximum and minimums apply.
5. **Comment:** Can you carry funds over from fiscal year to fiscal year?
 - Outcome: Yes, with Federal. No with State.
6. **Comment:** Advocacy is in the language of the national organization of AAAs but not in the plan. So how does that trickle down to you, or does it?
 - Outcome: We are required under the Older Americans Act to be advocates for older individuals within the communities. Below is the specific rule.
 - OAA 306(a)(5)(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;
 - Examples of our Advocacy work is as follows:
 - Adult Protective services advocate for vulnerable adults that have been abused, neglected or exploited. (State Plan, Pg. 34)
 - The Ombudsman program advocates on behalf of individuals who reside in long-term care facilities. (State Plan, Pg. 32)
 - Ensure in our planning efforts that priority is giving to low-income minority older individuals, and older individuals living in rural areas. (State Plan, Attachments Pg. 9)
 - Establish a disaster plan that will provide needed emergency services to older individuals. (State Plan, Attachments Pg. 115)

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
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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

Outcomes	Survey Results	Source
Respondents who are aware of available services and agencies	46%	Table 33, Aware, average across all services
Respondents who have access to each type of service	7%	Table 54, Am Using, average across all services
Respondents who qualify for services:		
Percent of respondents with income less than \$20,000	35%	Table 17
Percent of respondents with income less than \$30,000	55%	Table 17
Percent of respondents covered by Medicare/Medicaid	77%	Table 18
Percent of respondents age 65 and older	70%	Age section, page 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.

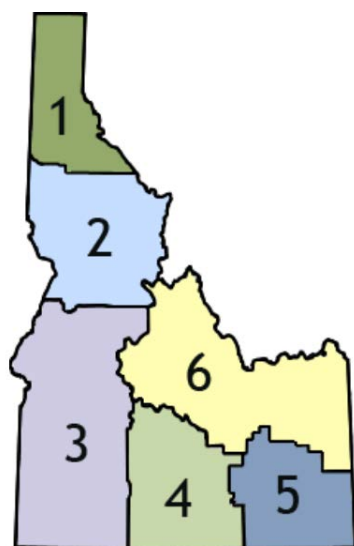
- a. Disease prevention and health promotion programs were reported as a top current need, and also had among the highest rates for both receiving and wanting services. Providing additional programs and resources in this area could avoid or delay the need for more costly long-term care services and supports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

Idaho's Aging Population

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

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

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

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

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

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

Survey Methodology

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

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

Survey Distribution

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

¹ Idaho Commission on Aging. Senior Services State Plan for Idaho, 2012-2016.

http://www.idahoaging.com/Documents/ICOA_State_Plan_2012-2016_final_20121016.pdf

² Administration for Community Living Performance Outcome Measurement Project (POMP).

http://www.aoa.acl.gov/Program_Results/POMP/Index.aspx

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

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

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

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

Sampling Target Population

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

1. The number of older individuals with low incomes by county
2. The number of older individuals who have greatest economic need by county (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)
3. The number of older individuals who have greatest social need by county (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)
4. The number of older individuals at risk for institutional placement by county
5. The number of older individuals who are Native Americans residing in such area

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

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

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

⁴ Resolution Research. <http://www.resolutionresearch.com/services.html>

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

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

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

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

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

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

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

Region	Population Rankings of Demographic Criteria	Surveys Mailed
Region 1	1 st Highest: Oldest Population, Lowest Income 2 nd Highest: Living Alone, Rural 3 rd Highest:	300
Region 2	1 st Highest: 2 nd Highest: 3 rd Highest: Oldest Population, Native American	225
Region 3	1 st Highest: Living Alone, Rural, Minority, Limited English 2 nd Highest: Low Income, Native American 3 rd Highest:	450
Region 4	1 st Highest: 2 nd Highest: Minority, Limited English 3 rd Highest: Living Alone	250
Region 5	1 st Highest: Native American 2 nd Highest: Oldest Population 3 rd Highest: Low Income, Rural, Limited English	350
Region 6	1 st Highest: 2 nd Highest: 3 rd 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
All Sources	626	100%
Targeted Mailings	226	36%
Senior Centers	95	15%
Online	305	49%

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

Table 7: Response Rate for Surveys Mailed to Target Population

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

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

Figure 2: Survey Source by AAA Region

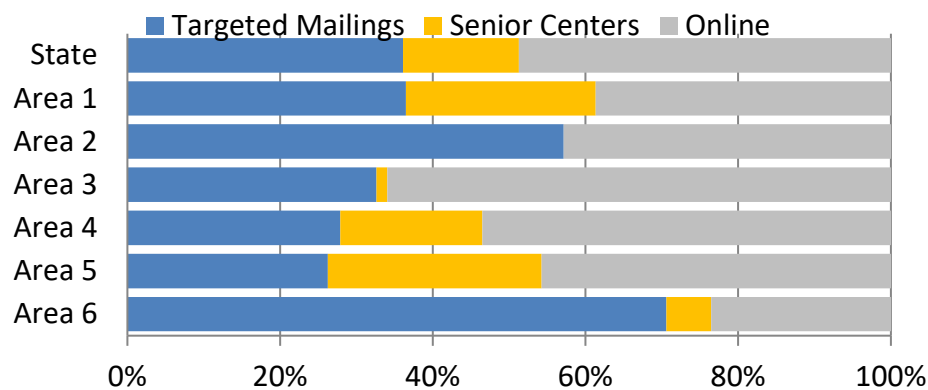


Table 8: Total Respondents by Region and Survey Source

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

Survey Results: Statewide and by Region

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

Demographics

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

Age

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

Table 9: Age of Respondents

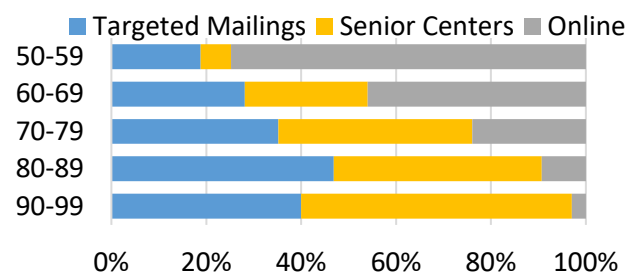
Age	50-59	60-69	70-79	80-90	90-99	Total
State (N=626)	14%	36%	32%	15%	3%	100%
Area 1 (N=137)	7%	35%	37%	19%	2%	100%
Area 2 (N=70)	13%	34%	36%	14%	3%	100%
Area 3 (N=138)	20%	40%	28%	11%	1%	100%
Area 4 (N=129)	23%	34%	26%	11%	5%	100%
Area 5 (N=118)	10%	35%	36%	18%	2%	100%
Area 6 (N=34)	12%	32%	32%	21%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

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

Table 10: Survey Source Distribution, by Age

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

Figure 3: Survey Source Distribution, by Age



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

Table 11: Age Distribution, by Survey Source

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

Gender and Veteran Status

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

Table 12: Gender and Veteran Status of Respondents

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

Race and Ethnicity

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

Table 13: Race and Ethnicity

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

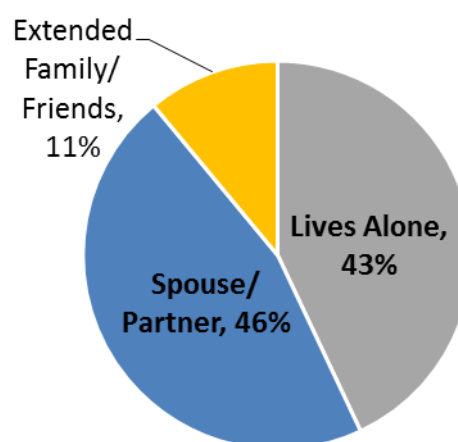
Household Composition

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

Table 14: Household Composition, by AAA Region

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

Figure 4: Household Composition



Living Alone and Age 65 and Older

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

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

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

Employment Status

Half of all respondents are not currently working or volunteering.

Table 16: Employment status, by AAA Region

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

Household Income

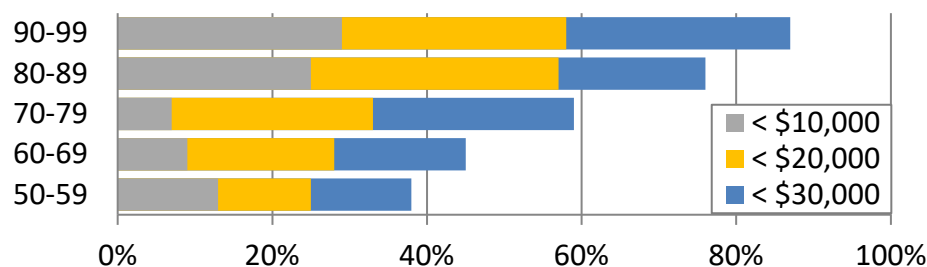
The reported household income was fairly well distributed with 10-24% in each level. AAA Regions 3 and 4 had a higher percentage of respondents in the highest income category while Region 6 had a significantly lower percentage. More respondents had a household income below \$20,000 (35%) than that reported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

Table 17: Estimated Household Income, by AAA Region

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

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

Figure 5: Household Income by Age



Insurance Coverage

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

Table 18: Type of Insurance Coverage, by AAA Region

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

Quality of Life

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

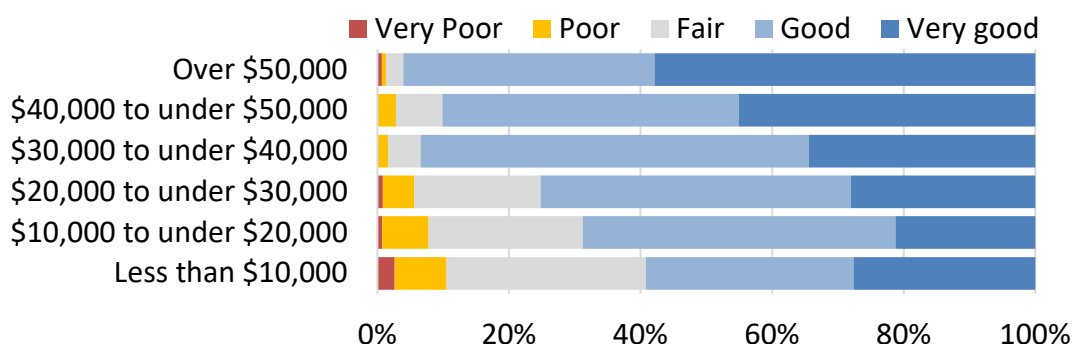
Table 19: Overall Quality of Life

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

Quality of Life and Household Income

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

Figure 6: Quality of Life Compared to Household Income



Participation in Activities

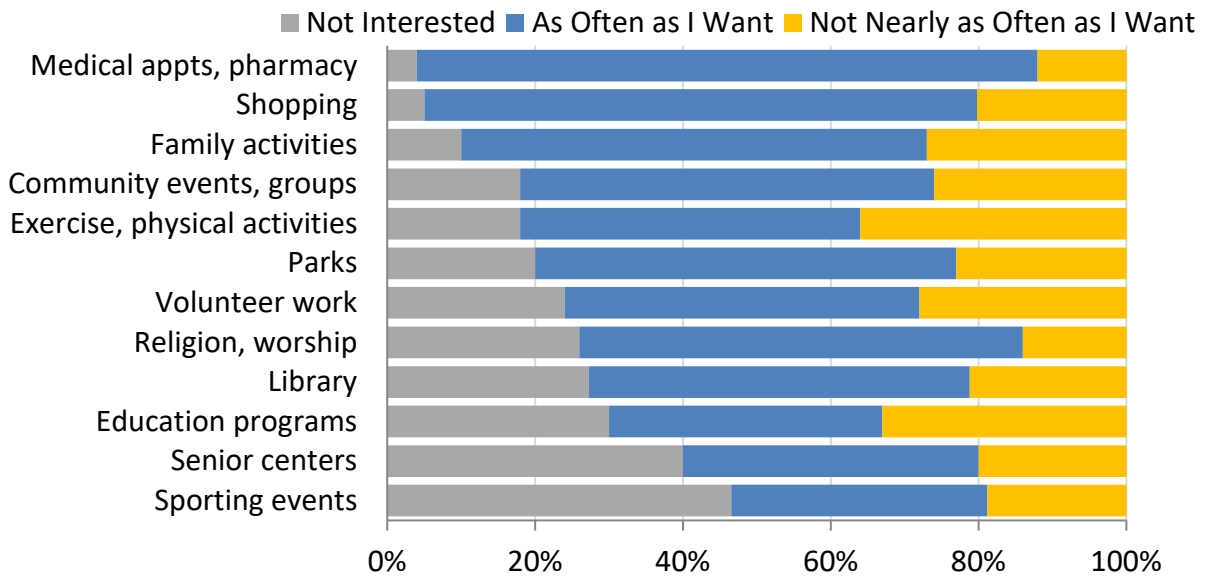
Another measure of quality of life is an individual's ability to participate in activities as much as they would like to do so. Response options were as often as I want, not nearly as often as I want, and not interested. Results are presented in Table 20 and Figure 7 for all respondents. The "Interested"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

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

Table 20: Participation in Activities, All Respondents

State (N=626)	As Often as I Want	Not Nearly as Often as I Want	Not Interested	<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%

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

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

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

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

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

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

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

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

Problems in Last 12 Months

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

Figure 8: Problems over the Last 12 Months

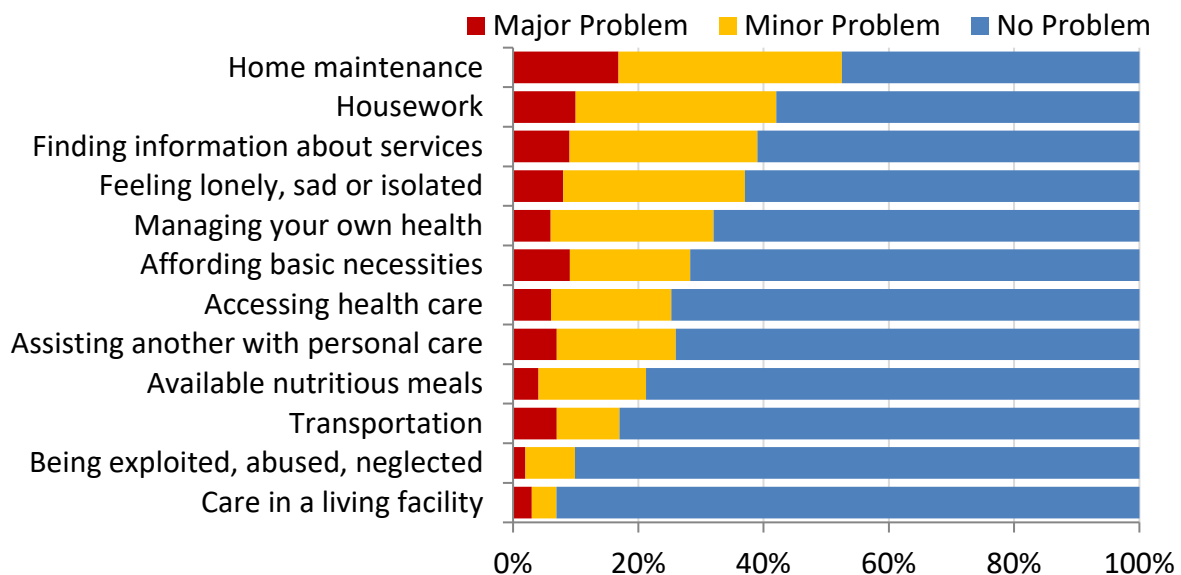


Table 24: Problems over the Last 12 Months

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

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

Table 25: Major Problems over the Last 12 Months

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

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

Table 26: Minor Problems over the Last 12 Months

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

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

Table 27: No Problems over the Last 12 Months

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

Long-Term Care Services and Supports

Information and Assistance

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

Use of Information Resources

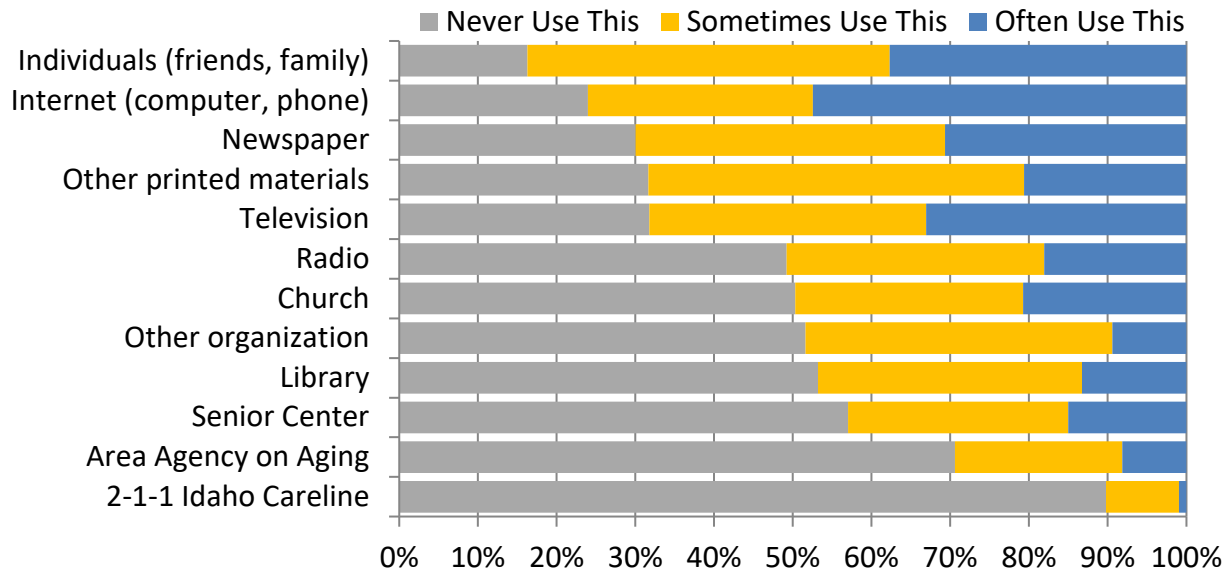
The first question asked how often the respondent has used the following information resources to find out about services and supports for seniors and people with disabilities. Results are presented in Table 28 and Figure 9 for all respondents (see next section for the use of these information resources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

Table 28: Use of Information Resources

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

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

Figure 9: Use of Resources to Find Long-Term Care Services and Supports



Results by AAA region, as well as the statewide results shown above, are presented in the next three tables below.

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

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

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

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

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

Table 31: Never Use These Information Resources to Find Out about Services and Supports

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

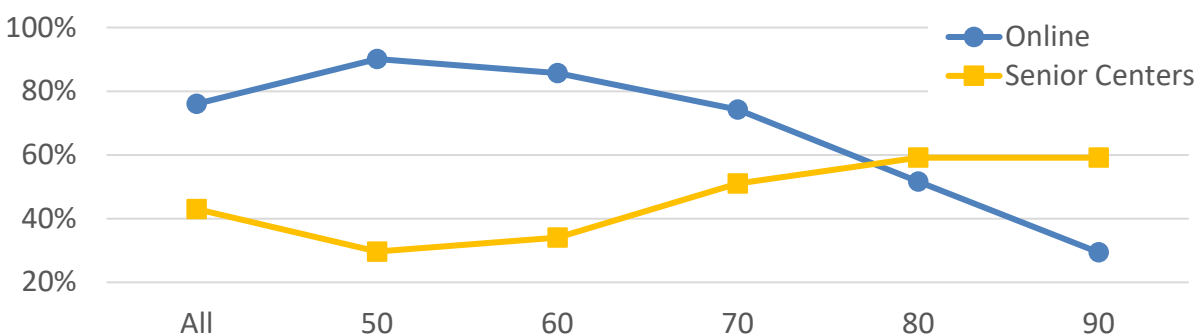
Use of Information Resources by Age

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

Table 32: Information Resources Used by Age

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

Figure 10: Information Resources Used by Age



Awareness of Services Provided

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

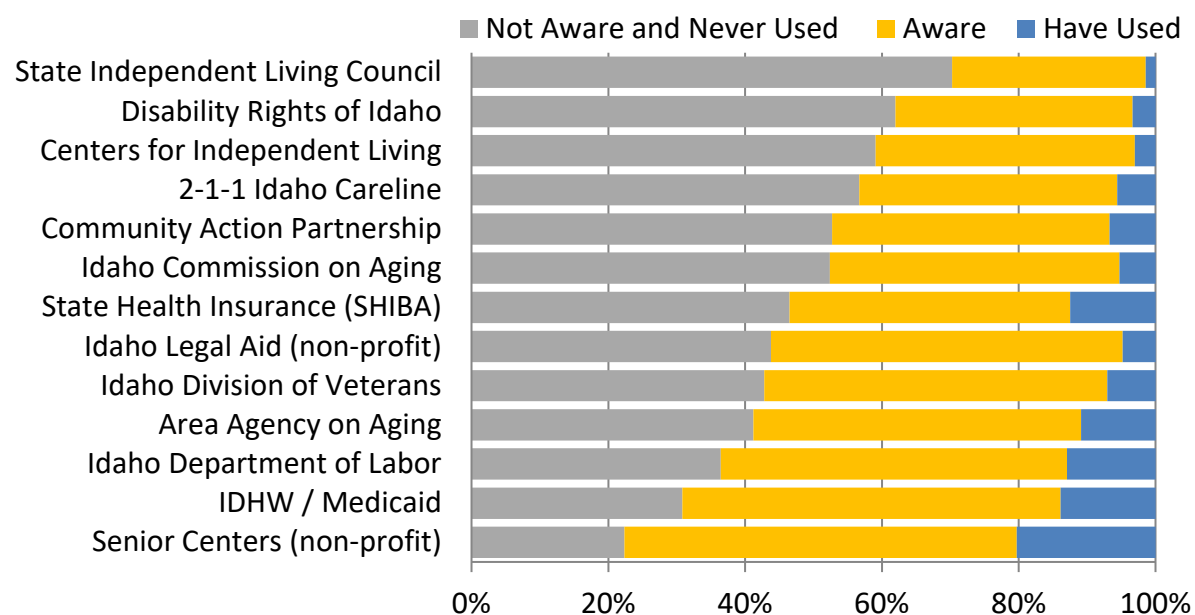
On average, about equal numbers of respondents were aware and not aware of the services provided by these agencies or organizations (46% and 47%), and fewer than 10% have used any of the services. However, there was a wide range of awareness reported for specific agencies and organizations. For example,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

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

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

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

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



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

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

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

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

Congregate and Home Delivered Meals

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

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

Table 37: Nutrition Services: Home Delivered Meals

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

Table 38: Nutrition Services: Congregate Meals

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

Homemaker Services

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

Table 39: Formal Homemaker Services

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

Table 40: Informal Homemaker Services

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

Chore Services

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

Table 41: Formal Chore Services

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

Table 42: Informal Chore Services

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

Transportation

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

Table 43: Formal Transportation Services

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

Table 44: Informal Transportation Services

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

Legal Assistance

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

Table 45: Legal Assistance Services

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

Disease Prevention and Health Promotion Programs

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

Table 46: Disease Prevention and Health Promotion Programs

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

Caregiver Services

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

Table 47: Caregiver Services

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

Respite Services

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

Table 48: Formal Respite Services

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

Table 49: Informal Respite Services

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

Ombudsman Services

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

Table 50: Ombudsman Services

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

Adult Protection Services

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

Table 51: Adult Protection Services

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

Case Management Services

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

Table 52: Case Management Services

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

Comparison Across All Services

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

Table 53: Formal and Informal Services

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

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

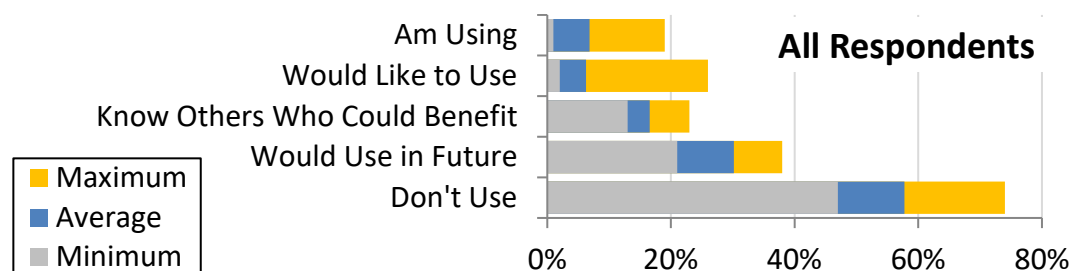
For each service area, between 2% and 11% of respondents would like to use these services (average of 5%). More people reported wanting a service than are currently receiving it for 9 of the 16 service areas included in the needs assessment. The largest difference is for formal chore services, which 11% report that they would like to use but only 3% currently use.

Table 54: Results for All Service Areas, from All Respondents

All Services, State (N=626)	Am Using	Would Like to Use	Know Others Who Could Benefit	Would Use in Future	Don't Use
Home-Delivered Meals	2%	4%	23%	33%	56%
Congregate Meals	17%	4%	17%	24%	51%
Formal Homemaker Services	4%	7%	19%	34%	54%
Informal Homemaker Services	11%	4%	17%	28%	54%
Formal Chore Services	3%	11%	16%	32%	56%
Informal Chore Services	15%	6%	16%	28%	50%
Formal Transportation Services	5%	5%	19%	33%	59%
Informal Transportation Services	19%	2%	17%	31%	50%
Legal Assistance Services	2%	8%	16%	38%	56%
Disease Prevention/Health Promotion Programs	15%	10%	15%	33%	47%
Caregiver Services	3%	4%	17%	33%	58%
Formal Respite Services	1%	3%	15%	28%	65%
Informal Respite Services	8%	2%	15%	26%	62%
Ombudsman Services	1%	2%	15%	33%	64%
Adult Protection Services	1%	2%	13%	21%	74%
Case Management Services	2%	2%	15%	27%	68%
Average	7%	6%	17%	30%	58%

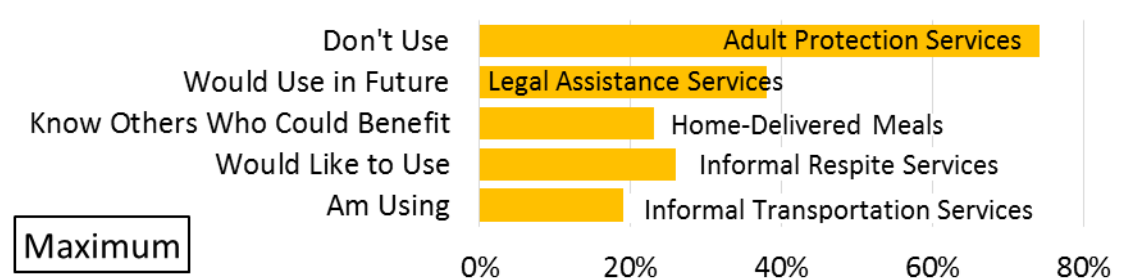
The range of responses across all service areas is shown in Figure 12. Fewer than 20% of respondents currently use any of these services (average 7%), and 21% to 38% would use each service area in future.

Figure 12: Range of Responses Across All Service Areas



The maximum percentage for each response option, along with its respective service area, is shown in the figure below. These are the same values marked in orange in Table 54 above.

Figure 13: Service Area with Maximum for Each Response Option



Comparison Across Services Areas by Age

Older respondents were more likely on average to be using services than younger respondents, ranging from 13% of those age 90-99 to 3% of those age 50-59. Younger age groups indicated that they would use services in future more than older age groups, from about 35% for those under age 70 down to 19% for those over 90. Younger respondents were also more likely to report knowing others who could benefit

from the services, with the average across all services decreasing steadily from 28% for age 50-59 to 4% for age 90-99. The percentage of respondents who would like to use services was fairly constant across all age groups at 4-6% across all services, increasing to 9% for those age 90 and older. The number of specific service areas which more people would use than are currently using ranged from six (age 80-89) to eleven (age 50-59) of the 16 service areas. However, the average difference between wanting and receiving services ranged from less than 1% for those under age 70 to 4-6% for those age 80 and over.

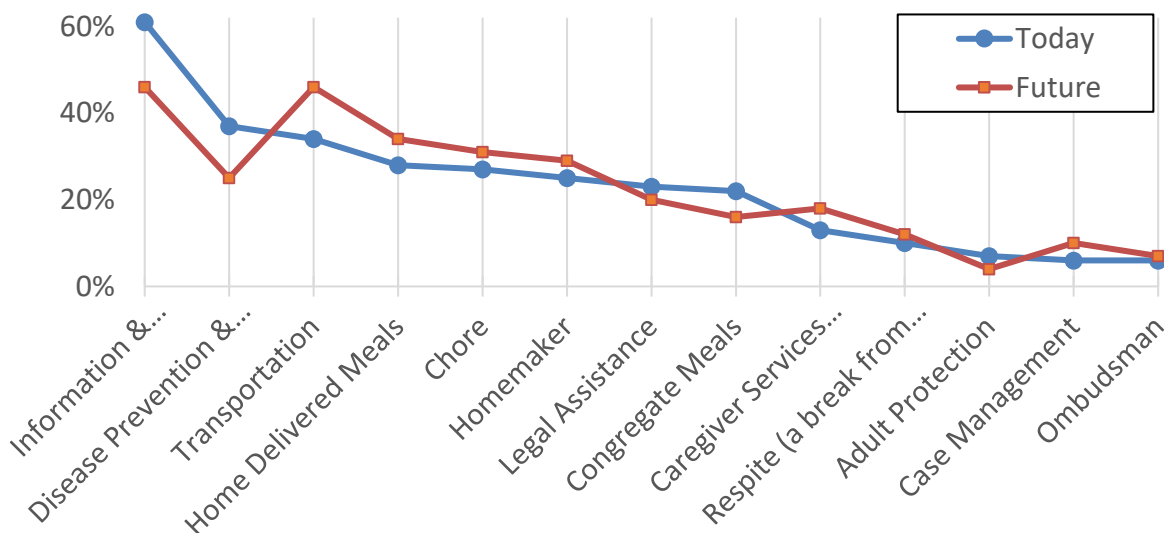
Top Needs for Services

The top three current needs most often identified by respondents overall were (1) Information and Assistance (61%), (2) Disease Prevention & Health Promotion Programs (37%), and (3) Transportation (34%). Home delivered meals were selected as a top need more often than congregate meals (28% vs 22%). For future needs, Transportation and Information & Assistance were tied for first place (46%), and the third most important need was Home Delivered Meals (34%). Respondents estimated that in the future they would need significantly less Information and Assistance and fewer Disease Prevention & Health Promotion Programs than they need today, but would need more Transportation and Home Delivered Meals. Home delivered meals were selected as a top need in the future more than twice as often as congregate meals (34% vs 16%).

Current Needs

The top three current needs most often identified by respondents overall were (1) Information and Assistance (61%), (2) Disease Prevention & Health Promotion Programs (37%), and (3) Transportation (34%) as shown by the blue line in Figure 14. Home delivered meals were selected as a top need more often than congregate meals (28% vs 22%).

Figure 14: Top 3 Needs for Services, Today and in Future, sorted by Today's Need



As shown in Table 55, the top three current needs selected most often were the same for all AAA regions except for the following:

- Region 4 reported that Home Delivered Meals are more important today than Disease Prevention & Health Promotion Programs (39% vs 30%).
- Region 6 reported that Legal Assistance is more important today and Transportation is less important (35% vs 26%).

The biggest differences between AAA regions for the top three current needs were seen for Home Delivered Meals, Congregate Meals, Disease Prevention & Health Promotions Programs, Information & Assistance, and Legal Assistance. Each of these five service categories had a 15-20 percentage point

spread across the regions. For example, 35% of Region 6 respondents identified legal assistance as a top current need compared to only 19% of Region 4 respondents.

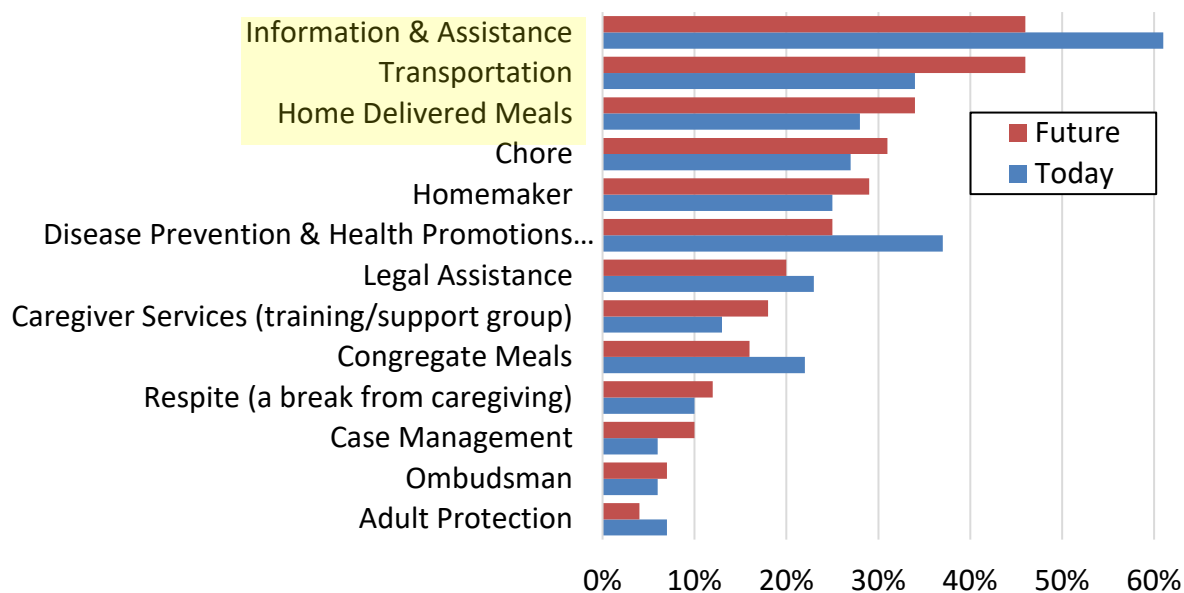
Table 55: Top Three Services that You Think are Most Important to You Today

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

Top 3 Needs - Future	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Information & Assistance	46%	45%	49%	41%	48%	47%	53%
Congregate Meals	16%	15%	17%	13%	22%	15%	9%
Home Delivered Meals	34%	31%	21%	35%	40%	38%	35%
Homemaker	29%	26%	30%	30%	29%	26%	41%
Chore	31%	39%	34%	32%	25%	27%	29%
Transportation	46%	41%	51%	50%	50%	43%	41%
Legal Assistance	20%	26%	21%	16%	17%	21%	26%
Disease Prevention & Health Promotions Programs	25%	25%	17%	27%	27%	25%	35%
Respite (a break from caregiving)	12%	8%	11%	16%	9%	13%	12%
Caregiver Services (Training/Support Group)	18%	19%	19%	23%	16%	14%	12%
Ombudsman	7%	10%	9%	4%	7%	8%	3%
Adult Protection	4%	4%	3%	3%	3%	9%	0%
Case Management	10%	11%	17%	9%	5%	12%	3%

Results by Respondent Source

As described in the Survey Distribution section, there were three ways that Idaho residents could participate in the needs assessment of older adults. The first method was via paper surveys mailed to a targeted population sample, second was the online survey, and third was paper surveys distributed and collected at Senior Centers. Each response was identified as coming from one of these three sources. About half of the total responses (49%) came from the online survey, with 36% from the targeted mailings and 15% from Senior Centers as shown in Figure 2. Selected results for each of these subgroups are presented in the following sections.

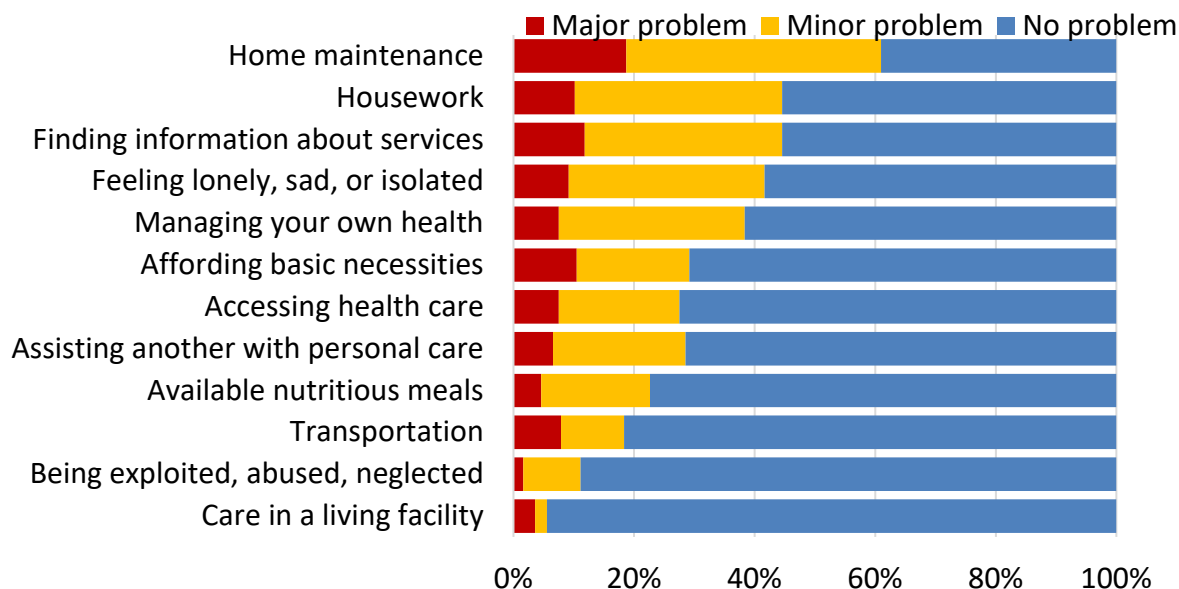
Online Surveys

Those who responded via the online survey tended to be younger, as shown earlier in Figure 3 and Table 11. Fewer online respondents were age 70 or older as compared to all respondents (30% vs 50%). The majority of those under age 70 responded via the online survey: 82% of respondents age 50-59 and 61% of respondents age 60-69.

The online respondents were much less likely to report no interest in participating in the listed activities, by 6% on average. The exception was senior centers for which 6% more of online respondents reported no interest, as compared to all respondents. More online respondents reported that they did not participate in activities nearly as often as they wanted, by an average of 3% across all listed activities.

Online respondents were significantly more likely to report major and/or minor problems over the last 12 months, with an average of 3% fewer respondents who reported no problems across all listed areas. Results from online respondents are presented in the following figure (see Figure 8 for all respondents).

Figure 16: Problems in Last 12 Months, from Online Respondents



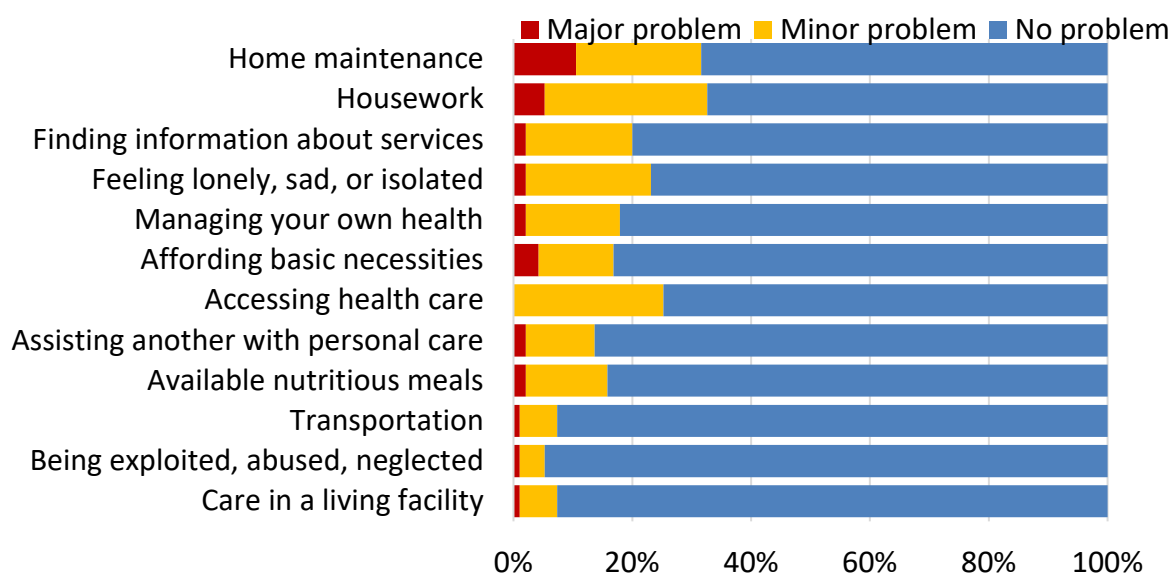
Overall, online survey respondents use slightly fewer services than all respondents.

Senior Center Surveys

The subgroup of Senior Center respondents was more likely to report no interest in the listed activities, by 3% on average. The biggest exception was senior centers for which 26% fewer of this subgroup reported no interest, as compared to all respondents. Fewer of these respondents reported that they did not participate in activities nearly as often as they wanted, by an average of 7% across all listed activities.

Respondents from Senior Centers were much less likely to report major and/or minor problems over the last 12 months. An average of 10% more respondents reported no problems across all listed areas as compared to all respondents, for example with home maintenance (68% vs 48%) and finding information about services (80% vs 61%).

Figure 17: Problems in Last 12 Months, from Senior Center Respondents



More Senior Center respondents reported using congregate meals by nearly a factor of six compared to the respondents from other sources (59% vs about 10%). However, only 11% would use congregate meals in future, compared to 24-29% of respondents from other sources. More respondents from Senior Centers are also using disease prevention and health promotion services (26% vs 15%), but 7% fewer use informal chore services or informal transportation. Overall, respondents from Senior Centers are using more services than all respondents, and reported only three service areas in which more respondents would like to use services than are currently using them (formal homemaker and chore services and legal assistance).

Targeted Mailed Surveys

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

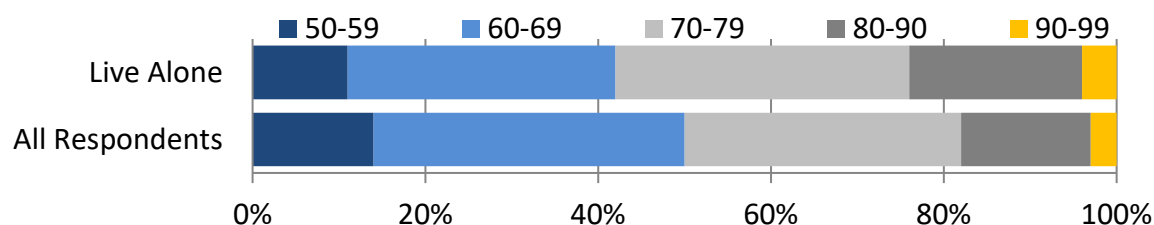
Most other differences between this subgroup and all respondents were small.

Results for Respondents Who Live Alone

Next we consider only those respondents who reported that they live alone. Living alone is a risk factor for older adults staying in their home as they age. This subgroup represented 43% of all respondents, which is higher than that indicated by population as discussed earlier in the Demographics section (see Table 15). The location of respondents in this subgroup was similar to that of all respondents, except for Region 1 which had a few more and Region 3 which had a few less (3% difference in each).

The age distribution of respondents who live alone is shifted toward the older age groups as compared to that of all respondents combined, as shown in Figure 18 below. Nearly 80% of those who reported living alone are age 65 or older. There were 9% fewer respondents in their 50s and 60s in this subgroup, and about 7% more in their 80s and 90s.

Figure 18: Age of Respondents Living Alone Compared to All Respondents



Of those respondents who live alone, 18% participated from a senior center, 37% participated via the online survey, and the remaining 46% participated through the targeted mailings. Looking at all respondents by source, one-third (33%) of online respondents live alone and about half of senior center (51%) and mail-in (55%) respondents live alone.

Fewer respondents in this subgroup were aware of services provided by most of the agencies and organizations, by as much as 7% compared to all respondents (average 2% difference), except for SHIBA which 2% more of those living alone knew about.

More respondents who live alone reported having major and/or minor problems in the past 12 months. For example, 9% more reported problems with feeling lonely, sad, or isolated than that reported by all respondents combined, and 6% more reported problems with available nutritious meals and finding information about services and supports. Regarding participation in activities, more respondents who live alone reported no interest in many of the listed activities, most differing by 3-6% from that reported by all respondents. The exceptions were religion/worship and community events and groups, which did not differ from that of all respondents, and senior centers which 4% fewer of this subgroup reported as not interested as compared to all respondents.

Additional selected results for this subgroup are compared with results for all respondents in Table 57. For example, significantly more respondents living alone reported an annual household income below \$20,000 (55% vs 34%).

Table 57: Selected Results for Those Living Alone Compared to All Respondents

	Live Alone	All Respondents
Quality of life (good or very good)	75%	80%
Household income < \$30,000	79%	54%
Household income < \$20,000	55%	34%
Working full- or part-time	22%	32%
Medicare and/or Medicaid	85%	77%

Overall, those who live alone were slightly more likely to be using services compared to all respondents. More people reported wanting a service than were currently receiving it for 9 of the 16 service areas included in the needs assessment. Those who live alone were less likely to report knowing others who could benefit from the services, and fewer indicated that they would use services in the future except for home delivered meals and legal assistance. Those who live alone were less likely to select caregiver services or respite care as one of their top three needs now or in the future, by 5-8% for each of these services. They were more likely to select home delivered meals as a top need for the future, by about 6%.

Appendix A: ISU Press Releases Announcing Survey

Idaho State UNIVERSITY

October 27, 2015

Released by Idaho State University, Marketing and Communications

Idaho Commission on Aging seeks feedback to improve senior services in Idaho

As you age, will you be able to take care of yourself or need to rely on others?
What services and supports will you need? Are they available in your community?

These are a few of the questions that a new statewide assessment is trying to answer.

The Idaho Commission on Aging—in partnership with Idaho State University’s Institute of Rural Health—are exploring the needs of older Idahoans, their awareness of services in their communities and if those services are adequate. The ICOA is developing a four-year statewide plan to assess senior needs in Idaho under the Older Americans Act and State Senior Services Act.

The online assessment can be accessed at www.tinyURL.com/AgingNeeds

Based on your responses, the ICOA and the aging network stakeholders will develop strategies to fund senior services in your community.

Responses are anonymous. The deadline to return the questionnaire is Nov. 20, and results will be posted on the ICOA’s website at www.aging.idaho.gov in the coming months. If you have any questions, contact Russell Spearman at 208-373-1773 or Dr. Cyndy Kelchner at 208-282-6457.

###

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

The Idaho Commission on Aging—in partnership with Idaho State University’s Institute of Rural Health—are exploring the needs of older Idahoans, their awareness of services in their communities and if those services are adequate. The ICOA is developing a four-year statewide plan to assess senior needs in Idaho under the Older Americans Act and State Senior Services Act.

Based on your responses, the ICOA and the aging network stakeholders will develop strategies to fund senior services in your community.

Responses are anonymous. The deadline to complete the survey is November 30, and results will be posted on the ICOA’s website at www.aging.idaho.gov in the coming months. If you have any questions, contact Russell Spearman at 208-373-1773 or Dr. Cyndy Kelchner at 208-282-6457.

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Appendix B: Survey Instrument

See the following two PDF files for the final needs assessment survey instrument:

Print version: [ICOA_Needs Assessment_to_print_30Oct15](#)

Online version: [ICOA_Needs_Assessment_Survey_online_version_6Nov15](#)

Attachment L

CIVIL RIGHTS

Title VI, Civil Rights Act of 1964

Title VII, Equal Employment Opportunity Act of 1972

Sections 503 and 504 of the Rehabilitation Act of 1973

Age Discrimination Act of 1975

Title II, Americans with Disabilities Act of 1990

SECTION I: STATEMENT OF POLICY

As a recipient of federal and state funds, the Area Agency on Aging III (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 3 Senior Services Agency
701 South Allen St. Suite 100
Meridian, Idaho 83642
208-898-7060
Service Hours: Monday-Friday 8:00am-5:00pm

A. Nondiscrimination Policy

In accordance with Titles VI and VII of the Civil Rights Act, Executive Order 11246, as amended by Executive Order 11375, Section 504 of the Rehabilitation Act of 1973, and the Americans With Disabilities Act of 1990, AAA policy states that no qualified individual may, on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability, be subjected to discrimination, or be excluded from participation, in any AAA program or activity receiving federal or state funds.

This policy applies to all aspects of AAA programs/services and other activities or by their contracting

organizations-- all entities which use federal or state funds.

This policy *does not apply* to agencies, associations, corporations, schools and institutions operated by religious organizations such as churches and denominational societies, or other sectarian entities, with respect to employment of individuals of a particular religious affiliation to provide programs/services with funds not derived from federal or state sources.

B. Specific Discriminatory Practices Prohibited

1. The AAA, and all subcontractors may not, under any program, directly or through contractual or other arrangements, on the grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:
 - a) discharge, bar, or refuse to hire or promote any qualified individual;
 - b) deny any qualified individual any service, financial aid, or other benefit;
 - c) afford a qualified individual an opportunity to participate or benefit from aid or service that is *not equal to that afforded others*;
 - d) provide a qualified individual with aid, benefits, or services that are *not as effective, or otherwise are inferior to, those provided to others*;
 - e) provide different or separate benefits or services to a qualified individual or class of individuals *unless such action is necessary to provide such individuals with benefits or services that are as effective as those provided to others*;
 - f) aid or perpetrate discrimination against an individual or class of individuals by providing assistance to an agency, organization, or person who discriminates against individuals or a class of individuals on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability;
 - g) deny a qualified individual the opportunity to participate as a volunteer, consultant, conferee, or member of a planning or advisory board.
2. Neither the AAA, and all subcontractors may, directly or through contractual or other arrangements, use criteria or methods of administration which:
 - a) have the effect of subjecting any individual or class of individuals to discrimination; or
 - b) have the effect of defeating or of substantially impairing accomplishment of the program's objectives.
3. In determining a program site or location, contracting agencies and grantees may not select facilities that have the effect of excluding individuals or a class of individuals, thereby denying them the benefits of participation in the program/receipt of services, or subjecting them to discrimination.
4. The AAA, and all subcontractors shall establish measures to assure that recruitment and employment practices do not discriminate against any qualified individual.
5. The AAA and all subcontractors shall actively solicit representative participation from local minority communities, as well as voluntary participation by persons with disabilities, on advisory councils and policy making boards which are integral elements of program planning and service provision;

6. The AAA and all subcontractors shall have procedures for monitoring all aspects of their operations to assure that no policy or practice is, or has the effect of being, discriminatory against beneficiaries or other participants. Monitoring shall include, but not be limited to:
 - a) location of offices and facilities;
 - b) manner of assigning applicants or clients to staff;
 - c) dissemination of information;
 - d) eligibility criteria for participation in programs/receipt of services;
 - e) referral of applicants/clients to other agencies and facilities;
 - f) contracts with minority, women's, and disability organizations;
 - g) use of volunteers and/or consultants;
 - h) provision of services;
 - i) program accessibility;
 - j) reasonable efforts to make accommodations and provide auxiliary aids for applicants/clients with disabilities;
 - k) use of available statistical data pertaining to demographics and needs of low-income minority groups and other targeted classes residing in the region relative to their:
 - i. potential participation in programs,
 - ii. actual (historic) participation in programs,
 - iii. employment patterns, especially, their use as employees or staff in programs administered by the agency or contractor,
 - iv. membership on advisory councils,
 - v. number and nature of complaints alleging discrimination which have been filed,
 - vi. number of bilingual staff and staff qualified as sign language interpreters; and
 - l) written assurances of compliance with Title VI, Sections 503 and 504, and the Americans With Disabilities Act.

7. The AAA and subcontractors shall assure that no qualified individual with a disability shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination due to facilities being inaccessible to, or otherwise unusable by persons with disabilities.

8. The AAA shall take corrective action to overcome the effects of discrimination in instances where the AAA, or their subcontractors have discriminated against any persons on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.

9. Any contractor or subcontractor who refuses to furnish assurances of nondiscrimination, or who fails to comply with federal and/or state laws as outlined in this policy, must be refused federal or state financial assistance. Such action will be taken only after there has been an opportunity for review before the appropriate officials, and after a reasonable amount of time has been allowed for compliance with the policy. All incidents of noncompliance will be referred to the appropriate federal or state agencies in a timely manner.

SECTION II: *Nondiscrimination Language in Contracts and Employment*

A. Contract Reference to "Nondiscrimination in Client Services"

1. The AAA requires a policy of nondiscrimination in services as an integral part of each contract.
2. Each contract shall contain an inclusion, by reference or attachment, the following clause pertaining to nondiscrimination in client services:
Nondiscrimination in Client Services: The contractor and any sub-contracting party will not, on grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:
 - a) deny a qualified individual any services or benefits provided under this agreement or any contracts awarded pursuant to this agreement;
 - b) provide any services or other benefits to a qualified individual which are different, or are provided in a manner differing from that provided to others under this agreement, or any contract awards pursuant to this agreement;
 - c) subject an individual to segregation or separate treatment in any manner in receipt of any service(s) or other benefit(s) provided to others under this agreement;
 - d) deny any qualified individual the opportunity to participate in any program(s) provided by this agreement, or any contracts awarded pursuant to this agreement for the provision of services, or otherwise afford an opportunity to do so which is different from that afforded others.
 - e) Contractors will not use criteria or methods of administration which have the effect of defeating or substantially impairing accomplishment of the objectives of this agreement with respect to individuals of a particular race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.

B. Nondiscrimination in Employment

1. The AAA requires that a nondiscrimination in employment policy be an integral part of every agreement with its subcontractors.

C. The AAA Assurance of Compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975

The AAA provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services. The AAA hereby agrees to comply with:

- a) **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80), to the end that, in accordance with Title VI of the Act and the Regulation, no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the AAA receives Federal financial assistance from the Department.
- b) **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 84), to the end that, in accordance with Section 504 of the Act and the Regulation, no otherwise qualified disabled individual in the United States shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the AAA receives Federal

financial assistance from the Department.

c) **Title IX of the Educational Amendment of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the AAA receives Federal financial assistance from the Department.

d) **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the AAA receives Federal financial assistance from the Department. The AAA agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the AAA, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the AAA by the Department, this assurance shall obligate the AAA, or in the case of any transfer of such property, any transferee, for the period during which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the AAA for the period during which it retains ownership or possession of the property. The AAA further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance. The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the AAA to the above provisions.

Section III: COMMUNICATION WITH PERSONS WITH LIMITED ENGLISH PROFICIENCY STATEMENT OF POLICY

The AAA will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of the AAA is to ensure meaningful communication with LEP consumers and their authorized representatives. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and consumers and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

The AAA will conduct a regular review of the language access needs of consumers, as well as update and monitor the implementation of this policy and these procedures, as necessary.

A. AAA PROCEDURES:

1. **Identifying Limited English Proficiency (LEP) persons and their language:** The AAA will identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with consumers or family members, the language used to communicate with the LEP person will be included as part of the record.
2. **Obtaining a qualified interpreter:** The AAA is responsible for:
 - (a) Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff;
 - (b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;
 - (c) Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person’s file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person. Children and other clients/patients/residents will not be used to interpret, in order to ensure confidentiality of information and accurate communication.
3. **Providing written translations:** When translation of documents is needed, the 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

A3SSA Board of Commissioners

Marc Shigeta, Board Chair

Signature: _____



Date: _____

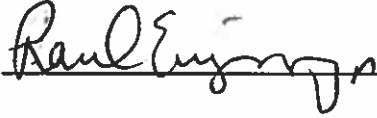
10/11/2017

AREA AGENCY ON AGING

Area 3 Senior Services Agency

Raul Enriquez, Executive Director

Signature: _____



Date: _____

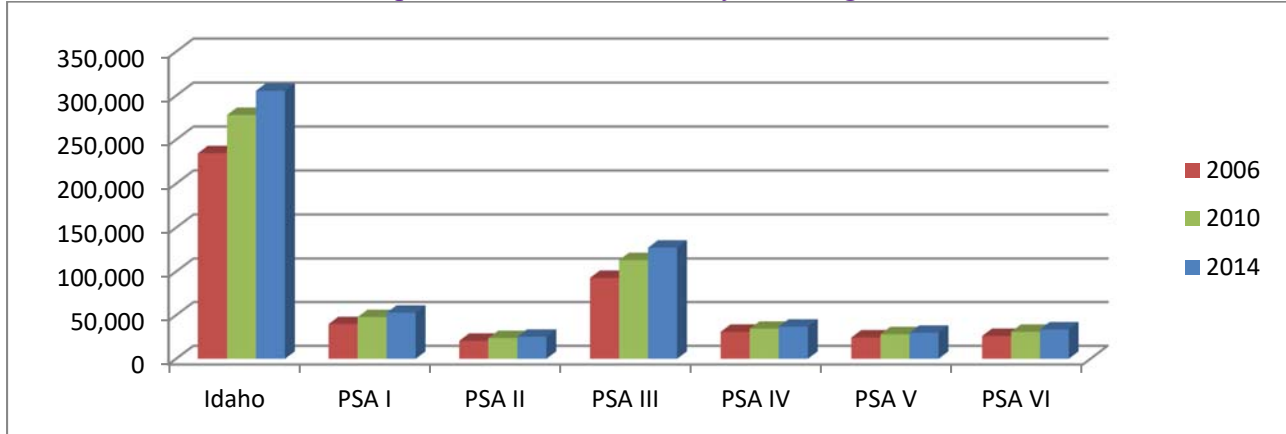
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ATTACHMENT M

PLANNING AND SERVICE AREA DEMOGRAPHICS

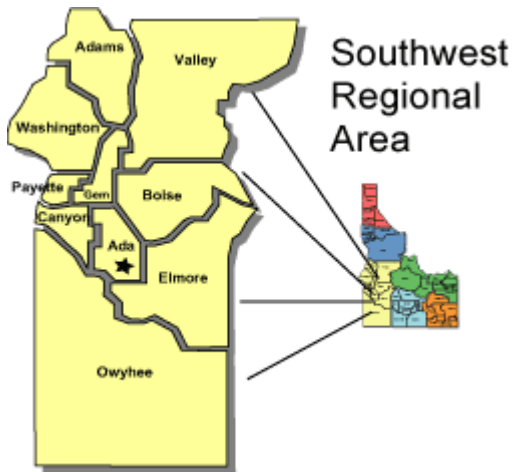
Overview

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 III



Geographic Information:

The largest region, both in terms of area (21,879 square miles), number of counties (ten: Ada, Canyon, Elmore, Payette, Washington, Adams, Boise, Owyhee, Gem, and Valley) is also the most urbanized.

The Boise Metropolitan Statistical Area (MSA) is Idaho's "megacity", sprawling over two counties (Ada and Canyon) and actually including the cities of Boise, Meridian, Nampa and

Caldwell, along with several formerly small communities that have recently grown into adjoining satellite cities. The area is collectively known as the Treasure Valley. The metropolitan area’s quality of life is further enhanced by the presence of several colleges and universities. The ICOA functions as the interim AAA serving this entire region, and maintains an office in Meridian.

Demographic Information:

Based on the 2014 American Community Survey Estimates, the total population in PSA III was 690,258 of which 127,236 (17.9%) individuals were over the age of 60. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is, 113,239.

Exhibit 1A Idaho Growth Change and Demographics

Prior to the latter half of the Twentieth Century, the percentage of Americans who lived long enough to attain “old age” was relatively small. There were several reasons for this, including a high infant mortality rate and the fact that many women died in childbirth. Limited understanding of proper hygiene, good nutrition, and the mechanisms by which contagious diseases were spread also contributed to the premature deaths of many children and young adults. Additionally, most people in the past worked on farms, in mines and lumber mills, in manufacturing, or in other industrial occupations. At that time, attention to worker safety had not yet become a requirement of corporate or public policy. Thus, disabling or even immediately fatal job-related accidents were frequent occurrences.

**U.S. Elderly Population by Age:
1900 to 2050 - Percent 65+ and 85+**

Year and Census date	% 65+	% 85+
1900	4.1	0.2
1910	4.3	0.2
1920	4.7	0.2
1930	5.4	0.2
1940	6.8	0.3
1950	8.1	0.4
1960	9.2	0.5
1970	9.8	0.7
1980	11.3	1.0
1990	12.5	1.2
2000	12.4	1.5
2010	13	2.0
2020	16.3	2.2
2030	19.7	2.6
2040	20.4	3.9
2050	20.7	5.0

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

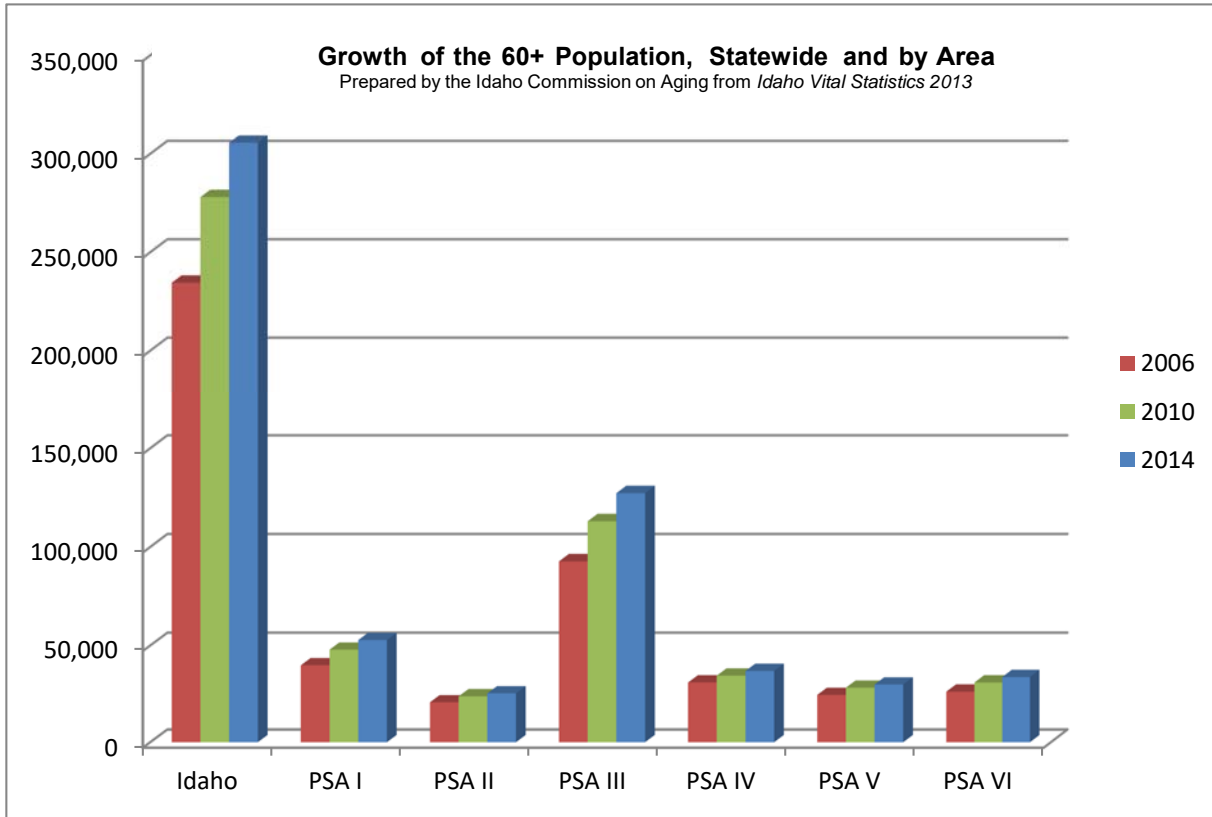
According to the Idaho State Historical Society, the entire population of Idaho numbered only 17,804 in 1870. By 1880 it had reached 32,610. When Idaho officially became the 43rd state on July 3, 1890, the population had reached 88,548— an increase of nearly 400 percent in just two decades. The state's two major industries were mining and logging. Frontier conditions, often involving a hard-scrabble lifestyle, persisted throughout much of the state well into the 20th Century. When Idaho celebrated its Statehood Centennial in 1990, the Census count evidenced a population increase to 1,006,749— over 1,000 percent.

Ten years later, the Millennial Census count showed 1,293,953 Idahoans. Nearly 15% of them were aged 60 or older. The most recent post-Census estimates (the 2014 American Community Survey Estimates) show that Idaho's overall population had increased another 23.6% to 1,599,464 and nearly 19% of them were aged 60 or older.

The raw number of older citizens has also continued to grow in every region as well as in the state as a whole. However, the proportionate percentage or ratio of seniors to younger Idahoans has declined somewhat as a consequence of overall population growth (all ages). The percentage of older people is highest in areas that have become attractive as retirement destinations. Most recently, this has been the situation in the northernmost region of the state, although the actual numbers for all age groups are highest in the most urbanized area of the state which includes several counties and rapidly growing cities.

Based on the 2014 American Community Survey Estimates, Idaho's total population is 1,599,464 people, 305,607 (19.1%) were aged 60 or older. Of that older subpopulation, 25,556 (8.3%) were at least 85 years old. This oldest group comprised 1.5% of the state's total population.

For those individuals who in the past did survive to the traditional age of retirement (65), their likelihood of living many more years was diminished by a level of medical knowledge and technology far below that which exists today. It has only been within the last few decades of the 20th century that medical advances have resulted in a high rate of long-term survival for victims of many chronic illnesses and conditions.



Idaho's highest percentage growth counties: April 1, 2010 to July 1, 2013 ¹

<u>County</u>	<u>PSA</u>	<u>Percent Growth</u>
Ada	III	6.1%
Canyon	III	5.3%
Kootenai	I	4.2%
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):

	<u>Percent Growth</u>	<u>Number Added (all ages)</u>
Idaho	2.8%	44,554

¹ From *2013 Idaho Vital Statistics, Annual Report* published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

All these factors, combined with the dramatic growth of the nation’s population overall and the aging of the Baby Boomers, has resulted in substantially increased numbers of older persons, many of whom continue to live well into their 80s and beyond. U.S. life expectancy in 2005 was 77.8 years overall (75.2 years for men and 80.4 years for women). The nation’s elderly are projected to constitute 20% --a full fifth-- of the total U.S. population by 2030.

Idaho Resident Life expectancy 2013

If you have reached age:	Number of additional years expected by sex (Male/Female) ² is:	
50	30.6	33.6
55	26.4	29.2
60	22.4	24.8
65	18.7	20.6
70	15.1	16.7
75	11.7	13.1
80	8.9	9.8
85	6.5	7.1

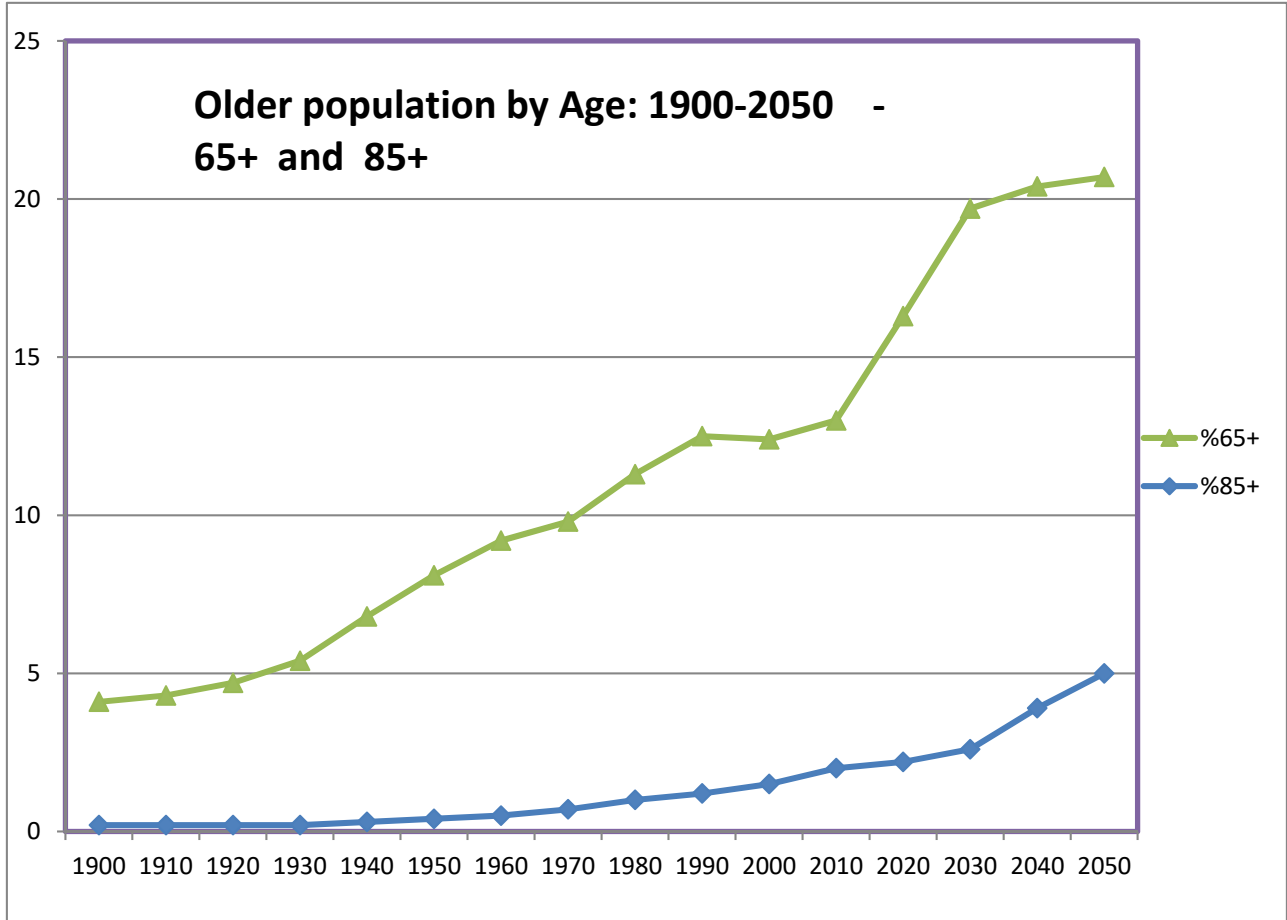
Idaho’s population also reflects another national trend in that it is becoming more racially and ethnically diverse. This diversification is occurring across all age groups although it is most pronounced among younger people, leaving the oldest cohort the most homogeneous. Between 2010 and 2014, the state’s white population (all age groups) increased by 3.6%, its black population by 23.2%, its American Indian/Alaska Native population by 9.1%, its Asian/Pacific Islander population by 16.6%, and its Hispanic population by 11%. The greatest increases have occurred in the most urbanized areas of the state.

But because Idaho is and remains one of the most racially and ethnically homogeneous states in the nation, large *percentage* increases in minority groups reflect only small increases in numerical population counts. Of Idaho’s 2014 total population by race of 1,599,464 people, 1,552,607 (97.1%) are estimated to be white, while only 18,982 (1.2%) are black, 32,662 (2%) are American Indian or native Alaskan, 30,267 (1.9%) are Asian or Pacific Islander. Included in the race population is 196,502 (12.3%) who are ethnic Hispanics.³

Diversity in the older (aged 60+) segment of Idaho’s population is less, but growth, in terms of percentages, has been dramatic. The 2010 Census found only 14,960 persons aged 60+ (5.2% of the state’s total 60+) who identified themselves as belonging to an ethnic or racial minority; the 2014 estimate count was 22,136 (7.2% of all persons aged 60+ in Idaho). This is 48% growth in the number of minority seniors over just a four-year period. The entire 60+ segment of the population grew by 10% in the same time period.

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

³ Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, Vintage 2014

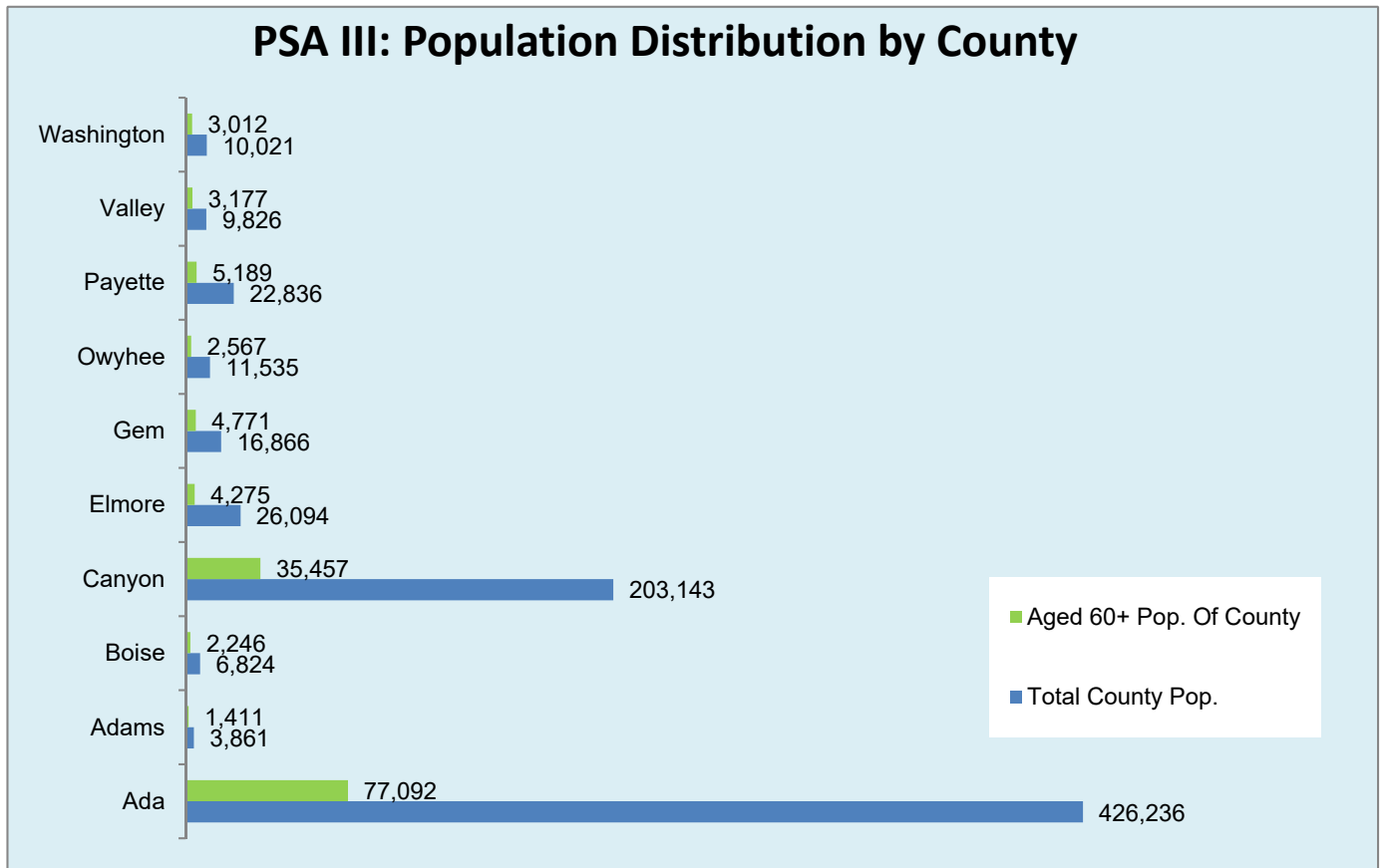


The growth of Idaho's older population reflects predicted growth in this population nationwide as a consequence of the aging of the Baby Boomer generation. The chart above depicts this anticipated growth in Idaho and in the US overall.

Planning and Service Area III

PSA III: Population Growth Comparison			
Total Population in 2010	*Total Population in 2014	Total 60+ in 2010	*Total 60+ in 2014
690,258	712,261	92,701	127,236

*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 III

EMERGENCY PREPAREDNESS PLAN

TO MEET THE NEEDS OF SENIORS IN THE EVENT OF NATURAL OR MAN-MADE DISASTER OR OTHER WIDESPREAD EMERGENCY

The Idaho Commission on Aging (ICOA) is actively involved in the emergency management planning and operations of the State of Idaho as a supporting agency. The Administrator of ICOA has appointed a staff member as the Emergency Preparedness/Disaster Coordinator, and two other as the alternates. These individuals work with the Idaho Bureau of Homeland Security (BHS), state agencies and the regional Area Agencies on Aging (AAAs) to plan for and respond to the needs of seniors in an emergency event. The State of Idaho's Executive Order No. 2010-09 and the Idaho Emergency Operations Plan assign specific emergency support activities to the ICOA and the AAAs in assisting and in supporting local and state government prior to and during emergencies and disasters.

As the primary agency, BHS notifies the appropriate persons/agencies and activates the Idaho Emergency Operations Plan (IDEOP). The ICOA supports with following functions:

- Assessing the needs of the elderly and homebound elderly including older individuals with access and functional needs.
- Coordinating senior services through the AAAs during natural or man-made disasters.
- Providing information/assistance to their clientele and the public.
- Coordinating senior citizen centers for shelter, mass feeding, and rest centers.
- Identifying homebound/isolated elderly clients.

The Administration for Community Living (ACL) and the Aging Network composed of State and AAAs, Native American Tribal Organizations, service providers and educational institutions have the legislative mandate to advocate on behalf of older persons and to work in cooperation with other federal and state programs to provide needed services. The authority and responsibility of ACL and the Aging Network to provide disaster services is found within the charge from the Older Americans Act to serve older persons in greatest need and from Title III, Sec. 310, and Disaster Relief Reimbursements, which provides for limited resources to fund disaster response services.

Older adults and people with disabilities are frequently overlooked during the disaster planning, response, and recovery process. Emergency management planning integrates older adults and people with disabilities of all ages—and their caregivers—into community emergency planning, response, and recovery. ACL provides the following link http://www.acl.gov/Get_Help/Preparedness/Index.aspx with best practices to support the needs of older adults and people of all ages with disabilities during an emergency.

Statement of Understanding (SOU) between the American National Red Cross and The Administration on Aging further demonstrates the commitment and responsibility of the Aging Network to prepare for and respond in disaster relief situations. This SOU emphasizes the Aging Network’s ability to perform two basic types of disaster assistance service, which are:

- Advocacy and Outreach – assuring that older persons have access to and the assistance necessary to obtain needed services, including locating older persons; getting medical attention if needed, including medications and assistive devices; assisting in the completion and filing of applications for financial and other assistance; and follow-up monitoring to assure needs are met.
- Gap-filling – to assure that needed services and follow-up are provided beyond the timeframes and restrictions of other relief efforts if necessary. OAA funds can be used for chore, homemaker, transportation, nutrition, legal, and other temporary or one-time only expenses which help older persons retain maximum independent living.

Methods of Cooperation agreed upon and encouraged in the *Statement of Understanding* include; disaster planning and preparedness, sharing statistical and other data on elderly populations, establishment of disaster advocacy and outreach programs, and making congregate and home delivered meals programs available to the general public during a disaster.

To help meet these obligations, to ensure business continuity and to meet the needs of older citizens in an emergency, the Area Agency on Aging is required to develop an emergency disaster plan, that supports ICOA’s emergency disaster plan.

Basic Components of an Area-Wide Disaster Plan:

1. Name, title, and contact information of AAA person responsible for implementation of area’s Disaster Plan:

NAME	TITLE/POSITION	TELEPHONE / EMAIL
Raul Enriquez, LSW	Executive Director	208-898-7070 raul.enriquez@a3ssa.com

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

NAME (AAA STAFF)	TITLE/POSITION	TELEPHONE	EMERGENCY ASSIGNMENT
Tiffany A. Stees, LMSW	Program Manager & Adult Protection Supervisor	208-898-7079 tiffany.stees@a3ssa.com	Full agency staff coordination/supervision; emergency service provider point of contact; communications and community liaison
Brandi Waselewski	Administrative Support & Outreach	208-898-7077 brandi.waselewski@a3ssa.com	Admin and staff support; contract/service provider coordination and point of contact

T.J. Barr	Adult Protection Worker (AP)	208-898-7074 tj.barr@a3ssa.com	AP services with the following additional skills: certified EMT & Firefighter; EMS Landing Zone Officer; EMS Extrication Awareness Certification; Hazardous Material Response (Awareness Level Certification); Vehicle and Machinery Rescue Technician
Lorenda Knight	Adult Protection Worker (AP)	208-898-7072 lorenda.knight@a3ssa.com	AP services with the following additional skills: FEMA training; CPR/First Aid training; community resource expert
Pamala Want	Adult Protection Worker (AP)	208-898-7075 pamala.want@a3ssa.com	AP services with the following additional skills: master's degree in psychology; Certified Psychiatric Rehabilitation Practitioner; community resource expert; well-developed outdoor survival skills
Sonia Hernandez	Information and Assistance (I&A) Senior Services Specialist (SSS) and Supervisor	208-898-7061 sonia.hernandez@a3ssa.com	SSS Services and I&A staff supervision; Assist Program Manager with staff I&A coordination; community resource expert; bilingual (Spanish)
Krissy Harris	Information and Assistance (I&A) Senior Services Specialist (SSS)	208-898-9802 krissy.harris@a3ssa.com	SSS Services with the following additional skills: Certified Nursing Assistant (CNA); CPR/First Aid Professional Certification
Michelle Randall, LSW	Information and Assistance (I&A) Senior Services Specialist (SSS)	208-898-7063 michelle.randall@a3ssa.com	SSS Services with the following additional skills: Licensed Social Worker w/ 14 years field experience in case management and resource brokering
Roberta Bischel, LSW	Ombudsman	208-898-7069 roberta.bischel@a3ssa.com	Ombudsman advocacy for vulnerable adults residing in facilities with the following additional skills: Licensed Social Worker with broad direct practice experience; well-developed outdoor survival skills

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

LOCATION NAME AND ADDRESS	TELEPHONE / OTHER CONTACT NUMBERS
Nampa Family Justice Center	1305 3 rd St., S., Nampa ID 83651 Criselda De La Cruz-Valdez, LMSW Executive Director 208-475-5705 wk./208-697-8715 cell delacruz@cityofnampa.us

4. Describe the AAA's process to have personal and community disaster preparedness information available for clients, services providers and the general public:

A3SSA is taking a proactive approach to disaster preparedness through staff education and awareness raising. These trainings will enable staff to better identify the informational needs of, and ways to, assist A3SSA consumers. Further, it will put A3SSA staff in the path of the most current, quality, evidence-based practices and information to pass on to consumers and community partners.

A3SSA has named October 2017 as “Emergency/Disaster Awareness Month.” A3SSA is receiving focused educational and awareness trainings on personal and professional emergency preparedness from community partners such as: the Ada County Emergency Management, Idaho Mountain Search and Rescue Unit, Idaho Power (Gatekeeper Program), and Boise State Professor, Dr. Royce Hutson.

A3SSA is also pursuing a relationship with the American Red Cross involving (but not limited to) informational in-service presentations and trainings that will assist this agency in developing a “best practice” model for responding to consumer needs in the event of a community emergency. A3SSA will seek feedback and direction from the Red Cross in determining what information they have found to be most effective for its population in crisis circumstances, and request written materials for distribution to consumers to this end.

A3SSA regularly works and collaborates with community service providers, non-profit advocacy groups, emergency response agencies, law enforcement, and the Department of Health and Welfare (DHW). We enjoy robust, efficacious relationships with these entities in providing safety measures to vulnerable adults across all Area 3 counties. We schedule regular in and out-of-office trainings with these community partners, and have developed “first name basis” relationships with many key players therein. A3SSA will implement cooperative strategic planning and emergency preparedness into its regular interactions, educational presentations, and in-service trainings with these stakeholders. Further, we will participate in community planning and preparedness events with these entities representing the interests and concerns of the population we serve.

Finally, The Information and Assistance (I&A), Adult Protection (AP), and Ombudsman staff will be instructed to familiarize themselves with, and make consumers, caregivers, and facilities aware of, the Idaho Office of Emergency Management’s website and the resources it provides. The staff will be made aware of the Idaho State Alert and Warning System (ISAWS), and will encourage and/or assist consumers, caregivers, and facility administrators to sign up for notifications through the same. Additionally, a list of county alert/warning services will be electronically disseminated to all staff for distribution to consumers, and staff will offer consumer assistance with registration where appropriate.

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 (grouped by type of service provided; sub alphabetized):

AGENCY/AREA	COUNTY/ OTHER JURISDICTION	LEAD CONTACT NAME/INFORMATION	GENERAL CONTACT
American Red Cross of Greater Idaho	Ada, Adams, Boise Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington Counties	Nicole Irwin, CEO Phone: 208-871-8209 Email: nicole.irwin@redcross.org	5380 W. Franklin Road Boise, ID 83705 Local: 208-947-4357 Local: 1-800-853-2570 Gen.: 1-800-733-2767
Idaho Voluntary Organizations Active in Disaster (IVOAD)	Ada, Adams, Boise Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington Counties	Nicole Bodine IDVOAD Secretary Public Health Preparedness Program (Central District Health)	707 N. Armstrong Place Boise, ID 83704 Phone: (208) 321-2217 Email:
Idaho Office of Emergency Management	Ada, Adams, Boise Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington Counties	William B. Richey, Deputy Chief Phone: 208- 422-3001 Email: brichey@imd.idaho.gov	4040 Guard St., Bldg. 600 Boise, ID 83705-5004 208-422-3040 or 208-258-6500
Idaho Power	Ada, Adams, Boise Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington Counties	Cheryl Paoli Phone: 208-388-2679 Email: CPAoli@idahopower.com	1221 West Idaho St. Boise, ID 83702 208-388-2200

Central District Health	Ada, Boise, Elmore, and Valley Counties	Randy McLeland Planner Public Health Preparedness Phone: 208-327-8514 Email: rmcleland@cdhd.idaho.gov	Ada: 707 Armstrong, Boise, ID 83704 208-375-5211 McCall: 703 1st St., McCall, ID 83638 208-634-7194 Mountain Home: 520 E. 8th Street N, Mountain Home, ID 83647 208-587-4407
Southwest District Health	Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties	Terry Wilson Public Health Planner Phone: 208-455-5326 Email: terry.wilson@phd3.idaho.gov Ricky Bowman Phone: 208-716-6198	Caldwell: 13307 Miami Lane Caldwell, Idaho 83607 208-455-5300 Payette: 1155 Third Ave. North Payette, ID 83661 208-642-9321 Weiser Office: 46 West Court Weiser, ID 83672 208-549-2370 Emmett: 1008 East Locust Emmett, ID 83617 208-365-6371
St. Alphonsus Medical Center	Ada, Adams, Boise Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington Counties	Katie Dudley 208-367-4142	1055 North Curtis Road Boise, ID 83706
St. Luke's Medical Center	West Region	Lisa Spanberger Disaster Preparedness Officer	Phone: 208-381-5031 Email: spanberl@slhs.org
Disability Rights Idaho	Ada, Adams, Boise Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington Counties	Scott Hoover Senior Non-Attorney Advocate	4477 Emerald Suite B-100 Boise ID 83706 866-262-3462
Idaho State Independent Living Council	Ada, Adams, Boise Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington Counties	Jerry Riener Program Specialist	Idaho State Independent Living Council 380 South 4th Street, Ste. 102 Boise, ID 83702 208-334-3800
Idaho Foodbank	Ada, Adams, Boise Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington Counties	Jackie Yarbrough Director of Partnerships and Programs	Phone: 208-695-4339 Email: jyarbrough@idahofoodbank.org
Ada County	Ada County	Doug Hardman Director Ada County Emergency Management Phone: 208-577-4750	7200 Barrister Dr. Boise, ID 83704-9292 208-577-4750
Ada County Sheriff	Ada County	Sheriff Stephen Bartlett	7200 Barrister Dr. Boise, ID 83704 208-577-3000 208-377-6790 (Non-emergency Dispatch)

Adams County Sheriff	Adams County	Sheriff Ryan Zollman Phone: 208- 253-4228 ext. 4160 Email: rzollman@co.adams.id.us	201 Industrial Ave. Council, ID 83612 208- 253-4227 (Dispatch – Press 2)
Boise County	Boise County	Robert Showalter Emergency Preparedness Coordinator	Phone: 208-807-0082 Email: rshowalter@co.boise.id.us
Boise County Sheriff	Boise County	Sheriff Jim Kaczmarek Email: jkaczmarek@co.boise.id.us	3851 ID-21 Idaho City, ID 83631 208-392-4411 (Non-Emergency Dispatch)
Canyon County	Canyon County	Lt. Dave Schorzman Emergency Management Coordinator	Phone:208-4547271 office 208-989-2132 cell Email: dschorzman@canyonco.org
Canyon County Sheriff	Canyon County	Sheriff Kieran Donahue Email: sheriffsoffice@canyonco.org	1115 Albany St Rm.137 Caldwell, ID 83605 208-454-7510
Elmore County	Elmore County	Carol Killian Emergency Manager	Phone: 208-590-0967 Email: ckillian2005@msn.com
Elmore County Sheriff	Elmore County	Sheriff Mike Hollinshead Phone: 208-587-3370 ext. 228	2255 East 8th North Mountain Home, ID 83647 208-587-3370
Gem County	Gem County	Laurie Boston Emergency Manager	Phone: 208-284-0772
Gem County Sheriff	Gem County	Sheriff Chuck Rolland Email: sheriff@co.gem.id.us	415 E Main St. Emmett, ID 83617 208-365-3521
Owyhee County	Owyhee County	Jim Desmond Emergency Coordinator	Phone: 208-249-0571 Email: ocnrcdir@aol.com
Owyhee County Sheriff	Owyhee County	Sheriff Perry Grant Email: pgrant@co.owyhee.id.us	20381 State Highway 78 Murphy, ID 83650 208-495-1154 or 911
Payette County	Payette County	Lt. Andrew Creech Emergency Coordinator	Phone: 208-642-6006 ext 1169 Email: acreech@payettecounty.org
Payette County Sheriff	Payette County	Sheriff Chad Huff Phone: 208-642-6008	1130 3rd Ave. N. Rm.101 Payette, ID 83661 208-642-6006
Valley County	Valley County	Chief Juan Bonilla Emergency Manager Donnelly Rural Fire Protection Association	244 W Roseberry Rd, Donnelly, ID 83615 dfc@frontiernet.net 208-325-8619
Valley County Sheriff	Valley County	Sheriff Patti Bolen Phone: 208-382-7150 Email: sheriff@co.valley.id.us	219 N. Main St. Cascade, Idaho 83611 208-382-5160 (Dispatch)

Washington County	Washington County	Steve Domy Disaster Services Coordinator	Office: 208-414-4744 Cell: 208-550-0744
Washington County Sheriff	Washington County	Sheriff Matt Thomas Email: wsheriff@co.washington.id.us	262 East Court Street Weiser, ID 83672 208-414-2121 (Dispatch)

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

<p>A3SSA respite and homemaker provider contract verbiage is as follows:</p> <p>Training & Supervision All service workers shall receive an employee orientation from the provider before performing any services. Orientation shall include the purpose and philosophy of services, review of pertinent skills, program regulations, policies and procedures, proper conduct in relating to clients, and handling of confidential and emergency situations involving a client.</p> <ul style="list-style-type: none"> • CPR. Service workers shall complete CPR training within three (3) months of hire and shall maintain certification thereafter. • In-Service Training: Providers shall annually provide service workers with a minimum of ten (10) hours training, including CPR, for the purpose of upgrading their skills and knowledge. • Providers shall assure that service workers who assist clients with bathing and hair washing receive specific training in performing these services prior to being assigned to a client. • Supervision. All providers shall maintain written job descriptions for service workers and shall have written personnel policies. All service workers shall receive an annual performance evaluation. <u>Supervisors of service workers shall be available to service workers during work hours to discuss changes in client's circumstances, to resolve problems with schedules, or to respond to emergencies</u> (IDAPA 15.01.01.029.01, emphasis added). <p>Medical Emergencies In case of medical emergency, the service worker shall immediately call 911 or the available local emergency medical services and, if appropriate, shall initiate CPR. (IDAPA 15.01.01.029.02)</p> <p>These service providers reflect those who have direct, in-home access to A3SSA consumers. As such, these providers will be included in the list of major programs that will assist A3SSA in the event of an emergency or disaster.</p>

1. List service providers of major programs with whom the AAA will coordinate emergency services (**grouped by type of service provided; major providers first; sub alphabetized**):

SERVICE PROVIDER NAME AND ADDRESS	COUNTY/ OTHER JURISDICTION	CONTACT NAME	PHONE / E-MAIL
Metro Community Service	Ada, Canyon, Gem, and Owyhee	Gale Kennedy	208-459-0063 gale@metrocommunityservices.net
Metro Meals on Wheels	Ada	Cheryl Johnson	208-321-0031 cjohnson@metromealsonwheels.net
Nampa St. Alphonsus Home Delivered Meals	Canyon	Tonia Bellegante	208-205-0292 tonia.bellegante@saintalphonsus.org
Elderly Opportunity Agency	Adams, Boise, Canyon, Gem, Owyhee, Payette, Valley, and Washington	Donna Waters	208-365-4461 donna@eoaidaho.org
24-7 Idaho Home Care	Ada County, Crouch, Garden Valley, Horseshoe Bend, Caldwell, Middleton, Nampa, Emmett, Valley County	Jessica Summers	208-908-6080 services@247Idahohomecare.com

A Tender Heart	Ada County, Caldwell, Greenleaf, Nampa, Wilder, Emmett, Homedale, and Marsing	Theresa Lorton	208-442-2978 tlorton@atenderheart.net
Addus Home Care	All Areas	Jennifer Heasley	208-342-1222 JHeasley@addus.com
Caldwell Senior Center	Canyon	Donna Queen	208-459-0132 caldwellseniors@yahoo.com
Cascade Senior Center	Valley	Margaret Yamamoto	208-382-4256 cascadeseniorcenter@frontier.com
Comfort Keepers	Ada, Canyon, Mountain Home, Emmett, Homedale, and Marsing	Tammara LaCasse	208-895-8822 tammaralacasse@comfortkeepers.com
Council Senior Center	Adams	Edith Schwartz	208-253-4802/ 208-253-4282 csc@ctcweb.net
Havenwood	Ada, Canyon, Emmett, Elmore`	Ann Williams	208-327-1011 jokeeffe@havenwoodhomecare.com
Horizon Home Health	Ada and Canyon	Jennell Evans & Laci Lawrence	208-884-5051 llawrence@horizonhh.com
Horseshoe Bend Senior Center	Boise	Rich McCuskey	208-793-2344 i2rrich@gmail.com
Melba Valley Senior Center	Canyon	Sue Farner	208-495-2168 melbavalleyseiors@gmail.com
Mountain Home Senior Center	Elmore	Lisa Simpson	208-587-4562 mountainhomeseniorcenter1000@gmail.com
Parma Senior Center	Canyon	April Sorrell	208-722-5421 parmaseniorcenter@yahoo.com
Payette Senior Center	Payette	Kathy Patrick	208-642-4223 goldenrule836@yahoo.com
Three Island Senior Center	Elmore	Toni Jones	208-366-2051 3islandsrs@qwestoffice.net

2. Describe the AAA’s process to identify homebound, frail, disabled, isolated and/or vulnerable clients who may need assistance in the event of a man-made or natural disaster:

A3SSA has designated the identification steps of its vulnerable consumer population to be as follows:

- I&A Staff, under the direction of the Executive Director and supervision of the Program Manager, will generate an “Emergency Evacuation List” within its GetCare (software) system; the system in which all A3SSA consumers’ information is stored.
- A3SSA’s Executive Director and Program Manager will participate in the Idaho Voluntary Organizations Active in Disaster (IDVOAD) conference call process to provide pertinent information about its vulnerable consumers to emergency service and provider organizations, while simultaneously identifying (and providing) needed assistance relevant to its areas of expertise.

3. Provide a process for “call downs” to service providers, nursing homes and residential care facilities, individual case management clients, etc., to check on their preparedness status and welfare in the event of an emergency:

A3SSA has designated the steps of its emergency call-down procedure to be as follows:

- AAA Director: Receives alert and delegates all assignments that include (but are not limited to):
- AAA Program Manager: will work and coordinate with emergency responders and A3SSA staff;
- Administrative Assistant: will call, and coordinate with, providers;
- Adult Protection Staff: will support and coordinate with emergency response workers and A3SSA staff as directed by the Program Manager;
- I&A Staff: Will call consumers living in (or near) the affected area; will directly coordinate services for the consumer, working in concert with the administrative assistant to ensure expedient service delivery and to avoid informational redundancy;
- Ombudsman: Will call, coordinate with, and identify the needs of LTC, SNF, and RALF facilities.

4. Describe the AAA’s process for intake and recording of information about the disaster related needs of older people, providing access to needed services, and follow-up during and beyond the recovery period.

A3SSA will conduct a brief written quantitative and qualitative survey of older adults’ emergency planning needs (and how best to provide access to them) through its interactions with senior centers across its 10-county area. The survey will be administered from October of 2017 to February of 2018. This data will be compiled into a report, and available for presentation by August of 2018. A3SSA will use this report to guide future emergency preparedness plans, and will reflect more population-specific planning and responsiveness accordingly.

Based on these results, A3SSA will evaluate current service delivery methods as described in previous sections, and augment and/or adjust its processes according to this new information.

Follow-up measures will reflect the same processes as defined in items 8 and 9, but will also be re-evaluated based on information gathered from this survey.

5. Describe the AAA’s process for staff and service providers to record employee’s time and expenses associated with disaster related activities (see example below: necessary to apply for reimbursement in the event of a presidential disaster declaration):

In the event that normal payroll software (ADP) becomes unavailable and/or is rendered inoperable in an emergency, A3SSA will utilize the example form below to record time and expenditures for their employees. A printed copy of these forms will be available at the A3SSA front desk, and an electronic copy will be available on the A3SSA shared drive. A3SSA service providers will be requested to produce additional documentation for any expenditures made above and beyond normal compensation structures and authorizations.

Employee’s Name: _____

Date	Time Worked	Emergency Purchases Made	Purpose of Purchase	Costs of Emergency Purchase	Personnel Miles Driven	Store Purchase made and Location	Receipt Required	Instructions & information	Instructions Came From

6. 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.)

A3SSA will continue pursuing new emergency readiness trainings and strategic partnerships with organizations with expertise in service to aging and/or adult populations with disabilities. A3SSA will also expand its organizational relationship with new community partners by offering educational trainings of its own, and by participating in emergency readiness events. A3SSA will utilize a "snowball sampling" technique to identify other, more discrete opportunities for partnership through these new alliances and will utilize these to creatively augment its emergency planning moving forward. Further, A3SSA will utilize information gathered from the survey (described in item #4) to identify missing and/or additional needed partnerships where necessary.

A3SSA is pursuing membership in the Idaho Voluntary Organizations Active in Disaster (IDVOAD) to help identify vulnerable seniors, share information, and provide resources with/to other IDVOAD members seasoned in disaster preparation, response, and recovery.

A3SSA will explore funding and/or donation opportunities to create portable 72-hour preparedness kits to store in its offices, and distributed to consumers in the event of an emergency.



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

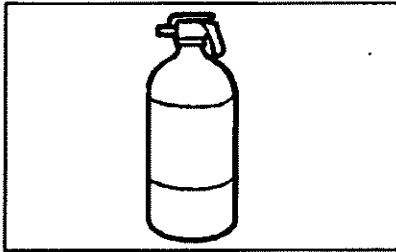
- ❖ Sturdy shoes
- ❖ Heavy gloves for clearing debris
- ❖ Candles and matches
- ❖ Knife or razor blades
- ❖ Tent
- ❖ Gun and ammunition

Cooking & Tools

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

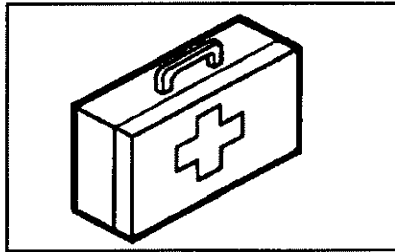
Emergency Supplies to Be Stored:

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.



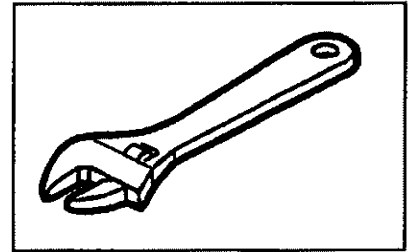
Fire extinguisher

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



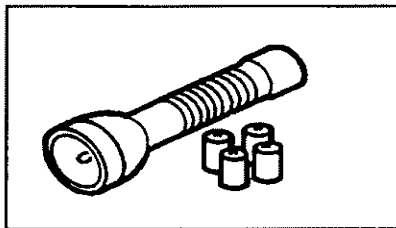
First aid kit

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

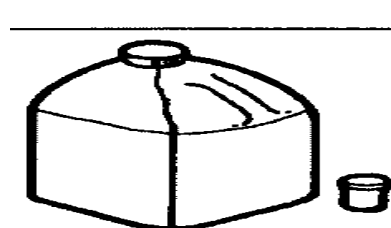


Wrench

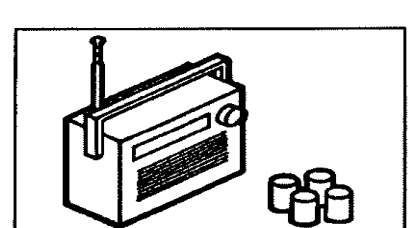
Have crescent or pipe wrench to turnoff gas and water valves if necessary.



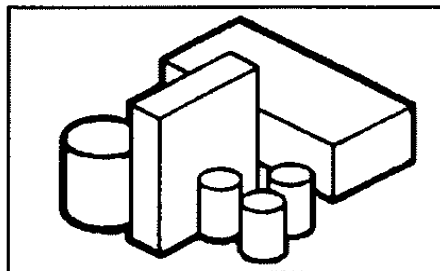
Flashlight and extra batteries: Keep flashlights in several locations in case of a power failure. Extra batteries last longer if you keep them in the refrigerator.



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.

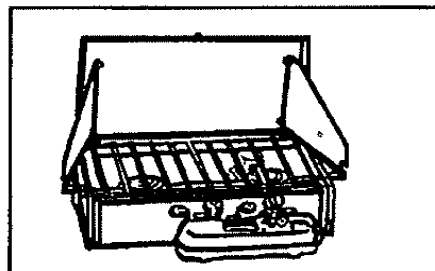


Radio and extra batteries Transistor radios will be useful for receiving emergency broadcasts and current disaster information.

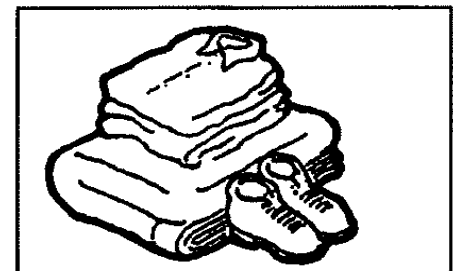


Dry or canned food

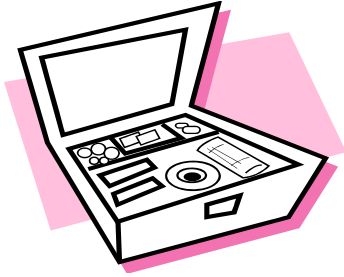
Store a one-week supply of food for each person. It is preferable to store food that does not require cooking.



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

Pandemic Flu
Rarely happens (three times in 20th century)
People have little or no immunity because they have no previous exposure to the virus
Healthy people may be at increased risk for serious complications
Health care providers and hospitals may be overwhelmed
Vaccine probably would not be available in the early stages of a pandemic
Limited supplies http://www.cdc.gov/flu/antivirals/whatyoushould.htm
Number of deaths could be high (The U.S. death toll during the 1918 was approximately 675,000 http://wwwnc.cdc.gov/eid/article/12/1/05-0979_article)
Symptoms may be more severe
May cause major impact on the general public, such as widespread travel restrictions and school or business closings
Potential for severe impact on domestic and world economy

Plan for a Pandemic:

- Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.



Make a Pet Disaster Supply Kit:

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

Pet Emergency Supplies:

- Sturdy crate as a pet carrier.
- Identification tag containing accurate, up-to-date information.
- A sturdy leash.
- Food and water for at least three days.
- Large plastic bags for cat litter disposal and dog clean up.
- Prescriptions and special medications.
- A copy of your pet's veterinary records.
- Recent photo of your pet.
- Blankets.
- Phone number of the local emergency veterinary clinic.
- Phone number of your local and county animal shelter.

Pet First Aid:

- Large and small bandages.
- Tweezers.
- Q-tips.
- Antibiotic ointment.
- Scissors.
- Elastic tape.
- Ear cleaning solutions.



Information Specific for people who are deaf or hard of hearing:

Hearing Aides

- Store hearing aid(s) in a consistent and secured location so they can be found and used after a disaster.

Batteries

- Store extra batteries for hearing aids and implants. If available, store 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

www.fema.gov

www.bhs.gov

The next time disaster strikes, you may not have much time to act. Prepare yourself for a sudden emergency. Learn how to protect yourself and cope with disaster by planning ahead. This will help you get started. Discuss these ideas with your family, and then prepare an emergency plan. Post the plan where everyone will see it. For additional information about how to prepare for hazards in your community, contact your local emergency management or civil defense office and American Red Cross chapter.

Emergency Checklist:

- ❖ Call your Emergency Management Office or American Red Cross Chapter.
- ❖ Find out which disasters could occur in your area.
- ❖ Ask how to prepare for each disaster.
- ❖ Ask how you would be warned of an emergency.
- ❖ Learn your community's evacuation routes.
- ❖ Ask about special assistance for children, elderly or disabled persons.
- ❖ Ask your workplace about emergency plans.

Create an Emergency Plan:

- ❖ Meet with household members to discuss emergency cases.
- ❖ Find the safe spots in your home for each type of disaster.
- ❖ Show family members how to turn off the water, gas and electricity at main switches when necessary.
- ❖ Have emergency phone numbers near to you.
- ❖ Teach persons when and how to use 911.
- ❖ Pick an emergency meeting place.
- ❖ Take a First Aid and CPR class.

Attachment O: Need to plan in advance for long-term care

Planning for Long-Term Care

YOUR RESOURCE GUIDE





Contents

2	Why It's Smart to Plan Ahead
5	How to Use this Guide
6	Your Home and Community
14	Your Health
20	Your Finances
28	Your Wishes
35	Your Long-Term Care Worksheet
42	Long-Term Care Resources

Why It's Smart to Plan Ahead

Take a few minutes and picture the next stage of your life. Maybe you're living in your current home and running a part-time business. Perhaps you've moved to a retirement community where you take college courses and volunteer. Or maybe you've chosen to live near your family, so you can be more involved with your grandchildren.

Whatever you're doing, you've taken steps to help you live comfortably as you get older. You know your options for getting support and your family understands what you want. In other words, you have a plan.

When it comes to your home, your health, and your finances, you want to be in the driver's seat. That's why it's so important to plan now for retirement – and any future care you may need. Planning for long-term care is one of the smartest decisions you can make, and it's a gift for your family too.

Consider these possible benefits:

- Having more choices down the road
- Directing the decisions affecting you
- Feeling less overwhelmed in the future
- Being ready to help your family and friends

What is long-term care?

Think of long-term care as the day-to-day help needed by people with illnesses that last a long time (chronic illnesses), disabilities, or other conditions. Some people need long-term care for several months, while others need it for years or a lifetime.

Long-term care can include:

- Changes to your home to make it safer, more comfortable, and easier to get around
- Technology that helps you stay independent
- Help with housekeeping, meals, and personal care like bathing or getting dressed
- Skilled medical care provided by a nurse or other health care professional

Many people receive long-term care at home, much of it provided by family and friends. There are also home and community-based services offered by public and private organizations. Some examples are home-delivered meals, visiting nurses, and supervised programs during the day.

Some people decide it makes sense to move to a different type of living arrangement. For example, retirement communities typically offer services such as maintenance, housekeeping, and dining. Assisted living is an option for people who need help with personal care like bathing or getting dressed. And nursing homes provide around-the-clock care for people with greater health-related needs.

Will I need it?

None of us can predict with absolute certainty whether we'll need long-term care. But, you can learn more about your risk factors by taking the following true-or-false quiz.

T/F: Most people age 65 and over will never need long-term care.

FALSE Your odds of needing long-term care generally increase as you get older. More than two-thirds of people over age 65 in 2005 will require at least some type of long-term care during their remaining lifetime.¹ On average, someone age 65 in 2005 will need some long-term care services for three years.² The need for care varies widely. Roughly 30 percent of people age 65 and over never need care, while 20 percent need five years or more.³

¹ P. Kemper, H. Komisar and L. Alecxih. "Long Term Care Over an Uncertain Future: What Can Current Retirees Expect?" *Inquiry* (Winter 2005/2006). ² Ibid. ³ Ibid.

T/F: Women and men experience the same need for long-term care.

FALSE Women are more likely to need long-term care than men, because they outlive men by an average of five years.⁴ They may also find themselves living alone later in life, which increases their chances of needing care from a paid provider.⁵ About 80 percent of women over age 65 in 2005 will need care, as opposed to 60 percent of men. And women need an average of 3.7 years of care, while men need 2.2 years of care.⁶

T/F: Your health can influence your need for long-term care.

TRUE Poor lifestyle choices can raise your risk for a number of chronic conditions. And, severe chronic conditions increase your chances of needing long-term care.⁷

While you can't change your gender or family history, you can focus on a healthy lifestyle. By taking steps to manage risks and plan for potential challenges, you can stay independent longer.

Why plan now?

The best time to plan for long-term care is long before you need it. That way, you're more likely to have choices about how and where you receive care. Planning for long-term care means:

- Assessing whether where you live now will support your changing needs as you get older
- Taking care of yourself to improve your chances for a healthy future
- Knowing the costs of long-term care and learning about ways to cover them
- Creating legal instructions that will help keep you in charge of decisions about your care and finances

By taking these steps, you can map out your own course for the future.

⁴ A. Houser. "AARP Public Policy Institute: Women and Long-term Care" (April 2007). ⁵ Ibid. ⁶ P. Kemper, H. Komisar and L. Alecxih. "Long Term Care Over an Uncertain Future: What Can Current Retirees Expect?" *Inquiry* (Winter 2005/2006). ⁷ AARP Public Policy Institute beyond 50.09. "Chronic Care: A Call to Action for Health Reform" (March 2009).

HOW TO USE THIS RESOURCE GUIDE

It's time to get started! This guide will help you learn about five areas that will have a major influence on your lifestyle later on.


 **Your Home and Community**

 **Your Health**

 **Your Finances**

 **Your Wishes**

 **Your Voice**

In several parts of the guide, you'll notice a  symbol followed by the words **YOUR NEXT STEP**. This highlights an action you can take today. You'll also see a * next to organizations that appear in the Long-Term Care Resources section at the end of this guide, where you'll find contact information such as phone numbers and websites.

Some people find it helpful to start a binder to organize papers and to create a file folder on their computer. By using this resource guide – and the Long-Term Care Worksheet that goes with it – you'll have the confidence of knowing you're as prepared as possible for the future. You can also find additional tools and resources at aarp.org/decide.

Your Home and Community

When you're planning for the future, it's important to think about where you want to live. This section offers advice for staying in your home and explores other types of living arrangements.



STAYING IN YOUR HOME

When asked where they want to grow older, most people say they want to stay in their home as long as possible. If you share this goal, it's important to make sure your home can support your changing needs and lifestyle.

Here are some questions to consider:

Q: *Will my home be a good fit if I start to have trouble getting around?*

A: As you get older, things like going up and down stairs may eventually become difficult. Your home's design can make a big difference in whether you'll be able to live there comfortably and safely.

It's a good idea to assess your home now, so you can identify potential issues early. That way, you can explore options for fixing problems and budget for any major changes. There are professionals known as Certified Aging-in-Place Specialists* who can help you with a plan.

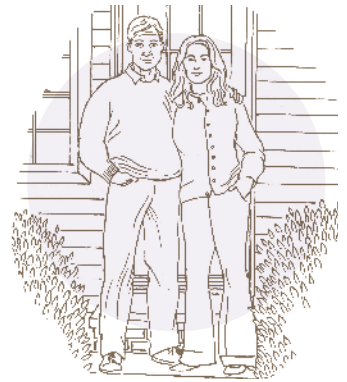
Incorporating *universal design* features into your home now can help you continue to live there as you get older or if you develop a disability. A home with universal design also makes it easier for guests to visit, since everyone has different needs and abilities. Many newer homes are built with universal design features, and existing homes can be modified.

Examples of universal design are:

- Entrances without steps
- A bedroom and full bathroom on the first floor
- An open floor plan
- Wider doorways and hallways
- Lower-placed rocker-style light switches and thermostat controls
- Easy-to-use D-shaped cabinet handles and lever-type door and faucet handles

There are other changes you can make – even on a tight budget. For example, to help prevent falls, you can install a seat in the shower, put handrails on both sides of the stairway, install easy-to-use lever door handles, and use brighter, non-glare lights.

Meet Maria and Antonio



Maria and Antonio live in a beautiful two-story home. They bought their house 20 years ago because it was in the best school district in town. Today, their children are grown and have moved away.

A few months ago, Maria and Antonio had a real eye-opener when Maria slipped on the ice and broke her ankle. Suddenly, simple things like showering and fixing dinner came with a set of obstacles. Her ankle healed, but the experience made them wonder whether their house is a good fit for the long-term.

After a lot of discussion, Maria and Antonio have decided to move. They're going to explore living next to the town center, that has stores, restaurants, and medical offices. Maria and Antonio plan to look for a home with a bedroom and full bathroom on the first floor because it will make life easier in the future, plus they'll be better prepared if one of their parents needs to move in.

▶ YOUR NEXT STEP

Get information to help you assess the safety and comfort of your home, or that of a loved one, at www.aarp.org/homedesign.

Q: How can technology help me get along at home?

A: Technology can help you more easily manage your health, safety, and comfort. Products can help save time, increase mobility and access, and remind us to follow healthy behaviors.

Here are some products already on the market:

- **Email, telephone, or text reminders to take medication**
- **Remote controls that let you adjust your heating and cooling systems or start appliances**
- **Systems that let you lock and unlock your home via your cell phone or computer**
- **Blood pressure and glucose monitors that let you track your numbers online**

People mostly use their own money to pay for new-technology products and services. However, some may be offered by nonprofit organizations for free or at a discount. In addition, government programs and insurers are increasingly covering technology that helps people live independently longer. Learn more about helpful technology at www.abledata.com.

Q: What community amenities are important to me?

A: A convenient location can make it easier to stay in your home as you get older. It's helpful to live near or have access to essentials such as a grocery store, pharmacy, and your doctor's office. You may also want to be close to activities you enjoy – going to the gym, parks, theaters, community centers, colleges, or your place of worship.

Having a range of transportation options is especially important. Does your community have reliable public transportation or alternative transportation options? Do safe, well-maintained sidewalks connect you to where you want to go? And are the streets designed to accommodate both drivers and walkers? Consider these questions when assessing your community.

Q: Does my community provide services to people who need help with daily activities?

A: Many communities have programs and services specifically for people who need help with transportation, meals, bathing, and more. These services may be useful to you down the road – or if you're caring for a relative or friend.

Services can be provided by your local agency on aging, or other public or nonprofit agencies, as well as for profit companies. Fees vary by service and location, but some may be free or offered on a sliding scale, depending on your income.

Every community is different, but here are some common programs and services:

- **Adult day services** are provided at a community setting where people come for several hours a day to receive medical, social, and recreation services. They are usually offered during the daytime, which helps people who may be caring for a loved one while working.
- **Assisted transportation** helps people get to appointments and other necessary places. It can include door-to-door van service, discount taxi programs, and volunteer drivers and escorts.
- **Caregiver services** can include respite (a break from caregiving), information, referrals to services, and training or support groups.
- **Care assessment and management**, most often by a nurse or social worker, can help assess a person’s needs, develop a plan of care, and arrange and monitor services.
- **Friendly visitors** are volunteers who stop by regularly to see how you’re doing.
- **Home care services** provide help with personal care like bathing or getting dressed.
- **Home health care** includes nursing and physical, speech or occupational therapy for a specific condition.
- **Homemaker/chore services** help with housekeeping and preparing meals, or chores like mowing the lawn and shoveling snow.
- **Information and assistance specialists** provide information and connect you to local resources and services.
- **Meals** may be delivered to your home or served in a senior center or community facility.
- **Senior centers** offer meals, recreation, classes, information and referral services, volunteer opportunities, employment services, public benefits counseling, and much more.

 **YOUR NEXT STEP**

Become familiar with what’s available in your community, or check for services elsewhere for a loved one. Call the Eldercare Locator at **1.800.677.1116** or visit **www.eldercare.gov**. You can search for information by ZIP code and find the local office on aging.

 NOTES:

Q: *How will my family and friends be able to help out?*

A: While community services provide valuable help, most people rely primarily on the support of family and friends when they need long-term care. It's a good idea for families to talk through options as early as possible. While it is not always easy to talk with family and friends about such matters, it generally puts everyone at ease to have this type of discussion.

In general, family and friends can help with things like:

- **Checking in on you regularly**
- **Grocery shopping**
- **Housekeeping and chores**
- **Meal preparation**
- **Transportation**
- **Personal care**
- **Help with financial matters such as paying bills**

However, keep in mind that circumstances sometimes make it difficult for loved ones to be there as much as they would like. **Now is the perfect time to broaden your support network.** You might consider getting involved in a faith community or a volunteer organization. By volunteering your time now, you can strengthen programs in your area so they will be there for you and others down the road.

YOUR NEXT STEP

Start discussions with older loved ones about how they envision having others involved with their care. Could they use help with errands, chores, and transportation? Is living together a possibility? Think about how you would want loved ones to be involved in your own care.

Explore volunteer options in your community or check out requests for volunteers at www.aarp.org/createthegood.

 NOTES:

Most people want to stay in their homes, but it's not the right choice for everyone. Some people grow tired of keeping up a house and yard. Others prefer the services and amenities that come with certain types of living arrangements. Many also prefer or need the activities and social interaction that come with communities that provide services.

EXPLORING OTHER LIVING ARRANGEMENTS

Q: What are my options?

A: There are a number of different housing options. The right one for you will depend on your preferences, your resources, and how much help you need. You can learn more about these living arrangements by contacting the representative organizations listed in the Resources section of this guide.

- **Living with family** often involves moving in with an adult child. One benefit of this arrangement is the opportunity to connect with grandchildren and other family members. Sometimes it's possible to convert part of the first floor into a suite or add on a private apartment.
- **Home-sharing*** arrangements with non-family members are growing in popularity. For example, some older couples open their home to a student in exchange for help with meals, housekeeping, and errands. Several programs around the country will match older homeowners with tenants. They run criminal and credit checks on prospective tenants, and help with rental agreements and disputes.
- **55+ active-adult communities** are age-restricted communities that offer resort-style amenities. Some communities require that you purchase a home or condo, while others offer rental agreements. Many are built with universal design features to create a safer, more comfortable living environment. However, they typically do not offer ongoing supportive services like group dining.
- **Retirement communities and senior apartments** are for people who can live on their own but want services such as maintenance, housekeeping, and group dining. Newer communities are often built with universal design features. Some communities have amenities like fitness centers and restaurants and offer a range of social activities and transportation. However, they typically do not provide assistance with personal care or health services.
- **Adult foster care** in family-like settings can provide room and board, and some assistance such as medication reminders, transportation, and laundry, for people who need help with independent living. Some homes provide or coordinate more complex care for people with additional support needs.

- **Continuing care retirement communities (CCRCs)** provide independent living, assisted living, and skilled nursing care, all in one location. Many CCRCs also have amenities like restaurants, fitness centers, and theaters. They offer an active lifestyle with the security of knowing that additional support is available if needed. When residents move in, they sign a contract outlining what services are available and at what cost. These contracts vary widely, and residents can often choose from different options.
- **Government-supported housing** is available to older people and people with disabilities who have limited incomes and assets. The apartments have features like bathroom railings and 24-hour emergency call service. Some facilities also provide meals, transportation, and social programs. Waiting lists are common. In some communities, rental assistance and care management services are available to eligible older people through the HOPE for Elderly Independence Program. To find out if you qualify, check with your local housing office.*
- **Assisted living** includes a wide range of residential settings for people who need support with independent living. Some residences limit care to help with meals, laundry, and housekeeping. Others also provide help with personal care like bathing, getting dressed, or taking medications. Commonly, each resident has a service plan tailored for their care needs, and staff members are on-site 24 hours a day. In some states, assisted living residences are licensed and homes are required by law to provide specific types of help.
- **Nursing homes** provide skilled nursing care and rehabilitation services to people with illnesses, injuries, or disabilities. They typically serve people who need extensive, around-the-clock care. A nursing home provides meals, personal care, administration of medications, and medical care. Medicare* has an online tool that can help you find and compare nursing homes in your area.

YOUR NEXT STEP

Think about what might be important to you in the future. Is it being near family, having services in one location, or both? Then, consider which arrangements make the most sense at each life stage.



Q: *How do I find a good place?*

A: Planning for where to live is a big decision, and it's important to do your homework. Below are some general tips to keep in mind whether you're considering a new single-family home, an apartment, or a senior community. You can find detailed checklists for choosing an assisted living residence or nursing home at www.aarp.org/caregivers.

- Start by determining what's important to you (location, must-have amenities and services, religious affiliation).
- Check for accreditation, licensure, and other certifications. Only certain housing types are required to have these credentials.
- Research local options online and read what others are saying about them.
- Ask friends, leaders in the faith community, and colleagues about their experiences.
- Visit several places for yourself, talk with the people who live there, and find out whether you can connect with a residents' association. Association members can share their experiences about working with management to make improvements and resolve complaints.
- Ask about ownership and financial solvency. Review the financial history with a trusted adviser.
- Inquire about the qualifications, training, and availability of staff.

The earlier you start planning, the more choices you'll have down the road about where to live.

 NOTES:

Your Health

Maintaining your health has a lot to do with your ability to live independently later on. This section offers tips for assessing health risks, staying healthy, and caring for yourself if you're caring for a loved one.



GOOD REASONS TO STAY HEALTHY

A healthy lifestyle is about taking positive steps to prevent disease and manage any ongoing conditions. In this section, we discuss specific ways you can increase your chances for a healthy future.

Living an active, healthy lifestyle can also bring plenty of immediate benefits

You can:

- **Have more energy**
- **Lower your blood pressure**
- **Sleep better**
- **Reduce tension and stress**
- **Reduce your risk of heart disease, stroke, diabetes, and some cancers**
- **Set a good example for your family and friends**

Q: *Why is it important to know your family's health history?*

A: Your family's health history can give you important clues about problems you may eventually encounter. While you can't change history, you can take steps to keep it from repeating itself. Your doctor may recommend early or more frequent screenings and suggest lifestyle changes to keep you healthy.

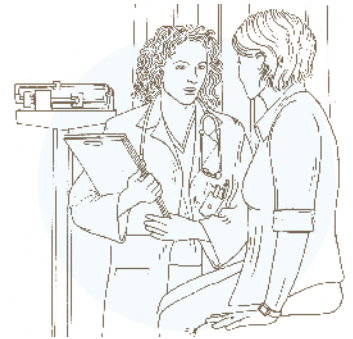
To help you get organized, the U.S. Surgeon General's Office has an Internet-based tool called My Family Health Portrait. You can enter your family's health history, print out a family tree for your doctor and – if you want to – share the information with other family members.

YOUR NEXT STEP

Create a family health history at www.familyhistory.hhs.gov.

 NOTES:

Meet Tonya



Like many women in their 50s, Tonya has a full plate. She manages a finance department, teaches Sunday school, and babysits her grandson. And ever since Tonya's mom had a stroke last year, she's been helping her dad.

A few weeks ago, Tonya went to the doctor because she felt rundown. When the nurse asked for her family medical history, she realized she didn't know a lot. The doctor mentioned concerns about her blood sugar and weight. Tonya barely has time for everyone else – let alone herself – but she knows she needs to make some changes.

After Tonya discovered she was at risk for developing diabetes, she started taking steps to improve her health. She now walks three days a week with co-workers during her lunch break and packs her lunch to avoid fast-food. She also joined an online caregiver support group, which offers advice and encouragement.

Q: What screenings and shots do adults need?

A: The government has developed guidelines for recommended screenings for women and men in different age groups. Common tests include those for cholesterol, blood pressure, diabetes, and depression. The government also recommends certain immunizations for adults like the flu shot and pneumonia shot.

A lot of people shy away from screenings because they're afraid of getting bad news. But screening tests can catch diseases early, when they are easier to treat.

YOUR NEXT STEP

Get a personalized screening chart to discuss with your doctor. Women can find one at www.aarp.org/womenchecklist. Men can go to www.aarp.org/menchecklist.

 NOTES:

Q: How can I stay on top of all my medications?

A: Most adults age 45 and older take an average of four prescription drugs daily. And that's in addition to any vitamins, supplements, or over-the-counter medicines. When it comes to avoiding dangerous side effects, you need to be your own best advocate.

A good place to start is by creating a personal medication record. It should have the names of all your medicines, including prescriptions, over-the-counter drugs, and any dietary supplements you take. It should also include how medicines are taken, how much and when as well as why you take them, their form (pill, liquid, etc.), dosage, and start and stop dates. Take a copy of the record to all of your doctors and any pharmacies you use. Make a copy for your loved ones.

When you're at the doctor, don't hesitate to ask questions about why you're taking a particular medicine. What is it supposed to do? Are there side effects? Do you have any alternatives? Will this medication work safely with the other medications you're taking? Is there a similarly effective, lower-cost brand name or generic drug? AARP has tools that can help you do research on your own.

▶ YOUR NEXT STEPS

Create a personal medication record at www.aarp.org/medicationrecord or call AARP at **1.888.OUR.AARP** and ask for publication D18358.

 NOTES:

Q: *How do I know what actions will truly make a difference in my health?*

A: The bolded recommendations below, which are based on research findings, come from the U.S. Department of Health and Human Services and the U.S. Preventive Services Task Force, an independent panel of experts in primary care and prevention who offer these ways to increase your odds of a healthy future.

Here are some things you can do every day:

- **Don't smoke.** Studies show that people who don't smoke are at lower risk for lung cancer, heart disease, stroke, and more.
- **Be physically active.** If you are not already physically active, start small and work up to 150 minutes or more of moderate physical activity each week. Walking briskly, mowing the lawn, dancing, and swimming are just a few examples of moderate physical activity. Try to include activities to strengthen your muscles and bones at least two days a week. Exercising helps prevent diabetes and heart disease. It can help you stay at or get to a healthy weight. It can fight depression and may even help keep your brain fit too.
- **Eat a healthy diet.** Focus on fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products. Include lean meats, poultry, fish, beans, eggs, and nuts. Try to focus on eating lean and natural foods that are low in saturated fats, trans fats, cholesterol, salt, and added sugars. And cut back on processed, pre-packaged foods.
- **Stay at a healthy weight.** Know your healthy weight range and how many calories you need. Then, start making small changes to your diet and lifestyle. Balance the calories you take in from food and drink with the calories you burn off during your activities.
- **Drink alcohol in moderation.** If you drink, try to limit yourself to one drink a day. A standard drink is one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of spirits (gin, vodka, whiskey, etc.).

YOUR NEXT STEPS

Start a walking routine with AARP's Step Up to Better Health program at www.aarp.stepuptobetterhealth.com.

Or track your exercise minutes with AARP's Get Fit on Route 66 game at www.aarp.getfitonroute66.com.

 NOTES:

When you have the facts, you can do plenty to improve your health now and in the future. And each healthy choice you make increases your chances of living the retirement lifestyle you want.

CARING FOR YOURSELF WHEN YOU'RE A CAREGIVER

Maintaining your health can be even more challenging when you're caring for others. You may already be one of the millions of Americans caring for a relative or friend – and possibly your children, too. And if you aren't a caregiver now, there's a good chance you will be at some point.

While caregiving can be very rewarding, it is also demanding and stressful. A study by the National Alliance for Caregiving and AARP found that more than half of those who provide extensive care for parents experience stress and strain.

Here are some tips for managing stress and getting support:

- **Keep up your health.** As hard as it seems, try to eat properly and make time for adequate sleep and exercise. Resist the urge to overindulge in sweets or alcohol.
- **Unwind with friends.** It's important to maintain your social contacts, because isolation increases stress.
- **Deal constructively with negative feelings.** Focus on positives, resolve conflicts quickly, and change things when feeling resentful. Consider joining a caregiver support group or online community. Join AARP's online caregiver community at www.aarp.org/caregiving.
- **Get family and friends involved.** Check with family, friends, neighbors, or other social networks about how they might be able to help. If other family members can't be there in person, ask them to help look into support options or contribute financially.
- **Explore community services.** Most communities have information, services, and support for caregivers. The best place to inquire is through the Eldercare Locator.* In some communities, volunteers from faith-based organizations or nonprofit groups might visit or help with driving and chores.

- **Seek professional help with care coordination.** Most communities have professionals who can gauge your loved one’s abilities and needs and set up a plan for care. You can find this assistance through government-funded programs by using the Eldercare Locator.* Another option is to hire a private geriatric care manager. A number of employers are starting to pay for these services and, if your family member has long-term care insurance, this might be covered under the policy. For a list of local professionals, visit the National Association of Professional Geriatric Care Managers* or the National Association of Social Workers.*
- **Talk to your employer.** Some companies offer their employees counseling, caregiver support groups, or financial assistance toward community services. You may also be able to work out a temporary arrangement such as flex time, job-sharing, or telecommuting.
- **Take a break.** And don’t feel guilty about it. Remember that your loved one may also benefit from having someone else around. Try to arrange for respite care (a break) with the help of friends, family, volunteers, or, if necessary, professional caregivers.



YOUR NEXT STEPS

Get help caring for your loved one – and for yourself – at www.aarp.org/caregivers.

Be better prepared for helping your parents or other loved ones by ordering *Prepare to Care* (D 18758) from **1.888.OUR.AARP** or find it online at www.aarp.org/preparetocare.



 NOTES:

Your Finances

One of the most important parts of planning for long-term care is figuring out how to pay for it. This section will give you an idea of the cost of some common long-term care options and provides some financial strategies to help you reach your goal. You'll learn what is – and isn't – covered by the government and different types of insurance.



PAYING FOR LONG-TERM CARE

Did you know family and friends provide about 80 percent of the long-term care people receive at home? But when it becomes necessary to hire paid caregivers or to move to a different living arrangement, care can get expensive quickly. The following information gives you an idea of the national average costs of long-term care today and explores financial strategies for paying for it.

Q: *What does long-term care cost?*

A: The cost of long-term care usually depends on four main factors: where you live, the type of care you need, how much care you need, and how long you need it.

In a previous section, you learned about different types of living arrangements and services.

Here are some national average costs for 2009, according to a market study conducted by Genworth Financial:

- **\$203 per day** for a private room in a nursing home
- **\$183 per day** for a semi-private room in a nursing home
- **\$2,900 per month** for care in an assisted living facility (for a one-bedroom unit)
- **\$54 per day** for care in an adult day health care center
- **\$19 per hour** for a home health aide (non-Medicare certified)
- **\$17 per hour** for homemaker services

These costs vary tremendously by where you live. If you're in Mississippi, the average cost per day in 2009 for a private room in a nursing home was \$180. In New York City, however, the cost was \$364 per day.

▶ YOUR NEXT STEP

Use AARP's Long-Term Care Cost Calculator to estimate the costs of care near you. Visit www.aarp.org/longtermcarecosts.

✍ NOTES:

Meet Kathy and Jim



When Jim's mom started having memory problems, his wife Kathy agreed to have her move in with them. The arrangement worked well, until his mom couldn't be left alone during the day.

Kathy and Jim found a weekly program for Jim's mom where they monitor her medical condition while she spends time with others. They've hired someone to help her bathe and get dressed each morning. Unfortunately, Medicare doesn't cover these costs and they are running through her money quickly. They want to make sure, if they ever need care, they'll be a lot better prepared.

Caring for Jim's mom has prompted Kathy and Jim to do more to save for their own future. They met with a financial planner, set some goals, and started making automatic savings deductions from their paychecks. They have a better idea of what long-term care costs, and they're doing what they can to prepare.

MORE ON MEDICARE

Medicare* can cover up to 100 days in a nursing facility if you meet very strict conditions:

- You must need daily skilled nursing or rehabilitative care – not just personal care.
- The care must be provided in a Medicare-certified facility after you've been hospitalized with a related condition for at least three days.
- You must typically go to the nursing home within 30 days of the related hospitalization.
- You must show you're recovering.

Even if you meet all of those criteria, Medicare will pay 100 percent only for the first 20 days. For days 21 through 100, you will face significant co-payments, unless you have supplemental insurance. After that, you pay all costs unless you're eligible for Medicaid or have long-term care insurance.

Medicare also helps pay for some home health care. However, there are several restrictions. Medicare will pay only if:

- You need skilled care from a nurse or therapist.
- You're homebound, which means you need significant assistance to leave your home.
- The care is part time or intermittent.
- Your doctor orders it.
- You receive services from a Medicare-certified home health agency.
- You continue to show you're recovering.

Q: Doesn't Medicare pay for long-term care?

A: This is one of the biggest myths when it comes to long-term care! The reality is that Medicare covers few – if any – long-term care expenses. And Medicare pays nothing if you only need personal care like help in bathing or getting dressed. (see sidebar on this page)

Q: What about Medicaid?

A: Medicaid is the largest payer of long-term care services in the United States. It is a federal and state program that helps certain groups of people with low incomes and assets pay their medical and long-term care bills. Coverage varies from state to state.

People need to meet strict financial, health, and functional ability criteria to receive long-term care services under Medicaid. Check with your local Medicaid office, which is listed in the blue pages of your phone directory to determine if you are eligible. (see sidebar on page 23)

Q: Do other government programs pay for long-term care?

A: Community-based government programs offer a number of services that help people stay in their homes. These may include home-delivered meals, transportation, caregiver support, and help with household chores. Many of these services are funded through the federal Older Americans Act, but state and local governments also fund and provide services. While some programs are available in most communities, others can be unique to a certain state or area. In some communities, there are waiting lists for services or limited amounts of support available. Find services through the Eldercare Locator.*

The Department of Veterans Affairs (VA)* provides a range of extended care services to veterans enrolled in its health care system. All veterans are eligible for home and community-based care if they meet the VA criteria. Care outside an institution can include a variety, of services for example, adult day health care, homemaker and home health aide services, home respite care, and home hospice care. Specific eligibility and admission criteria are unique to each type of nursing home care available through the VA, but most require the

veteran to have a disability related to their time of service. Veterans who require nursing home care for any non-service-related disabilities and who meet income and asset criteria are eligible for VA Community Living Centers (formerly known as VA Nursing Homes) on a resource-available basis.

 **YOUR NEXT STEP**

Learn more about public benefits that may be available to you or someone you care about at AARP’s Benefits QuickLINK. Go to www.aarp.org/quickLINK. By filling out a confidential on-line questionnaire, you’ll get a list of programs that you may be eligible for and information on how to apply.

 NOTES:

Q: *What other types of help are available?*

A: Faith-based organizations and health-related groups often offer free or low-cost services like transportation, home visitors, and support groups. Call your place of worship or contact the local chapter of organizations such as the American Diabetes Association (www.diabetes.org) or the Alzheimer’s Association (www.alz.org).

Q: *What about health insurance, disability insurance, and Medigap?*

A: Many people are confused about what these types of insurance cover.

Here are the facts:

- **Private health insurance** covers hospital stays, outpatient services, doctor’s visits and – depending on the carrier and selected plan – prescription drugs. Similar to Medicare, it usually pays for short-term rehabilitative services. It does not pay for the ongoing long-term care you may need for a long-term, chronic illness or disability.

MORE ON MEDICAID

Every state is required to provide nursing home care to eligible people. Care must be provided in facilities certified by the government to serve people with Medicaid coverage. To some extent, each state provides in-home and community-based services, as well. However, even though most people prefer to receive care at home, the majority of Medicaid dollars currently fund institutional care such as nursing homes. The balance is starting to shift, but many states still have long waiting lists for in-home and community services.

Most states allow Medicaid long-term care recipients to keep roughly \$2,000 in liquid assets (not counting their home and a vehicle). But there are important stipulations about financial protection for spouses and dependents, estate recovery, and transferring assets.

Contact your State Health Insurance Assistance Program* for further assistance. Sometimes, people find it helpful to speak with a knowledgeable local attorney or financial adviser. Check with the Eldercare Locator* to find legal services programs in your community or, contact the National Academy of Elder Law Attorneys* to find a private lawyer.

In some states, government programs such as Medicaid are beginning to offer eligible participants new options for home care. This may include a regular allowance that they can use to decide for themselves which goods and services will best meet their long-term care needs. In some programs, participants are allowed to hire family members or friends to provide needed care. Learn about these programs at www.cashandcounseling.org. ■

- **Disability insurance** replaces a portion of your income if an injury or illness makes it impossible to work. It's designed to cover expenses such as the mortgage and food, which are typically covered by your salary. Disability insurance does not pay for the extra care and services needed while disabled.
- **Medigap policies** (also known as Medicare supplemental insurance) are designed to cover "gaps" in Medicare like co-payments and deductibles. Depending on the policy you buy, it can cover the co-pays for up to 100 days of skilled nursing home care. But like Medicare, it does not provide coverage for the vast majority of long-term care expenses.

Q: *What are some financial strategies for covering long-term care?*

A: Being able to cover the costs of long-term care with your own resources can help increase your choices about how and where you receive care. There are a number of private financing strategies you can use. The right combination for you will depend on factors like your age, health, finances, and support network.

- **Retirement income, savings, and investments** are how most people who are not on Medicaid pay for long-term care. These resources could include Social Security, pensions, 401(k) plans, IRAs, stocks, bonds, and annuities. Investments are particularly important, since savings alone won't keep up with annual cost increases. AARP's long-term care cost calculator (www.aarp.org/longtermcarecosts) tracks the annual percentage increase for specific services in your area. It can help you determine how much money you need today and the typical rate of increase in investments you would need to cover future costs.
- **Long-term care insurance** is designed specifically to cover some of the costs of long-term care. Depending on the policy you buy, it can cover care at home, in an assisted living facility, or in a nursing home. But it's important to do your homework, as there are many options to choose from. Read the details of the plan carefully, and ask a lot of questions. Find impartial but informed sources who can answer them. (see page 27 for further information)
- **Continuing care retirement communities (CCRCs)** provide independent living, assisted living, and nursing care, all in one location. While it's becoming less common, some CCRCs also offer a life care agreement. With a life care agreement, you pay a large entry fee in addition to a regular monthly fee. The entry fee generally guarantees that your monthly fee will stay about the same, even as you need more care. Review the contract carefully with a trusted financial or legal adviser to be confident that the community will be financially viable for a long time and that you understand all the costs involved.
- **Life insurance** policies can provide cash to pay for long-term care. Depending on your policy, you may be able to borrow or withdraw money while still keeping the policy. Many policies also allow people with terminal illnesses to access some of their death benefits early. But it's important to understand how your decision could affect your taxes, any public assistance you receive, and access to your personal health information. Consult an independent financial adviser before making any decisions.

- **Reverse mortgages** allow you to tap into your home’s equity to pay for long-term care in your home or other needs. A reverse mortgage is a loan against your home that you don’t have to pay back as long as you live there. But these loans are complicated and can have high costs, so talk with a financial adviser. It is not advisable to use proceeds from a reverse mortgage to pay for long-term care insurance because of the high costs involved. To find out more about reverse mortgages check out www.aarp.org/revmort.

 **YOUR NEXT STEP**

Go to AARP’s Retirement Calculator to see how much income your retirement savings might provide at www.aarp.org/money.

Long-term care can be expensive, so it’s important to plan ahead for costs. Create a financial strategy for long-term care that is right for you.



 NOTES:

FINDING A FINANCIAL PROFESSIONAL

Given the range of strategies for financing long-term care, many people find it helpful to consult a financial professional. It’s important to know which type of professional will fit your needs – and how to find someone you can trust. Several organizations that can help connect you with an appropriate professional are listed in the Resources section of this guide.

- **Financial planners** assess every aspect of your financial life, including your savings, investments, insurance, taxes, retirement, and estate planning, to make recommendations about how to reach your financial goals.
- **Investment advisers** focus specifically on managing your investments. To find information about advisers, visit www.adviserinfo.sec.gov.

- **Insurance agents** can help you sort through options for life insurance, annuities, and long-term care insurance. You can find agents through your state insurance commission.
- **Estate planning attorneys** can draft legal documents such as a will, a financial power of attorney, or advance directives. They can also develop tax-efficient strategies for passing on your estate.

With any of these professionals, you'll want to do your research before deciding to employ one.

- Begin by getting referrals from family, friends, and colleagues. You can also use the websites in the Resources section as a starting point.
- Request interviews with at least three different professionals. If they do not offer a free initial meeting, cross their names off your list.
- Arrive at the appointment with a list of questions. What services do you offer? What degrees, licenses, and certifications do you hold? What is your specialty?
- Make sure you understand how the person gets paid. Financial professionals charge for their services in a variety of ways, including hourly rates, flat fees, percentage of assets managed, or commission. (Keep in mind that some professionals who earn commissions may not have your best interests at heart.)
- Consider whether you feel comfortable with the person. A good financial professional welcomes questions and can explain answers clearly.
- Request client references and check them. How long have they used the person? What do they like most – and least? Would they recommend the person to a family member?
- Verify the person's credentials with the appropriate regulating or certifying organization. You can do this through professional associations* and licensing agencies.

Remember that you are hiring someone to help you plan for your future. This is no time to be shy. To learn more about working with a financial professional, visit www.aarp.org/money.

 NOTES:

Long-Term Care Insurance: JUST THE FACTS

Long-term care insurance is one strategy for covering some of the costs of long-term care. But there is a lot to consider before you decide whether it's right for you.

What does it cover?

Depending on what you select, a policy can cover home care, home modifications, services that help coordinate your care, adult day services, assisted living, and nursing home care.

How much does it cost?

Premiums are based on the type of coverage you buy and the age at which you buy the policy. Below is the average annual cost (in 2008) for policies sold by three major insurers. The policies provide a daily benefit of \$150 and five years of coverage.

- \$2,050 for a 40-year-old
- \$3,109 for a 60-year-old
- \$2,306 for a 50-year-old
- \$6,007 for a 70-year-old

Am I a good candidate?

The best time to purchase long-term care insurance is when you're young and healthy. If you're older or have a serious condition, it will be difficult to find or qualify for an affordable policy.

Think about whether you'll be able to pay your premiums – both now and for the next 20 years. If the premiums are higher than 10 percent of your retirement income, long-term care insurance may be unaffordable. And if you have substantial assets, it might make more sense to self-insure. Talk to a financial adviser about the best option for you.

What should I ask about?

Here are some questions to consider when determining if long-term insurance is right for you:

- *What services are covered? In what settings? What about future models of care?*
- *Can I hire in-home caregivers myself, or do I need to go through an agency?*
- *How much will the policy pay?*
- *How do I qualify for benefits?*
- *When will benefits begin?*
- *Will benefits keep pace with inflation?*
- *How often and by how much have premiums increased?*
- *Could I afford the increase?*
- *What if I can't pay premiums any longer?*

- *Will I still need to pay premiums once I start receiving benefits?*
- *Can the company cancel my policy?*
- *Under what conditions will the company deny coverage (known as coverage exclusions)?*

How do I get started?

- Ask your state insurance department for a list of approved long-term care insurers.
- Research the financial stability of the companies you're considering with a rating service like Standard & Poors (www.standardandpoors.com), A.M. Best (www.ambest.com), or Moody's Investors Service (www.moody.com).
- Compare information and costs from at least three major companies, including any rate increases.
- Contact your State Health Insurance Assistance Program* for free counseling if you have additional questions.

What should I keep in mind?

- Don't buy more than one policy. Owning several policies is expensive and doesn't necessarily provide better coverage.
- Never let anyone pressure you into making a quick decision.
- Never pay any insurance premium in cash and always make your check payable to the company.
- Nearly all states require insurance companies to give you 30 days to review your signed policy. During this time, you can return a policy for a full refund if you change your mind.
- Contact your state insurance department if you have questions or concerns.
- Make sure the policy will cover you if you move to another state.
- About 40 states now have partnerships with private long-term care insurers. If you purchase a designated long-term care policy, you can keep more of your assets if you exhaust the policy and need Medicaid. Generally, you can keep \$1 in assets for every dollar of coverage purchased. You must meet Medicaid's other criteria, too. The National Association of Insurance Commissioners* publishes a helpful Shopper's Guide to Long-Term Care Insurance. ■

Your Wishes

Your family shouldn't have to guess your intentions if you're ever not able to tell them yourself. This section discusses important documents every adult should have.



HELP FOR YOUR FAMILY

Planning for your future also means making decisions about how you would want things handled if you're ever unable to communicate. That way, your family won't have to guess about your intentions during an already difficult time. It's important for people of all ages to be prepared, because medical emergencies can happen to anyone.

We'll get you started in preparing four documents every adult should have: a living will, a health care power of attorney, a financial power of attorney, and a letter of instruction. We'll also help you organize your other important papers, so they're easy to find in a crisis.

Q: *How can I stay in charge of decisions about my medical care?*

A: It's important to think about what you want and to put your wishes in writing.

You can do this by using two types of legal instructions known as advance directives:

- **A living will** tells medical professionals and your family which medical treatments you want to receive or refuse – and under what conditions. It goes into effect only if you meet specific medical criteria and are unable to make decisions on your own.
- **A health care power of attorney** allows you to appoint someone to make health care decisions for you anytime you're unable to do so. Most people choose a trusted family member or friend who is comfortable talking to doctors. The specific form can also be referred to as a health care proxy, appointment of a health care agent, or durable power of attorney for health care.

Q: *Where can I find these documents?*

A: Even though advance directives are legal documents, it's not necessary for a lawyer to write them. Five Wishes, offered by Aging with Dignity,* is a good model for a living will and health care power of attorney. It's considered legally valid in 40 states, and people in other states often use it as a starting point. Some people prefer to use an attorney to help them draft these documents, so there will be someone keeping an eye on changing regulations. Attorneys typically charge fixed rates for preparing documents, so it should be fairly easy to find an affordable lawyer. The American Bar Association* maintains a list of free and low-cost legal services in each state.

Meet Karen



Karen just delivered a home-cooked meal to her friend Ann who had spent most of the week at the hospital after her mom suffered a major stroke. "It's awful," Ann told Karen. "I can't imagine Mom spending months just lying there totally unresponsive and hooked up to machines, but none of us know what Mom really wants. She was never willing to talk about these things." As Karen drove home, she realized she had no idea what her own parents would want – or even her husband.

Ann's situation motivated Karen and her husband to meet with their lawyer. They want their attorney to review the advance directives they've drafted and to complete a financial power of attorney form. On Saturday, they have plans to baby-sit their grandchildren. They've told their daughter and son-in-law that they plan to stay afterward, so they can share their wishes while the kids are asleep.

Whether you consult an attorney or prepare these forms on your own, it's a good idea to talk with your doctor. He or she can answer questions you may have about life-sustaining treatments or other medical issues and terms.

▶ YOUR NEXT STEP

Find advance directive forms for your state at www.aarp.org/caregiving.



 NOTES:

Q: *What about my financial affairs?*

A: Separate from advance directives, you'll need to make provisions for how you want your finances handled if you're unable to do so. Most experts agree it's important to have this type of instruction prepared by a lawyer.

- **A financial power of attorney document** identifies the person you want to be responsible for handling your financial matters should you be unable to do so. You'll want to choose someone you trust completely – and who is good at managing money.

It's a good idea to prepare a financial power of attorney, even if you're married or have limited income and assets. Otherwise, if you become incapacitated, your family may have to go through an expensive and time-consuming court action to appoint a guardian or conservator.

▶ YOUR NEXT STEP

Think about the best choice for your financial power of attorney and talk with a lawyer.

Q: *How do I get organized?*

A: In addition to preparing advance directives and a financial power of attorney, it's helpful to organize your personal and financial papers. People often prepare a letter of instruction, which tells family members how to find important information.

- **A letter of instruction** is a three-part personal letter that goes along with your will. The first part includes instructions for planning a funeral and names of people to contact when you die. The second part covers financial affairs such as lists of accounts and phone numbers for your employer, insurance agent, or broker. In the final part, people often name who they want to receive specific personal items and write special messages to family members. Since a letter of instruction is not a legal document, it doesn't have the same legal impact as your official will in distributing your personal property. But it can go a long way in eliminating family discord over mementos, photo albums, and other personal items that may be hard to divide among your survivors without your guidance. You don't need a lawyer to draft the letter, and you can modify it as your circumstances or wishes change.

YOUR NEXT STEP

Complete the “Where Are My Important Documents?” worksheet at the end of this guide.
Draft a letter of instruction and attach the worksheet.

Q: *What's next?*

A: Preparing instructions for your loved ones is very important, but what you do with them matters most.

- Talk about your wishes with your family members and trusted friends. You can set an example for adult children or reluctant relatives. Sometimes, it may be difficult or awkward to start the conversation. Sharing your beliefs and values can help set the right tone for the dialogue.
- Keep a copy of all four documents – your living will, health care power of attorney, financial power of attorney, and letter of instruction – in a safe, accessible place. Tell family members and friends where to find them should an emergency arise.
- Go over the appropriate documents with your designated health care agent and financial power of attorney. Discuss any concerns, and make sure they have copies.
- Discuss advance directives with your doctor, and have a copy of them placed in your medical record. If your doctor seems uncomfortable following your wishes, consider changing health care providers.
- Review your advance directives, financial power of attorney, and letter of instruction every few years. These are tough issues, and your views may shift as your health or circumstances change. You can change your mind and your directives at any time.

Planning for the unknown is never easy. But having these conversations and putting your wishes in writing will help you stay in charge of decisions about your life. It's a gift for yourself and your loved ones.

Your Voice

Getting the help you need often requires speaking up. In this section, we discuss how to be an advocate.

CARE TODAY

Throughout this guide, you learned about a number of options concerning long-term care and services. However, the United States still lacks a comprehensive approach for providing quality, affordable care to people of all ages with disabilities or other long-term health issues.

Q: *How can I be a better advocate for myself and those I care about?*

A: Here are some tips to keep in mind when you're seeking help for yourself or a loved one:

- **Know what you want.** Try to describe your situation concisely. Be as specific as possible in asking for what you need. Write down questions you want answered and push for a workable solution to problems and issues.
- **Take notes.** Write down the date, the name of the person you spoke with, the specific outcomes agreed upon, and when the next steps will be taken. That way, you'll have all the necessary information if you need to follow up.
- **Ask questions.** And if you don't understand the answer, ask the person to explain again. This is important whether you're talking to a care provider, contractor, physician, financial adviser, or attorney. Then, clarify what you heard by restating the information.
- **Know your rights.** If you're not satisfied with a decision, find out who makes the decisions and insist on speaking with that person. Always ask if you have the right to appeal and whether a copy of those rights will be provided to you.
- **Reach out.** Talk to family, friends, and community leaders who may have had similar experiences. Ask for their suggestions and whether they can intercede on your behalf. Ombudsmen are available to help people who have problems with nursing homes and other facilities. Larger agencies also may have advocates who help consumers.
- **Speak up.** File a formal complaint, if warranted, with the appropriate government agency or association representing the profession or business.
- **Take action.** If you fear for the immediate safety and well-being of a loved one, call local authorities.
- **Pass it on.** Share what you learn with friends and family. Your research can give them a head start on their own long-term care planning.

Q: *What can I do to improve long-term care for everyone?*

A: Join AARP and other organizations that are working to improve the quality of care and expand access to affordable long-term care options. Help ensure your community will have quality services when you need them by getting involved today.

Here are a few ways to get active:

- **Join local task forces.** Work with others to improve your community's ability to serve citizens with varying needs and abilities.
- **Speak with local leaders.** Share information and your personal experiences with leaders in your community.
- **Educate others.** Seek opportunities through the news media and other channels to inform the public about long-term care in your community.
- **Help people find financial assistance.** Assist people in accessing programs and services for which they are eligible.

By working together, we can:

- **Create communities** designed for people of all ages.
- **Increase community services** and coordination of care to help people stay in their homes.
- **Provide support** for family caregivers.
- **Improve the quality** of all types of long-term care.

YOUR NEXT STEP

Call your AARP state office at **1.888.OUR.AARP** or visit online at **www.aarp.org/states**.

 NOTES:

Your Future

Planning for long-term care puts you in the driver's seat for decisions about how and where you receive care. It's about making lifestyle, financial, and legal choices now to steer yourself toward the future you want. The sooner you get started, the smoother the journey will be!

LEARN MORE

Whether you're helping someone who needs long-term care now or planning for your future, AARP has tools and information to assist you.

- ▶ Visit www.aarp.org/decide
- ▶ Call 1.888.OUR.AARP (1.888.687.2277)
or TTY 1.877.434.7598 and ask about "My LTC."
- ▶ Find your state AARP office at www.aarp.org/states.
- ▶ Learn about public benefits for yourself or a loved one at AARP's Benefits QuickLink at www.aarp.org/quickLINK.

Your Long-Term Care Worksheet

When it comes to your home, your health, and your finances, you want to be in the driver's seat. This tool helps you take steps now that will make it easier to live comfortably as you get older. Planning for long-term care is one of the smartest decisions you can make, and it's a gift for your family too.

USE THIS WORKSHEET TO:

- ✓ *Evaluate your options*
- ✓ *Keep notes on your research*
- ✓ *Document the steps you've taken*

Once you've finished, keep the worksheet someplace where you can go back to it from time to time. After all, your life is always changing, so your long-term plans can change, too.



Your Home and Community

Like most people, you probably want to live independently as long as you can. It may make sense to stay in your current home, or look for another home with a different floor plan. You could consider moving closer to family, or into a housing community that offers maintenance and amenities. Use the information below to decide what's best for you.

Home Design

- ✔ Learn about *universal design* features that make your home safer and more comfortable for you and your guests on **Page 7** of the Resource Guide. Print a checklist from aarp.org/housingdesign to see how well your current home – or any place you're considering – will meet your needs.

What parts of the home could create obstacles down the road?

Community Resources

- ✔ Think about whether your home is convenient to what's important to you:

Grocery Store	YES	NO
Pharmacy	YES	NO
Medical Care	YES	NO
Place of Worship	YES	NO
Fitness Center	YES	NO
Dining/Shopping/Recreation	YES	NO
Work	YES	NO
Family/Friends	YES	NO

Are there transportation alternatives to driving?

- ✔ Become better acquainted with community programs and services. Find out about supportive programs and services near you for an older friend or relative. Call **1.800.677.1116** or visit **eldercare.gov**.

Name of local department on aging: _____

Phone number: _____

Website: _____

Support Network

- ✔ Start discussions with older loved ones about how they envision having others involved with their care. *Could they use help with errands, chores, and transportation? Is living together a possibility?*

.....

- ✔ Think about how you would want loved ones to be involved in your own care.

 WHAT I WOULD LIKE FOR MYSELF:

Other Living Arrangements

Although many people want to stay in their own home, it may not be the right choice for everyone. Some people grow tired of keeping up a house. Others want the services, amenities, or help with personal care that is included as part of a package of services.

- ✔ Learn about other living arrangements like home sharing, senior housing communities, continuing care retirement communities (CCRCs), assisted living, and nursing homes. See **Page 11** of the Resource Guide or visit **aarp.org/caregivers**.

.....

- ✔ Consider what makes a place feel like home for you. Some people care most about staying near family and friends. Others want to make sure they can do their favorite activities, attend religious services, or eat familiar foods.

 MY PRIORITIES:

Your Goal

Now that you know about different options and have thought about what's important to you, it's time to come up with a goal.

Here are a few examples:

I want to stay in my current home as long as I can. I'm going to make some simple changes now, like improving the lighting, and also start saving so I can install a shower on the first floor. If I need help in the future, I'll ask one of my kids to move in or work out a home sharing arrangement with someone from my congregation.

In the next 5 years, we plan to sell our house and buy a one-story home near our daughter. We're going to look for a floor plan that will work in the long run—and make provisions to pay for home care if it becomes necessary.

I like my home, but if it becomes too much to keep up, I'll use the equity to buy into a continuing care retirement community. I'll probably choose one that's close to a university and has easy access to an airport.

YOUR GOAL:

Your Finances

One of the most important parts of planning for long-term care is figuring out how to pay for it. Now that you have a goal, it's time to examine your finances and come up with a strategy to help you reach it.

- ✓ Find out what long-term care costs in the area where you want to live. Visit aarp.org/longtermcarecosts. You can even compare different areas of the country.

Home Care Aide: _____

Adult Day Services: _____

Assisted Living: _____

Nursing Home: _____

- ✓ Medicare does not cover most long-term care, but there are other government programs that can help with some living expenses. Visit aarp.org/quicklink to learn more about public benefit programs in your state and if you're likely to be eligible. You can see what different programs do – and do not – cover on **Page 22** of the Resource Guide.

 NOTES:

- ✓ Make a list of your retirement income sources and other assets:

Retirement Income:

Social Security (latest monthly projection) _____

Pension (forecasted monthly payout) _____

401(k) (forecasted monthly projection) _____

IRA/Roth (forecasted monthly projection) _____

Other Assets:

Checking/Savings (current balances) _____

House (current value) _____

Stocks/Bonds/Annuities (current value) _____

Trust (current value) _____

Long-Term Care Insurance (expected benefit) _____

Other (list with values) _____

- ✓ Talk with a trusted financial advisor about what strategy is best for meeting your goals.

 NOTES FROM CONVERSATION:

Your Health

Maintaining your health has a lot to do with your ability to live independently as you age. And there are also plenty of immediate benefits to living an active, healthy lifestyle. A little research now, plus a few changes, can increase your chances for a healthy future.

- ✔ Learn what health risks run in your family and discuss them with your doctor. Create a family health history at www.familyhistory.hhs.gov. Print out a copy, attach it to this worksheet, and share it with loved ones.

DATE COMPLETED: _____

What health problems should I be concerned about?

What can I do to prevent problems down the road?

- ✔ Get recommended screenings and shots. Print a personalized screening chart to discuss with your doctor at aarp.org/womenchecklist or aarp.org/menchecklist.

DATE COMPLETED: _____

- ✔ Stay on top of your medications. Create a personal medication record at aarp.org/medicationrecord or call AARP at **1.888.OUR.AARP** and ask for publication D 18358. Give copies to all of your doctors and any pharmacies you use.

DATE COMPLETED: _____

- ✔ If you're a caregiver, take care of yourself, too! Find ideas for managing stress and other resources at aarp.org/caregivers.

DATE COMPLETED: _____

Your Wishes

It's important to put in writing how you want your medical care and finances handled if you're ever unable to make your own decisions. That way, your family won't have to guess what you would want. You should also keep a record of all your vital papers and accounts, so your loved ones can find them in an emergency.

- ✔ Tell your family how you feel about life-sustaining medical treatments – and ask whether they've thought about their own wishes.

DATE COMPLETED: _____

 NOTES FROM CONVERSATION:

- ✔ Print out advance directives for your state from aarp.org/caregiving. You will need both a living will and health care power of attorney form. See **Page 29** of the Resource Guide to learn more about these documents.

DATE COMPLETED: _____

- ✔ Prepare your living will and health care power of attorney. Give a copy to your health care agent and physician.

DATE COMPLETED: _____

- ✔ Meet with a lawyer to prepare a financial power of attorney. See **Page 30** of the Resource Guide to learn about this document and where to find free and low-cost legal services.

DATE COMPLETED: _____

- ✔ Complete the “Valuable Documents at Your Fingertips” worksheet at the end of the Resource Guide. Place a copy of it – along with your advance directives and financial power of attorney – in a safe, accessible place. Let family know where to find these documents in an emergency.

DATE COMPLETED: _____

Long-Term Care Resources

YOUR HOME AND COMMUNITY

American Association of Homes and Services for the Aging

www.aahsa.org or 1.202.783.2242

Consumer information on long-term care facilities and services, and how to access them.

Assisted Living Federation of America

www.alfa.org or 1.703.894.1805

Information and resources on assisted living options and how to find a residence.

Eldercare Locator

www.eldercare.gov or 1.800.677.1116

A public service that connects you with resources and services for older people in communities throughout the United States.

n4a

www.n4a.org/answers-on-aging

A membership organization of local Area Agencies on Aging and Title VI programs. Provides answers to questions about home and community-based services for older adults and family caregivers.

National Association for Home Care & Hospice

www.nahc.org/consumer/home.html or 1.202.547.7424

Consumer information on how to select a home care provider or hospice.

National Association of Home Builders

www.nahb.org/reference_list or 1.800.368.5242

Maintains a Web-based directory of Certified Aging-in-Place Specialists who can identify and/or provide home modifications that make a home accessible, safer, and more comfortable for older adults.

National Association of Social Workers

www.socialworkers.org or 1.202.408.8600

Maintains a directory of licensed social workers at www.helppro.com/nasw.

National Association of State Units on Aging

www.nasua.org

A membership organization of the agencies in state government that manage programs for older people and adults with physical disabilities.

National Resource Center on Supportive Housing & Home Modification

www.homemods.org or 1.213.740.1364

A clearinghouse of information and materials for people of all ages and abilities who want to live independently or age in place.

National Shared Housing Resource Center

www.nationalsharedhousing.org

Maintains a directory of shared housing programs by state.

Rebuilding Together

www.rebuildingtogether.org or 1.800.473.4229

A national volunteer program that helps people of limited resources with home repair and housing improvements. It can connect you with a local program.

U.S. Administration on Aging (AoA)

www.aoa.gov or 1.202.619.0724

The federal agency responsible for advancing the concerns and interests of older people. AoA works through and with state and local offices on aging. The website has a variety of tools and information for older people and their caregivers.

U.S. Department of Housing and Urban Development (HUD)

www.hud.gov/groups/seniors.cfm or 1.202.708.1112

Provides information to help older adults make informed choices about housing options and financial assistance resources. To find your local public housing authority, look in the blue pages of your local telephone directory or call HUD.

YOUR HEALTH

Alzheimer's Association

www.alz.org or 1.800.272.3900

Resources, tools, and a 24-hour help line for people with Alzheimer's disease and their families.

Centers for Medicare & Medicaid Services

www.cms.gov or 1.800.633.4227 for Medicare

The federal agency that oversees Medicare and Medicaid. The Medicare website (www.medicare.gov) has helpful information for consumers on eligibility and benefits. There are tools that provide information on nursing homes, hospitals, home health agencies, health plans, and Medicare prescription drug plans in your area. The tools also rate service, facility, and plan performance.

Family Caregiver Alliance

www.caregiver.org or 1.800.445.8106

Tools and resources for family caregivers and a Family Care Navigator with information on services in your state.

National Alliance for Caregiving

www.caregiving.org

Research and policy analysis as well as support for state and local caregiving coalitions. Also gathers and reviews books, videos, websites, and other material to help family caregivers and professionals.

National Alliance for Hispanic Health

www.hispanichealth.org and its Su Familia: The Hispanic Family Health Helpline 1.866.783.2645

Free, reliable, and confidential health information for Hispanic families.

National Association of Professional Geriatric Care Managers

www.caremanager.org or 1.520.881.8008

Information and resources about geriatric care management and how to find a care manager.

YOUR HEALTH (continued)

National Family Caregivers Association

www.thefamilycaregiver.org or 1.800.896.3650

Information, educational materials, and support for family caregivers. Includes www.familycaregiving101.org, a joint project with the National Alliance for Caregiving to educate and assist family caregivers.

National Women's Health Information Center

www.womenshealth.gov or 1.800.994.9662

Tools and information from the Office of Women's Health, U.S. Department of Health and Human Services which promotes health, wellness, and disease prevention for women of all ages.

NIHSeniorHealth

www.nihseniorhealth.gov or 1.800.222.2225

Fact sheets from the U.S. National Institutes of Health on a range of health topics important to older adults can be viewed online or ordered for free.

U.S. Centers for Disease Control and Prevention's Healthy Living

www.cdc.gov/HealthyLiving/ or 1.800.232.4636

Information on a variety of health topics including staying healthy and healthy life stages.

YOUR FINANCES

National Association of Insurance Commissioners

www.naic.org/index_consumer or 1.816.783.8500

Information to help consumers make wise decisions when purchasing insurance.

Pension Rights Center

www.pensionrights.org or 1.202.296.3776

Provides information on pensions, profit sharing, and retirement savings plans as well as how to find pension counseling assistance programs.

State Health Insurance Assistance Program

www.shiptalk.org

One-on-one counseling assistance for people with Medicare and their families.

Go to the website or call Medicare at 1.800.633.4227 to find your state SHIP.

U.S. Department of Veterans Affairs

www.va.gov or 1.800.827.1000

Information about eligibility and benefits for veterans and their families.

U.S. Social Security Administration

www.ssa.gov or 1.800.772.1213

Information on eligibility and benefits is available from 7 a.m. to 7 p.m., Monday through Friday, as well as on recorded messages 24 hours a day.

Women's Institute for a Secure Retirement

www.wiserwomen.org or 1.202.393.5452

Information on preparing for a financially sound retirement including Social Security, pensions, saving, investing, and more. Specific information on widowhood and divorce.

YOUR WISHES

Aging with Dignity

www.agingwithdignity.org or 1.888.5WISHES (1.888.594.7437)

Information and instruction on developing a living will and having conversations with family, including the publication “Five Wishes.”

American Bar Association Commission on Law and Aging

<http://new.abanet.org/aging> or 1.202.662.8690

Information on the legal rights of older adults and referrals to lawyers in your area.

Caring Connections

www.caringinfo.org

A national consumer and community engagement initiative to improve care at the end of life. Provides free, state-specific advance directive forms and instructions.

National Academy of Elder Law Attorneys

www.naela.org or 1.703.942.5711

Consumer information and access to a database of elder law attorney members.

National Hospice and Palliative Care Organization

www.nhpco.org or 1.800.658.8898

Provides free consumer information on hospice care and puts the public in direct contact with hospice programs.

YOUR VOICE

National Long-Term Care Ombudsman Resource Center

www.ltombudsman.org or 1.202.332.2275

Help with finding an ombudsman, a person who advocates for quality care for residents of nursing homes and other long-term care facilities, and helps resolve complaints.

NCCNHR (formerly the National Citizens’ Coalition for Nursing Home Reform)

www.nccnhr.org or 1.202.332.2275

Information and leadership on policies to improve the lives of people in nursing homes and other long-term care facilities.

OWL

www.owl-national.org 1.800.825.3695

OWL educates the public nationally and through local chapters about issues affecting midlife and older women.

Valuable Documents at Your Fingertips

USEFUL INFORMATION

Name	_____
Date Completed	_____
Primary Doctor	_____
<i>Phone</i>	_____
Other Doctor	_____
<i>Phone</i>	_____
Dentist	_____
<i>Phone</i>	_____
Pharmacy	_____
<i>Phone</i>	_____
Lawyer	_____
<i>Phone</i>	_____
Accountant	_____
<i>Phone</i>	_____
Power of Attorney	_____
<i>Phone</i>	_____
Healthcare Agent	_____
<i>Phone</i>	_____
Investment Broker	_____
<i>Phone</i>	_____
Faith Leader	_____
<i>Phone</i>	_____
Name of Bank	_____
<i>Acct #</i>	_____
Name of Bank	_____
<i>Acct #</i>	_____
Emergency Contact	_____
<i>Phone</i>	_____
Emergency Contact	_____
<i>Phone</i>	_____

PERSONAL INFORMATION

Where Is It Kept?

Social Security #

Birth Certificate

Marriage Certificate

Divorce Papers

Military Records:

Military ID #

Dates of Service

Branch of Service

Organ Donor Card

Passport/

Citizenship Papers

Will

Trusts

Safety Deposit Box:

Where are keys kept?

Number

INSURANCE INFORMATION

Where Is It Kept?

Automobile

Disability

Homeowners

Life

Long-Term Care

Health

Other

FINANCIAL INFORMATION

Where Is It Kept?

**Automobile Title/
Registration**

**Automobile Title/
Registration**

Bank Statements

Bonds

CDs

Bank Account:

Checking

Savings

Money Market

401K Account

IRAs

Mortgage Information

Outstanding Loans

Property Deeds/Title

Stock Certificates

Income Tax Records

Pension Records

Utility Bills

MEDICAL INFORMATION

Where Is It Kept?

Advance Directives

Do Not Resuscitate
Papers

Healthcare Power
of Attorney

Living Will

FINAL WISHES

Where Is It Kept?

Letter of Instruction

Burial Arrangements

Cemetery Information

Funeral Home

For more information about planning for long-term care, visit www.aarp.org/decide. Decide to plan now for long-term care, create a plan that works for you, and share it with your loved ones. Let AARP help you **Decide. Create. Share.**SM

AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates. We produce *AARP The Magazine*, the definitive voice for 50+ Americans and the world's largest-circulation magazine with over 35.5 million readers; *AARP Bulletin*, the go-to news source for AARP's almost 40 million members and Americans 50+; *AARP Segunda Juventud*, the only bilingual U.S. publication dedicated exclusively to the 50+ Hispanic community; and our website, AARP.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.



Attachment P: List of Public and Private Resources



Self Rescue Manual

A guide to all community resources and supports in Ada County
In an effort to conserve paper, please only print necessary pages!

Please e-mail updates/feedback/information to:
selfrescuemanual@boiseschools.org

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Marjie Jacobs is the original founder of the Self Rescue Manual. The manual is now under the care of the Boise School District social workers. Thanks, Marjie, for starting this amazing document!

SELF RESCUE MANUAL - Clothing & Furniture

Agape in Action

1001 S Orchard Boise
Last Saturday of the month 1-4
Free groceries, clothing, & toiletries
For emergencies call 703-5381. Also
offers the "Toys for Tots" program.
Interview clothes available.

685-0612

agapeworship.com

Assistance League of Boise Thrift Shop

5825 Glenwood Boise
Mon 1:30-5, Tue-Fri 10-5, Sat 10-4
Reasonably priced used clothing &
household items (shoes, books,
linens, small furniture).

377-4327

boise.assistanceleague.org

Baby Needs Closet @ The Cathedral of the Rockies

717 N 11th Boise
Mon & Wed 1-4:30
Provides diapers, wipes available.
One request per month.

343-7511

The Basement - A Teen Thrift Closet (First Baptist Church)

607 N 13th Boise
Call for an appointment. Private
1-hour appointment for teens located
in "The Basement."

344-7809

fcbasement@gmail.com

fcb Boise.org

BHM Foundation for Recreational Safety

2962 E Copper Point Dr Meridian
Will give away free children's helmets.
Must call for info.

322-1730

bhmidaho.org

Birthright of Boise

1101 N 28th #A Boise
Free pregnancy test & pregnancy
support. Maternity clothes, baby
clothes to size 12 months, size 1 & 2
diapers when available, Pro-life. Call
before you come to make sure we are
open.

342-1898 or **1-800-550-4900** (24 hrs)

birthright.org

Boise Senior Center Thrift Store

690 Robbins Rd Boise
Mon-Fri 10-3
Clothes, household goods, health
aids, home décor, seasonal
merchandise.

345-9921

boiseseniorcenter.org

Cinderella's Closet

5825 Glenwood Boise (Behind
Assistance League Thrift Shop)
Fall season (Sept. & Oct.), Spring
season (April & May) Wed 3:30-5:30 &
Sat 12-4

Local high school students with Ada
County High School I.D., may borrow
from large selection of donated
formal wear (gowns & tuxedos), for a
non-refundable \$15 fee.

377-4327 (press 5 then 2)

boise.assistanceleague.org

The Closet - Teen Thrift Store

10338 W Fairview Ave
Free clothing to teens in need. Apt
only. Private, confidential.

409-0204 (Kelly)

<https://www.facebook.com/THECLOSETBOISE/>

Deseret Industries Thrift Store

10740 W Fairview Boise
Mon 10-6, Tue-Fri 10-7, Sat 10-6.
Furniture & clothing for men, women
(maternity, wedding, & prom dresses)
& children. No delivery. Potential help
via local LDS Bishop (do not have to
be LDS). Best time to reach bishop is
all day Sun, Tue & Wed evenings.

375-4681, 1-800-453-3860

Dress for Success Boise Valley

2760 E Fairview Meridian
Tue-Thu 1-3
Agency referral only. For women only.
Once referred, 1 interview suit will be
provided as well as hair/make-up for
job interview. After being hired, can
return for 1 more outfit.

288-4405

dressforsuccess.org

El-Ada Outreach

2250 S Vista Boise
Mon-Fri 8:30-4:30
Food pantry, free personal hygiene
packs as available. Undocumented ok.

345-2820

eladacap.org

Goodwill Thrift Store

1465 S Vinnell Wy
(Overland) **321-9172**
7000 W State St Boise **672-2930**
1375 E Fairview Meridian **288-4397**
Mon-Sat 9-9, Su 11-6
New/used clothing and furniture

Good Samaritan Store

1821 W Washington
Mon-Sat 10-5

344-0649

Grandma's Treasures Thrift Store

690 Robbins Road Boise
Mon-Fri 10-3

345-9921

Habitat for Humanity ReStore

10537 W Overland Boise
Used & surplus building materials.

375-5256

hfhboise.org/restore

Holy Nativity Episcopal Church

828 W Cherry Ln Meridian
1st Wed of month free laundry,
hygiene, clothing.

888-4342

www.http://episcopalholynativity.org

Idaho Diaper Bank

<http://www.idahodiaperbank.org/get-diapers.html>

Supplies diapers to local agencies,
see individual agencies or website for
disbursement days/times.

SELF RESCUE MANUAL - Clothing & Furniture cont.**Idaho Youth Ranch Thrift Shops**

Mon-Sat 9-6, Sun 12-5
 1417 S Main Boise **343-2506**
 250 N Orchard Boise **378-8081**
 2141 S Broadway Boise **376-1350**
 10448 W Overland Boise **375-1242**
 3840 Chinden Boise **433-1661**
 3621 Overland Boise **331-7739**
 7054 W State Boise **853-1408**
 10353 Fairview Boise **322-3610**
 231 Main Meridian **895-8433**
 5465 W Irving Boise (Outlet Store)
 Mon-Sat 10-4, Sun 12-4
 \$.50/clothing item & cheaper furniture
377-2613
youthranch.org

IMSI Hope Community Phase II

963 S Orchard Suit 101 Boise
 Clothing vouchers/ housing/
 employment/ bus passes for those
 out of incarceration.
629-8861
www.imsihopecommunityphaseii.com

Kid to Kid

1574 N Wildwood Way
 Children's clothing consignment
376-6488

Love INC of Boise

Tues - Thursday 10-1
 In-kind assistance for clothing,
 household, diapers if available.
 One-on-one mentoring. Call to apply.
 Christian based.
377-3502
<http://www.boiseloveinc.org/>

Mirror Image/ Cathedral of the Rockies Teen Hygiene Closet

717 N 11th St
 Referral from school nurse/
 counselor/ social worker required. All
 hygiene supplies.
mirror.image.boise@gmail.com

Meridian United Methodist Church Thrift Store

235 E Pine Ave Meridian
 Tue & Fri 11-2
 Clothing, small household items,
 some school supplies, & vouchers
 often available.
888-2245

New Again Thrift Store at Calvary Chapel

2422 W Main Boise
 Mon-Fri 10-6, Sat 10-5
 Household items clothing for
 discount prices.
342-7661

Redeemer Lutheran Church

2920 Cassia St. Boise
 3rd Saturday of each month 1-2:30
 Wash, Wipe, Wear: Free diapers,
 laundry soap & toilet paper.
 Use once/month.
344-6758
redeemerboise.org

Re-Style Animal Rescue Thrift Store

5326 Overland Boise
 Mon-Fri 9-9, Sat 9-9, Sun 12-6
 Lots of sales. Mon 25% off all day.
 Blue tags are 50% off. Tue senior
 day, 30% off if 55+ years old
350-0406
restylethriftstore.org

St. Luke's Children's Safe Kids Treasure Valley

209 W. Main Street Boise, Id 83702
 Reduced cost convertible, combination
 and booster car seats for purchase with
 proof of WIC, Medicaid, or CHIP.
 Please contact **381-3033** to make
 appointment.

St Vincent de Paul Thrift Stores

6464 W State Boise
 Mon-Sat 9:30-6
853-4921
 2110 S Broadway Ave Boise
 Mon-Sat 9:30-6
333-8001
 213 N Main Meridian
 Mon-Sat 9:30-6
888-9101
 251 N Orchard st
 Boise Id 83706
 Mon-Sat 9:30-6:00
375-7527
 Used furniture & clothing for sale.
 For clothing vouchers call 331-2208.
 St Vincent de Paul Help Line
 331-2208 Must leave phone number
 for call back.

Salvation Army Thrift Store

4306 W State Boise
 Mon-Fri 10-6
 Family Assistance office at 4308 W
 State Boise. Clothing & household
 goods assistance Tues-Fri 1-3. Must
 bring ID for everyone & proof of
 address (envelope or bill). Adults may
 receive help one time or for special
 circumstances, children every 6
 months.
343-5429 ext. 1

Shop - a Boutique Thrift Store

720 W Washington Boise
 Mon-Fri 9-4:30
 Clothing, household, items, books,
 toys & seasonal items.
343-3688 ext. 27

Valley Treasures Thrift Store

102 N Cole Boise
 Tue-Sat 10-6, Sun 11-4
 Furniture, appliances & household
 items.
891-3161

Vets4Success Thrift Store

10321 W Fairview Boise
 Mon-Sat 9-7, Sun 12-6
962-2666

Whitney United Methodist Church Joseph's Closet

3315 Overland Boise (by Owyhee)
 Sat 10:30-12:30 & 3rd Fri of each
 month 5:30-7:30
 Free winter clothing.
343-2892

SELF RESCUE MANUAL - Counseling & Mental Health Services

Alberi Counseling

688 N 9th Street
Medicaid and private insurance.
Adolescents, adults, and couples.
Grief, anxiety, stress, anger,
relationships, self-esteem, DBT,
EMDR.

(208) 805-2034

Albericounseling.com

Ability Health and Rehabilitation

4696 W. Overland Rd. Suite 236
Medicaid, private ins. Counseling,
Medication Management, CBRS,
Case management.

208-333-9578

AbilityHRLLC@gmail.com

<http://www.abilityhealthandrehabilitation.com/>

About Balance Mental Health

6550 Emerald #108, Boise
Mon-Fri 9-5
Medicaid & sliding fee (\$40 min).
CBRS, case mgmt, counseling,
case/meds mgmt, & nurse
practitioner.

342-6300

Access Behavioral Health

1276 W. River St. #100 Boise
Mon-Fri 9-5
Medicaid & slide fee. CBRS, IBI
therapy, child dev therapy,
counseling, meds/case mgmt.

338-4699

Access Living

690 S Industry Way #45, Meridian
Mon-Fri 9-6
Medicaid, slide fee. CBRS, IBI, child
dev therapy, counseling, adult day
trmt, meds/case mgmt. After hours
available upon phone request.

922-2207

Affinity

8100 W Emerald #150
Mon-Fri 8-6
Medicaid & insurance, individual &
family therapy. CBRS, psychiatrist,
nurse practitioner (med.
management, but participate in two
services), chemical dependency.

375-0752

All Seasons Mental Health

6933 W Emerald St
Medicaid, insurance, primary care,
psych testing, psychiatry, med mgmt,
counseling, case man, developmental
services, CBRS, healthy connections
provider. Evenings by appt. Bilingual.

321-0634

Alliance Family Services

6003 W Overland Ste 101
Medicaid, Medicare, private pay,
insurance. Med management,
psychotherapy, CBRS, case
management.

922-6538

All Together Now

411 N. Allumbaugh
Medicaid/Medicare, sliding fee.
Individual, family, groups, marriage,
play therapy. CBRS & payee services

336-9591

alltogether-now.com

Alpine Behavioral

8590 W Fairview Ave Suite A
Medicaid, private pay, insurance,
sliding fee. Psychotherapy, case mgmt
(adults), CBRS (adults/children),
conflict res/ mediation services.
Interpreters.

672-0260

Alturas Counseling, LLC

136 Academy, Eagle
5185 W. Overland St., Boise
Most insurances, Tricare, Medicaid.
Counseling for Individuals, couples,
family, children (7+), adolescents,
elderly, developmental disabilities,
refugees, military. Clinical Supervision
to post graduates in counseling and
social work.

991-0225

<http://alturascounseling.com>

A New Leaf, Inc

2428 N. Stokesberry Pl. Meridian
Medicaid. developmental/ habilitative
intervention, habilitative supports,
mental health, full med clinic.

939-3888

Ascent Behavioral Health

366 SW 5th Ave #100 Meridian
Mon-Fri 9-6
Medicaid, insurance, self-pay (\$200
first eval, \$55 groups). Drug ed group,
individual, teen, adult dual diagnosis,
substance abuse/ mental health
treatment.

898-9755

Aspen Mental Health

7950 W King, Boise
Mon-Fri 9-6
Medicaid, insurance. CBRS,
counseling.

342-2950

Boise Rescue Mission Ministries

Free counseling & mental health
consult
Men **389-9840** (Stuart)
Women **368-9901** (Guest Services)

Bridgeway Health Services

1032 S Bridgeway Place #110, Eagle
Medicaid, insurance. Counseling &
medication management.

475-0800

Brighter Future Health

9396 W. Emerald Suite 135
Medicaid adult and child CBRS, case
management, and therapy

323-4400

brighterfuturehealth.com

Catholic Charities of Idaho

7255 Franklin Road, Boise ID 83709
No Medicaid, subsidies for low income
uninsured, won't turn away. Spanish.
Individual/group/ family/youth/children
& parent education services. Spanish,
interpreters. Depression support group.

345-6031

ccidaho.org

Center For Human Growth

1650 S Topaz Way, Meridian
Medicaid, insurance, sliding scale, self
pay, pro bono with counseling intern.
Counseling & CBRS all ages.

888-3151

SELF RESCUE MANUAL - Counseling & Mental Health Services cont.

Clearwater Rehabilitation Services

8400 W Fairview Ave. Boise
Medicaid, insurance. CBRS, case & med mgmt, counseling for adults & children.

322-5859

Community Connections

1675 S Maple Grove
Medicaid. Therapy & support services to children/adults with dev disabilities.

377-9814

cciidaho.com

Community Outreach Counseling

(Boise, Meridian, Nampa, Greenleaf). Free consults. Medicaid, ins, sliding scale, pro-bono. All types of counseling & specialties, CBRS, case mgmt, med mgmt, residential rehab, developmental, bilingual, all ages. Substance abuse treatment.

466-7443

www.cocofidaho.com

Community Partnerships of ID

3076 N Five Mile Rd. Boise
Medicaid CBRS, Counseling, groups, dev therapy, Spanish, IBI, res rehab, case mgmt, employment services, behavioral & recreational therapy, rehabilitative rehab, psychiatrist, employment.

376-4999

cp-of-idaho.com

Community Support Center

716 N Orchard
Mon –Thurs 8–4
Medicaid & insurance. Adult day treatment, groups, dual-diagnosis, skill building.

429-0330

Dr. Misty L. Wall, MSSW, LCSW

849 E. Fairview Ave (Meridian)
Medicaid, insurance, sliding scale. Psychotherapy and education.

297-9495

Easter Seals-Goodwill Adult Behavioral Health Services

8620 W Emerald #150
Medicaid. Self pay starts at \$10/class. Assessments (\$77.50), OP & IOP sub abuse treatment, anger man, CSC, family groups, MRT parenting classes & relapse prev.

672-2900

Family Counseling Services

440 W Pennwood #100, Meridian
Medicaid, sliding fee, insurance.

888-5905

Gem State Developmental Center, Inc.

818 NW 15th St., Meridian
developmental therapy for adults and rehabilitative intervention, rehabilitative support to children.

lpoole@gscdcca.com

(208) 888-5566 x106

Ginny Marie Wellness/ A Better Life

6025 West Clinton
No Medicaid, yes State Reimbursement, some insurance, sliding scale. CBRS, education. Court approved programs available.

www.ginnymwellness.com

GSwellness2008@aol.com

562-7050

Healthy Place Counseling

2589 S Five Mile Boise
Medicaid, UBH, IPN, BI Cross, sliding fee. Counseling, CBRS, case mangmt, med mangmnt. Adults, kids & family.

376-4929

Human Supports of Idaho

4477 W Emerald #C100, Boise
Medicaid CBRS, meds mgmt, payee services, service coordination, individual therapy

321-0160

humansupports.com

Idaho Behavioral Health

2273 S Vista #190 Boise
Medicaid, private insurance, EAP, private pay. Counseling adults, children, married, individuals, CBRS, case/med mgmt.

343-2737

Idaho Federation of Families for Children's Mental Health

704 N 7th St
Promotes & seeks solutions for mental health well being for children & youth & respite care clearinghouse.

433-8845

idahofederation.org

InRoads CBRS Services

3288 E. Pine Ave. Meridian
Medicaid. CBRS & case management

888-8887

Intermountain Hospital

303 Allumbaugh
Free assessments. Inpatient substance use / mental health treatment. New Start for adults. Clean & Sober Teens for adolescents.

IntermountainHospital.com

377-8400

ISU Boise Counseling Clinic

1311 E Central Dr, Meridian
\$15 copay for individuals & \$20 for couples. Hours vary, call for info. Counseling interns counsel individuals, couples, & families.

373-1719

Katherine Medina-Guillen LPC, NCC

1111 S Orchard St Ste 155
Insurance, one day / week \$50 for 30 mini session.

440-3744

Kuna Counseling Center

190 W Main St (Kuna)
Medicaid, sliding fee. Counseling, CBRS, case management, service coordination, adult and kids. Spanish interpreters available.

922-9001

SELF RESCUE MANUAL - Counseling & Mental Health Services cont.

LDS Family Social Services

10740 Fairview
Mon-Fri 8-5
Bishop may pay fees, insurance.
Individual & birth parent counseling,
adoption services.
376-0191

Leyline Advocates

1525 S. David Lane
Adult & children with Medicaid. CBRS,
case & meds mgmt, service coord,
peer support and family support,
counseling, refugees, 30 interpreters
speaking 18 languages.
344-9797

Lifepath Counseling & Wellness

10112 W Overland Rd
Private insurance, Medicare,
Medicaid sliding fee. Counseling,
Med Management, Peer Support,
CBRS, CM for adults, children and
families.
780-3900
www.lifepathidaho.com

Linkage and Retention to Care Allies Linked for the Prevention of HIV and AIDS

575 N 8th Street LL
Serving newly diagnosed and those
struggling to stay in care, access to a
Licensed Clinical Social Worker.
Counseling, case mgmt, housing
help, referrals, emergency utility
assistance, medication adherence
counseling, a.i.p.h.a Choice Food
Pantry, and other HIV prevention
services.
424-7799 ext. 103
alphaidaho.org

Living Hope Clinic

3308 N Cole #A
Mon -Thurs 9-5, Fri 9-3 & nights
Medicaid/Medicare, insurance,
sliding fee scale.
Marriage/family/children therapy,
learning/behavioral.
378-1122

Maitri Community Services

3709 N. Locust Grove Suite 100
Medicaid, insurance, self-pay.
Individual or family psychotherapy,
play therapy, hypnotherapy, parent
education, EMDR trauma therapy,
support groups
957-5360, 284-8450

Methodist Counseling Center

4444 Taft Street
Mon - Friday 8 -5,
weekends/evenings by appointment.
Insurance, sliding scale, pro bono
with intern, and scholarships based
on income.
501-2181

Mountain View Behavioral Health

5593 N Glenwood
M-F 8:30-5
Medicaid, Medicare, most private
insurances and private pay.
Provide case mgmt, CBRS, clinic
services including med mgmt, therapy
for adults and children.
322-5354
mountainviewbehavioralhealth.com

One Love Agency

121 E 39th St, Suite A
Medicaid, Blue Cross, and sliding fee.
Sexual offender treatment for juvenile
offenders. Individual, family, groups,
case management & CBRS.
991-4296 (Jeremy)

Perma Mental Health

950 West Overland Ste. 101
Medicaid, private pay, insurance.
Medication management,
psychotherapy, CBRS, case
management, telepsychiatrist
available for private pay clients.
922-6538

Pioneer Health Resources

5583 N Glenwood
890 N Cole
Medicaid/Medicare. CBRS,
case/meds mgmt, counseling for
adults/children.
322-1026

Progressive Behavior Systems

2176 E Franklin Rd. Suite # 100
Medicaid. Individ/Fam counseling,
CBRS, res hab, devl srvc, case
mgmt, respite, habilitative supports.
436-4911

Quality Care Counseling Center

2316 N. Cole Rd Suite A
Medicaid. Counseling, CBRS, med
mgmt, case mgmt, psych testing.
208-323-CARE (2273)

Real Solutions Counseling

1011 W Williams St. #G
Medicaid, Medicare, sliding fee.
Adult & children services. Individual
and family therapy, CBRS, case
management. Services for refugees
with interpreters speaking all
languages.
991-0222
www.realsolutionsidaho.com

RH Mental Health, LLC

1111 S. Orchard Street, Suite 290
Medicaid. Case mgmt, CBRS,
counseling and psychiatric services.
Representative Payee Services at no
charge.
343-2770

Riverside Rehab

7711 W Riverside
Medicaid & insurance. Psychiatrist,
nurse practitioner (med
management), reduced rate.
Counseling all ages,
play therapy, case mgmt, CBRS.
Spanish.
853-8536

Robert Rhodes, LCSW

3152 S. Bown Way Suite 105, Boise
Insurance/Medicaid, specializes in
teen counseling
rrhodes.lcsw@gmail.com
boiseteencounseling.com
900-8500

SELF RESCUE MANUAL - Counseling & Mental Health Services cont.

Safe Haven Hospital of Treasure Valley

8050 Northview
Medicaid, Medicare, insurance.
Outpatient therapy & nurse pract.
(med mgmnt), all ages. In-patient
ages 18 & older. Spanish for
inpatient.
327-0504

Safe Place Ministries

723 N Mitchell #101
Donations. None denied for inability
to pay. Christian based education &
counseling for victims of dom
violence & sexual assault. Legal aid
referrals.
323-2169
Safeplaceministries.com

St Alphonsus Behavioral Health Outpatient

131 N Allumbaugh
Mon –Fri 8–5:30
Medicaid. Therapy for kids/ adults,
groups, meds mgmt, MD. Inpatient
for kids under 12, adult inpatient.
367-6500

St Luke's Psychiatric Wellness Services

703 S Americana Blvd, Ste 150 Boise
Mon-Fri 8-4 (phones until 5)
Medicaid/Medicare, insurance,
self-pay. Therapy, med mgmt for 18+
706-6375
<http://www.slhs.org/clinic/psychiatry/boise/>

St Luke's Children's Center for Neurobehavioral Medicine

610 W Hays St, Boise, ID 83702
M-F 8-5
Medicaid, private insurance, self-pay.
Therapy, med mgmt. for 18 and
under.
381-5970
<https://www.stlukesonline.org/communities-and-locations/facilities/clinics/st-lukes-childrens-center-for-neurobehavioral-medicine>

SANE SOLUTIONS & Family Violence Prevention for victims

Mon - Thurs 8-12, 1-5 office hours
Insurance, Medicaid, Victim's Comp,
sliding fee, self-pay, & some grants.
Counseling for sexual abuse victims,
juvenile & adult, protective parenting,
& personal safety classes.
323-9600

SANE SOLUTIONS & Family Violence Prevention (cont) for offenders

Medicaid, self-pay, individual & group
insurance. Treatment groups for dom
violence offenders and juvenile &
adult sexual offenders.
345-1170

S.T.A.R.R. Family Behavioral Health

8100 W. Emerald St. Suite 150
Medicaid. Insurance. Psychiatrist
medication management, family,
individual (all ages), couples
counseling, play and trauma therapy,
sub abuse, EMDR, home-based
counseling. CBRS, parent-ed.
Spanish.
908-6399
Starrfbh.com

S.T.E.P.S.

1111 S Orchard #174 Bldg 6
Mon-Fri 9-5, Sat 10-5
Individuals \$25/hr, group \$10, intake
\$50. No Medicaid. Sub abuse,
compulsive gambling,
codependency, parenting, MRT,
anger mgmt. Adults/teens/family
340-3274

Table Rock Counseling

Sliding fee down to \$40. Bilingual
Spanish/Eng counseling. Counseling
individuals, couples & families.
890-8391

Thrive Counseling of Idaho

3023 E Copper Point 108, Meridian
Mon–Fri 9 - 5
Medicaid, Insurance, Self Pay.
Counseling and Med Mgmt.
Addiction issues, co-occurring
disorders, grief and loss, depression,
anxiety and parenting issues.
914-8924
www.idahothrive.org

Tidwell Social Work Services

5999 W State
Mon–Fri 8–5
Medicaid, Medicare, sliding fee, \$45
min, insurances, free with interns.
Individual, marriage, family, art play
therapy, CBRS, MD. Interpreters for
all languages.
853-5095

To Infinity and Beyond, LLC Joe Seiders, LCSW

410 S Orchard Ste 124A
Medicaid, insurance, self-pay.
Psychotherapy and information for
children, teens, and adults.
208 391-3849
joe@toinfinityandbeyond.org

Treasure Wellness

1655 Fairview Ave #115
Mon- Fri 9-6
\$20 / hr with interns. Private Insurance
with professional Counselors.
Counseling, education & support
groups for individuals, couples,
families. Couples communication, grief
and loss, DBT, divorce recovery,
anger/stress management.
515-7661
Treasurewellness.net

Unity Health Center

745 S Progress Ave, Meridian
W-Sat by appointment.
Sliding scale (minimum \$40),
insurance. Counseling individuals,
couples & families.
895-6729

Veterans Center

2424 Bank Dr (Vista/N Overland)
Free. Readjustment counseling
services for vets who served in war
zones or have been sexually
traumatized in military. Individual,
group, couples, family counseling.
342-3612

Veterans Medical Center

500 W Fort
Outpatient & inpatient. Behavioral
health & family counseling, groups,
temp housing for active duty &
reserve. Homeless program available.
Veterans only.
422-1000 x1145

SELF RESCUE MANUAL - Counseling & Mental Health Services cont.

Warm Springs Counseling Center
 740 Warm Springs Ave, Boise
 1833 S. Millennium Way, Suite 120
 Meridian
 Mon-Fri 8-5 (eves & weekends by apt)
 Insurance, Medicaid, Subsidy.
 Behavioral health services. Spanish.
343-7797
childrenshomesociety.com

Women's & Children's Alliance
 720 W Washington
 24 hour Hotline counseling abuse
 victims. 120 day residential program.
343-7025

SELF RESCUE MANUAL - Dental

Basic Dental Care

870 N Linder, Meridian
Closed Fri (Call before noon M-TH).
No Medicaid. Office calls \$17, X-ray
\$13 (plus \$6 for additional xrays),
extractions start at \$88-\$225,
porcelain to metal crowns \$548, root
canals \$323 to \$578. Quality dentistry
at lower fees for children & adults.
Full payment required at
appointment.

888-3384

Dr. Brock Bohlman

5993 W State
All insurance, no new adult Medicaid
patients, Medicaid for children only
ages 4–21. Call for appointment.
Undocumented citizens will be
served.

384-0577

Boise Schools- Children's Free Dental Clinic

1609 S Owyhee - Whitney Elementary
Mon, Tues, Friday 8:30-3:30
No Medicaid or insurance patients
(students of Boise School District).
Cleanings, sealants, restorations, &
extractions. Referral from BSD nurse
& have appointment. Basic dental
work.

854-6627

Caring Smiles Dental Clinic

8744 W. Fairview Ave (between
Milwaukee and Maple Grove)
Mon-Thurs 8:00-5:00
All Medicaid, cash, and private
insurances. Adult and child. Sliding
fee dependent on income for cash
patients. Call for appointment, will
work in emergency cases same day.
Spanish.

893-5000

Carrington College

1122 N Liberty
Mon-Wed 9-12, 1-4, 5-8,
Thurs 9-12, 1-4
Free dental hygiene exams, cancer
screenings, blood pressure checks,
cleanings, & x-rays. Apt averages 2.5
hrs. Spanish. If dental treatment is
needed referrals can be made to local
dentists & dental specialists. Free
toothbrush, floss, & toothpaste given
at first visit.

947-6821

carrington.edu

Dental Dental GrinWell

For adults age 60-79, income limits
and no current dental benefits.
\$1,250 free dental coverage in one
year. Application and paperwork
needed.

1-866-894-3563

Dr. Wayne Claiborne

10552 W Garverdale Ct #902
Medicaid & Insurance. Emergencies
OK. Accepts all patients over the age
of 4. Serving undocumented citizens.

336-4777

Garden City Community Clinic Genesis World Mission

215 W 35th
Mon, Tues, Wed and Friday 8-2PM.
For low income and uninsured
patients; including no Medicaid,
Medicare or VA benefits available.
By referral only from safety net clinics
and both Saint Alphonsus and St.
Luke's emergency rooms.
Basic dental services provided.
Suggested contribution \$30.00.

854-3932

Healthy Smiles

8590 Fairview
Mon, Wed, Fri 8–5 Tues, Thurs 11–7
Closed Fridays
Sliding fee & Medicaid, Idaho Smiles
21 & under, adult emergency only,
pregnancy and waiver program
(Medicaid) (Medicaid). First
appointment includes full exam &
X-rays is \$60 (without Medicaid). No
orthodontics. Spanish. Will serve
undocumented citizens.

472-2020

ISU Family Dentistry

1311 E. Central Dr., Meridian
Tues–Fri 8:30–4
Medicaid, sliding fee, \$33 for 15
minute screening. Children & adults
under 21. Advanced general dentistry
services.

373-1855

Small Smiles Dental Clinic

8744 Fairview (Fairview Tech Center
between Milwaukee & Maple Grove)
Mon-Fri 8–6:30
Medicaid, Cash and accepts many
private insurances. Children under 21
only. Prefer appointments but will
accept some walk-ins. Spanish.

322-3010

Terry Reilly Health Services Boise Dental

2301 N 36th #102
Mon –Fri 7:30-6
Medicaid & sliding fee depending on
income. Emergency dental must
schedule. Non-emergency call at 8am
for appointments. Extractions &
fillings. Bring \$30 deposit & 4 weeks
pay stubs. Spanish & Bosnian
speaking translating available.
Undocumented citizens welcome.

336-8801

Terry Reilly Health Services Boise Dental - Express Care

Focus is on pregnant women & other
Medicaid patients with diabetes or
heart disease, can be seen within 4
working days. New patients \$75, \$30
walk-ins (deposit). Spanish & Bosnian
speaking translating available.
Undocumented citizens welcome.

331-5049

Treasure Valley Pediatric Dentistry (Dr. Roy Rogers)

1564 S Timesquare Ln. (Overland
near Maple Grove)
Monday 8 – 5
Tue-Thur 7:30-5
Medicaid for children ages 0–20,
Idaho Smiles Program, new Medicaid
patients up to age 10. Works with
children with special needs.

376-8873

SELF RESCUE MANUAL - Disability Services

Disability Rights Idaho

4477 W. Emerald Suite B100
Non-profit advocacy agency to assist families through education, information, and individual assistance.

336-5353
(866) 262-3462

Idaho Parents Unlimited

500 S. 8th St
Parent-led organization to assist families and children with disabilities thru education and support.

342-5884

Idaho State Council on Developmental Disabilities

Advocacy and policy for individuals and families with development disabilities.

700 W. State St. 1st floor

334-2178
(800) 772-1213

Idaho State Independent Living Council

380 South 4th Street, Ste. 102
P.O. Box 83720 Boise, ID 83720-960
Assist with independent living advocacy and resource referrals.

334-3800
(800) 487-4866

Northwest ADA Center - Idaho

841-9422

Provide information, training and guidelines on ADA rights.

<http://nwadacenter.org/idaho>

Social Security Office

(800) 772-1213

<https://www.ssa.gov/>

Idaho Commission on Aging

Provide information on long term care support programs and services. For people of all incomes and ages.

334-3833

SELF RESCUE MANUAL - Education, After-School Programs

Art Without Boundaries (Good Samaritan Boise Village)

3115 Sycamore Dr
Ppl with motor/ cognitive challenge receive free whole brain therapy through the arts.
859-6231 (Mary)

BabySteps

518 N. 8th St (St Michael's Episcopal Cathedral)
Tues 1-3& 6-8 Thurs 4-6.
Education program for limited income pregnant & parenting mothers. Provide diapers, wipes, clothing, & misc baby items. Free parenting class Tuesdays 6-7pm in both English & Spanish with free childcare.
342-5601 x212
babystepsidaho.org

Big Brothers/Big Sisters of SW

110 N 27th Boise
Screened volunteers participate in mentoring program with children. Wait list. Volunteer opportunities for high school students.
377-2552
bbsidaho.org

Boise City Child Care Licensing

150 N Capitol Blvd 1st Floor City Hal
Mon-Fri 8-5
Parents must make a public records request in writing at the City Clerk's office, can view files on all licensed child care providers in Boise. Will provide a list of providers broken out by zip code & facility type. Spanish interpreter available with appointment.
384-3710

BOISEINTERPRETERS.COM

Language interpreter & translator services for folks serving limited English speaking people.
MiroslavBarac@BoiseState.Edu or do website request.

Boise Parks & Recreation's Mobile Recreation Unit

Call for more information.
854-4917

Boise Parks & Recreation Community Centers

Grace Jordan Community Center
6411 W Fairfield
854-4910 (Chris Camacho)
Morley Nelson Community Center
7701 W Northview
854-4917 (Joey Ward)
Whitney Community Center
1609 S Owyhee
854-6625 (Barbara English)
cityofboise.org/parks

Boise Schools Preschool Screening

3-5 yr olds. Screenings are August - February. Must call for appt. For possible problems with self-help skills, speech, language, emotional vision, social & motor skills, concepts, & hearing.
854-5520

Boys & Girls Club of Ada County After School Program (age 6-18)

610 E 42nd Garden City **321-9157**
911 N Meridian Rd Meridian
888-5392
Mon-Fri 3-8, (1-7 on half school days). open on no school days / summer from 11-6 (7am- \$5/day). \$10 / year. Offers free meals daily. Open to school-aged youth with a variety of programs offered daily. New families must attend orientation.
bgclubidaho.org for more info & orientation times.

Computers for Kids

8540 W Elisa (off Victory, btwn Cole & Maple Grove)
Mon-Fri 9-4
Low cost refurbished computers for students, grades K-14. \$100 fee, few scholarships available. \$185 fee for college students.
345-0346
cfkidaho.org

Catholic Charities of Idaho

7255 N. Franklin Rd
Parenting, English, financial education, and citizenship classes, case management, parenting classes, employment, resume writing.
345-6031
ccidaho.org

College of Western Idaho (Boise & Nampa)

Adult Basic Education (ABE) Program - free classes in Language Arts, English as Second Language (ESL), math, GED / Compass preparation. Free lab time with access to tutoring and computer/internet study.
562-2571 Boise ESL
562-2575 Boise ABE
562-2014 Nampa ESL
562-2068 Nampa ABE
cwidaho.cc/abe
www.cwidaho.cc/esl

Education & Training Voucher Casey Family Programs (Julie Stevens)

6441 Emerald, Boise
Financial aid to eligible current or ex foster youth or who were adopted age 16+, or aged out of foster care at 18. Possible help with post secondary ed, training, books, tuition, room & board, childcare, transportation, tools, uniforms, computers. Must have diploma or GED.
377-1771

El-Ada Community Partnerships

2250 S Vista
Mon-Fri 9-4
Payment for GED testing through the College of Western Idaho. School/registration fee assistance for junior high and high school students. Undocumented citizens will be served.
345-2820
cwidaho.cc/adult-basic-education

FAFSA (Federal Student Aid)

<https://fafsa.gov/help/fftoc03a.htm>

SELF RESCUE MANUAL - Education, After-School Programs cont.

Family Advocate Programs: Home Visiting

3010 W State #104

Free and voluntary home-based parent education services on child development, effective parenting skills, nutrition & more. Serves families & children ages 0-5.

345-3344 x1011 (Solymar)

familyadvocate.org

Head Start & Early Head Start

4709 Camas

Tues-Fri 8-12 or 12-4

Children from birth to age 5.

Transportation provided for some classes. Provide food for breakfast & lunch, & afternoon snacks. Early Head Start; Expectant parents & families with infants up to age 36 months. Weekly home based family educator works 1.5-hour with child & parents. Socialization twice/month at center. Monthly family meetings to get information while child interacts with other children (day care provided).

344-9187

ID Assistive Technology Project

Statewide program assists people with disabilities with assistive technology they need to live more independent lives. Free services available to all ages & disabilities

1-800-432-8324

idahoat.org

idaho.at4all.com

Idaho CareLine 211

Provides list of child care providers.

2-1-1 or 1-800-926-2588

www.211.idaho.gov/

ID Department of Labor WIA Youth & Adult Program

219 W Main Boise **332-3575**

205 E Watertower Meridian

364-7785

Youth ages 16-21 & Adults 18+; Must meet eligibility requirements. Provide help in getting GED/High School Diploma. labor.idaho.gov

Idaho Family Assistance Center at Gowen Field

Offers all branches of military families services & referrals for various issues.

272-4355 or 272-4355

Idaho Federation of Families for Children's Mental Health

704 N 7th St

Promotes & seeks solutions for mental health well being for children & youth & respite care clearinghouse.

433-8845

idahofederation.org

Idaho National Guard Youth Program Gowen Field

Issues that face youth who live in military families including deployment education. Community training available. Goodwill Staffing Services.

272-4387 Tanya Chin

Idaho Parents Unlimited

500 S 8th, Boise

1-1 help by phone or in office to families with children with disabilities, workshops designed to inform families on special education laws & other topics. Spanish.

342-5884

Job Corps

2323 S Vista Ave. #203

Mon-Fri 8-5, Closed 12-1

Ages 16-24 Full time program, usually residential. Closest center in Nampa. Please call for eligibility & orientation times. Spanish speaker.

375-9414

jobcorps.gov

Learning Lab

308 E 36th St Garden City, ID 83714

Computer-assisted learning center for adults and families with 0-6 year old children. Basic skills instruction including math, reading, writing, spelling, GED prep and workplace skills. Children enrolled in an Infant/Toddler or Preschool Program. Students learn to touch-type and use a computer while improving their basic skills.

learninglabinc.org

344-1335

Lee Pesky Center

3324 Elder St

Not-for-profit specializes in evaluation and treatment of learning disabilities. Sliding scale.

577-1108

Life's Kitchen

1025 S Capitol Blvd

A nonprofit employment-training organization offering 16 week employment-training program to young adults ages 16-20, covering not only culinary training but teaching life skills classes as well.

331-0199

Parent Project

Call for schedule & sign-up. Parenting skills program to help parents prevent & intervene in destructive adolescent behaviors. 11 weeks/class during the year. Workbook cost of \$25

570-6404

Salvation Army Life Skills

4308 W State St.

Jan-Oct. Incentives such as store credit, bus passes, gas for attendance.

433-4427 (Wendy)

wendy.wong@usw.salvationarmy.org

TRiO Education Opportunity Center University of Idaho (Boise)

322 E. Front St. Suite 190

Assist adults with returning to school. GED/ college/ trade/ technical school programs. Career counseling, researching schools & programs, college and financial aid apps, entrance tests, reg assistance, academic advising, counseling on default loans.

208-364-9925

Email: eoc@uidaho.edu

Website: www.uidaho.edu/eoc

YMCA

1050 W State **344-5502**

5959 N Discovery PI **377-9622**

5959 N. Discovery PI **377-4886**

936 Taylor Avenue Meridian **855-5711**

Financial aid available.

SELF RESCUE MANUAL - Employment and Casual Labor

Maximus

600 N Steelhead Way #110

Mon-Fri 8-5

Case management, job search preparation, related classes, resume & cover letter aid, faxes, phones, copies & computer time . Required for those who receive food stamp and cash assistance who are mandatory to look for work. Interpreters available. **MUST BE REFERRED BY Department of Health & Welfare to receive gas vouchers & bus passes.**

322-9675

Idaho Department of Labor Job

219 W Main Boise **332-3575**

205 E Watertower Meridian **364-7785**

Mon -Thurs 9-5, Fri 9-12

Register for work & apply for unemployment insurance on-line or in office. Search available jobs online, get resume assistance & free job search workshops. Spanish.

www.labor.idaho.gov

Idaho Department of Labor WIA Youth & Adult Program

Youth ages 16-21 and adults 18+: possible financial help with GED & job training. Must meet eligibility requirements, call for appointment. Provide assistance in obtaining GED or High School Diploma. Spanish.

332-3575 X3621 or 3590

www.labor.idaho.gov

People Ready Temporary Service

10 W Franklin Rd, Meridian

Mon-Fri 6-5:30, Sat 7-10, 5-6

After application process is complete, employee is asked to come into office at 6am if desiring employment.

Application time & dates may vary, please call office for current application times. Applicant will need to have 2 forms of ID such as a state photo ID, SSN Card, certified birth certificate or passport. Spanish interpreters sometimes.

331-3606

Pro People Staffing Services

10369 W Emerald Boise #100

Mon-Fri 9-2 (for applications)

Temporary employment. Applications taken, need 1-2 hours to do application or online. Dress nicely for interview process, free training & skills testing. Temp to hire based on work, pay averages \$8-\$10/hour.

345-5747

propeplestaffing.com

SOS Staffing

8708 Fairview

Mon-Fri 8-5

Clerical, skilled trades, production & technical work, & labor work available. Temp to hire based on work & pay averages \$8-10/hour.

327-1000

Treasure Valley Community Resource Center

Mon-Fri 8-5

Information & referral on human services in Idaho & Eastern Oregon via phone.

459-9263

idahconnections.org

Treasure Valley Veterans Resource Network Community Services Guide

Excellent resources.

police.cityofboise.org/media/5675/VeteransResource%20Manual.pdf

Vocational Rehabilitation

10200 W Emerald #101

Vocational assistance for individuals with disabilities who require help finding or maintaining employment.

327-7411

vr.idaho.gov

Volt Services Group

101 S Capitol Blvd #501

Temporary work, temp to hire, short & long term, clerical, accounting, light industrial (assembly, warehouse) available. Must complete application, possible safety test, pre-employment drug screen & background check. Must provide 2 work references & ID that proves legally able to work in the US. Paid weekly usually \$8-14/hr.

375-9930

SELF RESCUE MANUAL - Financial and Utility Assistance

Ada County Indigent Services

252 E Front #199

M-Fri 8:30-3

Located 2 buildings East of Courthouse. One time/year. General Assistance includes rent, power, gas, water, & cremation assistance. Ada County. Must be last resort.

287-7960

www.adacounty.id.gov

Assurance Wireless

Help with free cell phone if receiving state benefits and no other cell.

Limited minutes, unlimited text.

<https://www.assurancewireless.com/SecureApplication/Address.aspx>

Advocates Payee Services, Inc.

Representative Payee Services
Serving the whole Treasure Valley

208-571-6095,

www.advocatespayee.org

Debt Reduction Services

6213 N Cloverdale #100

Free credit & debt counseling, free credit report review financial ed family budget help. Bankruptcy counseling & certificates available. Walk-ins OK or call for appt.

378-0200

Department of Health & Welfare Self-Reliance

1720 Westgate (off Fairview behind Pojos) Mon-Fri 8-5

Food Stamps, Medicaid, TAFI, Idaho Child Care Program (ICCP), Grandparent Grant, telephone help, navigators can help with rent/utility. Must apply at office & set up interview. Come early to apply & walk-in apts available. Language assistance is available.

MyBenefits@dhw.idaho.gov

334-6700

El-Ada-Outreach Water Assistance/ UW Cares

2250 S Vista Ave

Available once/year for Suez Water or Meridian Water customers who are facing shut off. Please bring shut off notice. Eligibility is based on income.

345-2820

El-Ada-Outreach Energy Assistance and Home Weatherization

701 E 44th

Mon-Fri 8-4:30

Energy Assistance: wood & propane OK. Open Oct-March. Home weatherization: eligible homes for once in lifetime use. Need appt. Bring income (pay stubs) for last 3 months from all working family members, a copy of the utility bill, & landlord.

322-1242

El-Ada-Outreach Services

2250 S. Vista Ave

Information, Referral & Service Coordination - phone or walk-in info available about low-income services in Treasure Valley. Written referrals, vouchers & arranged appointments for basic & emergency needs. Assistance completing applications for services. Telephone bill help for T-Mobile, supportive services for veterans, food pantry, educational help, HIV testing and counseling.

345-2820

HISway, LLC

Payee service

322-0262

Idaho CareLine 2-1-1 Navigator Program

Referrals and financial help if qualify.

idahocareline.org/

211 or 1-800-926-2588

Idaho Power and Intermountain Gas "Moratorium"

Dec 1st to March 1st; Must call tell them you have children, & continue paying bill and they will not shut off service. Power will be turned off after March 1st if nothing has been paid on the bill.

Idaho Power: 388-2323

Intermountain Gas: 377-6840

IMSI Hope Community Phase II

1775 W State St Ste 191 Boise

Resources for those returning from incarceration. Pay for calls from IDOC

629-8861

www.imsihopecommunityphaseii.com

Neighborhood Housing Services

3380 W Americana Terrace #120

Homebuyer Education **258-6225**

Foreclosure Prevention **258-6224**

Down payment help **258-6226**

343-4065

www.nhsid.org

Love INC of Boise

Tues - Thursday 10-1

Budgeting & life skills, in-kind assistance for clothing, household, diapers if available. One-on-one mentoring. Call to apply. Christian based.

377-3502

<http://www.boiseloveinc.org/>

Salvation Army Project Share

4308 W State

Help with Idaho Power & Intermountain Gas bills. Call and leave message with your name and phone #, will be put on wait list. Call backs done at first of month until funding gone. During telephone interview caseworker will tell the person what they need to bring in. Bring proof of address & photo ID. From October to April.

433-4424

St Vincent de Paul Help Line

Various help for utility, rent, etc. Must leave voicemail with first & last name, phone number, zip code, & what kind of assistance you are requesting so that you can be referred to the appropriate volunteers.

331-2208

Social Security Administration

1249 S Vinnell Way #101 (off Overland by Wal-Mart)

Mon/Tues 9-4, Wed 9-12, Thurs/Fri

9-4. Retirement, educational outreach & survivors, disability, Medicare info. May call for appt.

Arrive early, possible line.

1-855-377-9316

socialsecurity.gov

SELF RESCUE MANUAL - Food Pantries

Agape in Action

1001 S Orchard Boise
Free groceries, clothing, & toiletries last Saturday of month from 1–4pm or call. For emergencies call 703-5381 for help. Also offers the "Toys for Tots" program in the months of September- December. Provide Thanksgiving & Christmas food boxes.

685-0612

agapeworship.com

a.i.p.h.a. Choice Food Pantry (Allies linked for the Prevention of HIV & AIDS)

575 N 8th Street LL Boise
Tues 12-3, Thurs 12-3, Sat 12-3
For individuals infected with or directly affected by HIV and AIDS. This includes people living with HIV and AIDS, their direct family members, and caregivers.

424-7799

alphaidaho.org

Calvary Chapel of Boise

123 Auto Dr (Boise Auto Mall) Boise
Sat 10–2

Limited supplies. Non-perishable & some perishable foods. One visit/month. Need to show drivers license & fill out a form.

321-7440

City Hope Food Pantry

8401 W. Fairview Ave. Boise
9:30-11:30 Monday - Thursday.

Once / week. No ID needed.

376-7272

Community Ministries Center

3000 Esquire (S of Ustick) Boise
Mon- Thursday 12–3:15

Cans, produce meats when available. Call ahead for baby items such as baby formula, & diapers & social services. Use every 45 days. Bring proof of address & ID (photo ID or birth certificate) for family members needing food. Need to live in Ada County.

378-7774

Eagle Food Bank

Eagle Performing Arts Center
149 West State St Eagle
1st & 3rd Thursday of the month
10am–12

Last Tuesday of the month 6-7:30pm.
Available to Eagle & Star residents.

631-0702

El-Ada Community Resource Center Food Pantry

2250 S Vista Boise
M-F 8:30-4:30

May use every 60 days. Food boxes have 2-4 days of food. USDA commodities - call for more info. Undocumented welcome. Interpreter available upon request.

345-2820

El-Ada Community Action Partnership Food Pantry

701 E 44th #2 Boise
Mon-Fri 8:30-4:30

May use every 60 days. Food boxes have 2-4 days of food. USDA commodities - call for more info.

Undocumented welcome. Interpreter available upon request.

377-0700

First Baptist Church Food Bank

607 N. 13th Boise
Sat 9-11am

Bread, cans, cheese, butter, milk, some meat. Show ID, every 30 days.

344-7809

First Bible Missionary Church

375 N Roosevelt Boise
Nonperishable food. Call for an appointment.

376-2439

First Presbyterian Church Friendship Food Pantry

950 W State Boise
Mon 5-7

Once per month.

Foothills Christian Church Food Pantry

9655 W State Street Boise
Fridays 12-3

853-0011

foothills.org

Friendship Food Pantry

950 W State St Boise
Mon 5-7

345-3441

Heritage Bible Church Food Pantry

7071 W Emerald Boise
3rd Sun 12:30-2:30

891-9538

Hope Lutheran Church Food Pantry Give Hope Food Pantry

331 N Linder Rd Meridian
Mon-Wed 10-1

939-9181

Idaho CareLine 211

Free summer lunch, food referrals.

211 or 1-800-926-2588

www.idahocareline.org/

The Idaho Foodbank

Refers to food pantries. Call 211 for a list of pantries.

336-9643

idahofoodbank.org

Meridian Food Bank

133 W Broadway Meridian
Mon/ Wed 12-6 Thurs 12- 4

May visit twice/month. Cans & dry goods produce in season, meat & eggs when available. Bring ID & proof of address.

888-5102

SELF RESCUE MANUAL - Food Pantries cont.

Mountain View Church of the Brethren

2823 N Cole Boise
Tues-Thurs 10:30-1:30
375-0604

Salvation Army Food Pantry

4308 W State Boise
Tues - Friday 9-1
Every 60 days. Non-perishables and perishables. Bring proof of address & photo ID for every family member & must live in Ada Co. Senior Day is second Friday of the month at 1:00 for Seniors 62 and older (food, utility assistance, vouchers and gasoline help available)
343-5429 X1

St John's Cathedral

815 Hays Boise
Mon-Thurs 1-3
Cans, staples, food boxes. Need ID
342-3511

St Mark's Food Bank

7960 Northview Boise
Mon-Fri 10-2
Boise residents only. Cans, milk, eggs, bakery, meat, grains, cereals, & snacks for families. Every 45 days. Bring ID.
327-0345

St Mary's Food Bank

3890 W State Boise
Mon, Wed, Fri 11-3
Every 30 days. Serves NW Boise/ Garden City/St Mary's Parish area (83703, 83714, 83702). ID & proof of address. Food boxes, frozen foods, dairy & eggs, diapers. Spanish.
850-6818 or 345-2734

St. Paul's Catholic Student Center Food Pantry

1915 University Dr. Boise
Tues 4-6, Sat 9:30-11:30
For BSU students, employees, faculty & neighboring colleges.
343-2128

SVdeP- Holy Apostles Food Pantry

6300 N Meridian (Chinden - double wide with blue awning) Meridian
Mon, Wed, Fri 1-4; Thurs 5:30-7
May visit every 30 days. Bring ID. Serves Meridian, Eagle, Star, West Boise (83713), & Horseshoe Bend only. Boxed/canned food, bread/bakery items, produce & meat when available.
svdpha@gmail.com

St Vincent de Paul -Food Pantry

3209 W Overland Boise
Tues, Thurs, Fri 10-2, W 2:30-6:30, Sat 9-noon (Closed Sunday/Monday)
May visit every 30 days. When available eggs, perishables, fresh produce, meat, dairy, eggs, canned goods, & bakery. Food assessed by family size, large families OK. Undocumented citizens OK, bring ID for each family member.
333-1460
svdpid.org

Sulamita Food Pantry

1021 W 8th St Meridian
2nd & 4th Sat 10-12
409-7206

Vineyard Christian Fellowship

4950 N Bradley Boise
W & SA 10-noon
Every 30 days. Bakery goods, canned foods, & meat. Photo ID & proof of address. Undocumented citizens welcome. Interpreters sometimes available. Only Ada County residents
377-1477

WIC (Women, Infants & Children)

707 N Armstrong (Central District Health) Boise
Appointment only. Pregnant & breast feeding women, infants & children age 1-5 get cheese, eggs, beans, peanut butter, milk, cereal, juice & fresh fruits/vegetables. Pregnant woman need proof of address, proof of income for last 30 days, & proof of pregnancy. Child needs ID, SS card or birth certificate, proof of income, & immunization card.
327-7488

SELF RESCUE MANUAL - Friendship Feast/Community Free Meals

<p>Baptist Campus Ministries 1327 W Beacon Boise Lunch Wednesdays 11-1 BSU Stu.</p> <hr/> <p>Biblical Studies Center 1025 Belmont Boise BSU Students ONLY! Lunch Thursdays 11:20-1</p> <hr/> <p>The Cathedral of the Rockies 717 N 11th Boise Sack lunches available daily 11:30-1 343-7511</p> <hr/> <p>City Light for Women & Children 368-9901 1404 W Jefferson(Boise Rescue Mission) Boise Breakfast 6:30 am M-F, 9 am Sunday Brunch 10:30 am Saturday Lunch 12 pm Monday-Friday Dinner 5 pm daily</p> <hr/> <p>Holy Nativity Episcopal Church 828 W Cherry Ln Meridian 1st and 2nd Wed 5:30-7, dinner 888-4342 http://wwepiscopalholynativity.org</p>	<p>Idaho Foodbank Picnic in the Park Program SUMMER MONTHS ONLY Free lunch is provided to ALL children, ages 1-18. Adults can buy lunch for \$1.</p> <hr/> <p>King of Glory Lutheran Church 3430 N Maple Grove (N door, by Maple Grove) Boise Last Sat of month 12-1:30 lunch 377-0220</p> <hr/> <p>Latter-day Saints Stu Assoc Lunch 1929 University Dr Boise \$1.50</p> <hr/> <p>River of Life Boise Rescue Mission 575 S 13th (by River St) Boise Breakfast 6:30 am daily Lunch Mon-Sat 12:00, Sat/Sun at 1 Dinner 5 pm for guests staying outside of River of Life Dinner 7 pm for Guests staying at River of Life. Undocumented OK. 389-9840</p>	<p>St Michael's Cathedral Church 518 N 8th Boise Limited sack lunches available. Lunch Mon-Fri 9-3. Summer lunches are Mon-Thurs 9-3 & Fri 9-1. Last Saturday of month "Come to the Banquet" 12 -1:00 lunch. Undoc OK. 342-5601</p> <hr/> <p>Vineyard Christian Fellowship Feeding God's Children Food on Sun 2 - 4 at Julia Davis Park Boise. Undocumented OK. 377-1477</p> <hr/> <p>Whitney United Methodist Church 3315 Overland (Owyhee) Boise Saturday sack lunch (Zip code 83705 only) Sat 11-12:30 343-2892</p>
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3rd Thurs Sunday	6 pm 1pm	Cathedral of the Rockies Boise	717 N 11th	343-7511
Mond/Tues/Thurs Sat/Sun 1 x / month	6 pm	St Vincent de Paul Boise	3209 Overland	333-1460
Tuesdays	6-7pm	Immanuel Lutheran Boise	707 Fort St.	344-3011
1st/last Thurs	6pm	First Presbyterian Boise	950 W State	345-3441
1st Fri	6pm	All Saints Episcopal Boise	704 S Latah	344-2537
2nd Thur	6pm	St John's Cathedral Boise	807 N 8th (basement)	342-3511
2nd Fri	6pm	Sacred Heart Catholic Boise	811 S Latah	
3rd Tues	6pm	Red Rock Christian Boise	1124 S Roosevelt	342-2380
3rd Fri	6pm	Whitney United Methodist Boise	3315 Overland (by Owyhee)	
4th Thurs	6pm	Wright Community Congregational Boise	4821 W Franklin	
Last Wed	6pm	Hillview United Methodist Boise	8525 Ustick Rd	375-0392
1st/ 2nd Wed	5:30-7	Holy Nativity Epis. Church Meridian	828 W. Cherry Ln	888-4342

SELF RESCUE MANUAL - Hotlines for Crisis/ Resource

American Red Cross

146 South Cole
Mon - Thurs 9-4, Fri 9-1
Offers family disaster & emergency assistance 24/7.
1-800-853-2570 X 803

City Light for Women & Children

1404 W Jefferson
Safe place for victims of domestic violence, or any kind of violence, to go for protection.
368-9901

Combat Call Center

24 hour hotline for combat Veterans to provide support, information about services/benefits available to them & referral to local resources.
1-877 927-8387

FACES Family Justice Center

417 S. 6th Street (corner of 6th and Myrtle)
Provides multiple no cost services in one location for victims of Child Abuse, Domestic Violence, Elder Abuse, and Sexual Assault for women, children, men and the elderly. All services are voluntary. (Free parking on myrtle side, enter through the alley)
www.Facesofadacounty.org
577-4403

Hays Youth Help Line operated by Hays Shelter Home

24 hour Hays Hotline for Youth in Crisis
322-2308 or 1-877-805-2308

Health and Welfare Adult Protection

Crisis line for reporting adult/ elderly abuse.
332-1745

Health and Welfare Child Protection

Crisis line for reporting child abuse
334-5437

Health & Welfare Mobile Crisis Unit Suicide Prevention

24 hour crisis line for adults, also available for children after regular business hours.
334-0808 or 1-800-600-6474

Hotlines for Information on Substance Abuse

Al-Anon **344-1661**
Al-Ateen **1-888-425-2666**
Alcohol Drug Helpline
1-800-821-4357 Alcoholics Anonymous **344-6611**
Call St. Luke's (for class registration & referrals) **381-9000**
Drug Information Help/National Clearinghouse for Alcohol & Drug Information **1-800-729-6686**
Narcotics Anonymous **391-3823**
RADAR (Alcohol & Other Drug Resources) **426-3471 or 1-800-937-2327**

Idaho Careline 2-1-1

Referral to medication/ medical resources, community resources, child care, substance abuse, etc. Spanish.
211 or 1-800-926-2588

Idaho Domestic Violence Hotline

1-800-669-3176

Idaho Housing and Finance Hotline

331-4877
1-866-432-4066

Idaho Suicide Prevention & Hotline (24 hour)

1-800-273-8255
spanidaho.org/idahosuicideprevention.org/#&panel1-1

National Alliance on Mental Illness Helpline

1-800 950-6264

National Child Abuse 24 hour Hotlines

1-800-4-A-CHILD

National Runaway 24 hour Hotline

1-800-786-2929 or 1-899-RUNAWAY

National Teen Dating Abuse Hotlines

1-866-331-9474

loveisrespect.org

SAMHSA Disaster Distress Hotline

Crisis counseling and support to people following disasters including but not limited to: wildfires, earthquakes, mass violence.
(800)985-5990 or text TalkWithUs to **66746**
(800) 985-5990 opt 2 (other languages) or text Hablanos to **66746** (for Spanish)
www.samhsa.gov/find-help/disaster-distress-helpline

Treasure Valley Community Resource Center

Mon – Fri 8–5
Phone referrals.
459-9263

Treasure Valley Veterans Resource Network Community Services Guide

Excellent resources.
Google above title.

Women & Children's Crisis Center (WCA)

343-3688
Domestic Violence Hotline (24 hr)
343-7025
Rape Crisis Hotline (24 hr)
345-7273

Veterans Crisis Line

1-800-273-8255 X 1

SELF RESCUE MANUAL - Housing Resources

Ada County Indigent Services

252 E Front #199

M-Fri 8:30-3

Located 2 buildings East of Courthouse. One time/year. General Assistance includes rent, power, gas, water, & cremation assistance. Ada County. Must be last resort.

287-7960

www.adacounty.id.gov

Boise City/Ada County Housing Authority

1276 River #300

Subsidized housing for families, disabled, & elderly (2-4 year waiting list). Public Housing (project based housing) for the elderly & disabled (9-12 month wait list). For available rental units from various landlords in the community please visit website.

345-4907

housingidaho.com/

City of Boise Housing & Community Development

150 N. Capitol Blvd.

Office on the 2nd Floor of City Hall Manage over 300 affordable rental units, including studios, 1-3 bedroom units, and several single family houses. The majority of units are studios, which are remodeled motel rooms. Rent includes all utilities. No application fee. Please call for availability and/or length of the waiting list.

208-570-6833

<http://hcd.cityofboise.org/housing/rentals/>

Community Resource for Families Program - Boise School District

Some elementary schools in Boise School District have Community Resource Workers who have access to rental/utility assistance and other community referrals. Contact your child's elementary school or the Idaho Careline for more information.

IDHW Emergency Assistance/ Navigator Program

Rent, utility assistance to families with children if sustainable income. Call Idaho Careline for referral.

2-1-1 or 1-800-926-2588

Good Samaritan Home

3501 W State

Mon-Fri 9-5

Provides affordable (on a sliding scale based upon income) housing (both permanent & temporary) for adults of all ages.

343-6051

Idaho Housing and Finance Association

565 W Myrtle

Assists new homeowners with low-interest mortgages for eligible first-time homebuyers, income based, potential help with down payments & closing costs. Homebuyer Education classes both live & on line.

Counseling services include pre-purchase, post purchase non-default, homeless prevention, & foreclosure prevention counseling.

331-4877

1-866-432-4066

ihfa.org

idamortgage.com

Idaho Housing and Finance Association

Mon-Fri 8:30-5:30

A searchable registry of housing with accessibility features, affordable rental housing, age-restricted rental housing, & market-rate rental housing. The Housing Hotline is a free information & referral service.

A searchable registry of housing with accessibility features, affordable rental housing, age-restricted rental housing, & market-rate rental housing.

1-877-428-8844

housingidaho.com

Spanish:

<http://viviendaidaho.com/index.html>.
[ESP](http://www.idaho.gov/ESP)

Jesse Tree of Idaho

1121 Miller St (11th & Myrtle)

Mon, Tues, Wed, Thurs 11-2

Emergency rent assistance. Call for screening for emergency rental assistance. Must have paid rent for 3 consecutive months on time (does not need to be the last 3 months), must have eviction notice, must participate in case management, have proof of income and Ada County resident.

383-9486

Neighborworks Boise

3380 W Americana Terrace #120

Below-market apartment rental units (based on income) -2,3,& 4 bedroom.

322-5855, 386-9818

Below market mobile home space rental, based on income **573-0258**
Home Foreclosure Prevent **258-6224**
Licensed mortgage lending,
Mortgage down-payment assistance

258-6788

Financial Counseling **258-6225**

For more information **343-4065**

www.nwboise.org.

Our Path Home

Starting place for people in homelessness to get stability. Staff to help see if qualify for homelessness prevention, rapid rehousing, transitional or permanent supportive housing services and help make referral connections to these programs.

495-4240

Provenance House

Transitional housing from prison for men, sex offenders ok. \$385 for rent and utilities with no extra fees. Clean bedding, pillows, towels and toiletries provided as needed. Nice homes in residential neighborhoods that are close to bus stops.

577-7700 Doug Hardy

dougwhardy@gmail.com

Treasure Valley Community Resource Center TVCCR

Mon-Fri 8-5

Information & referral on services in Idaho & Eastern Oregon via phone.

459-9263

SELF RESCUE MANUAL - Legal Assistance, Refugee Agency

Ada County Court Assistance/Self-Help Center

200 W Front Room 158
Mon–Fri 8:30-3 (In Ada County
Courthouse)

Provides free forms & instruction for
divorce & family law issues, custody,
visitation, support modification,
[paternity](#), guardianship,
landlord/tenant disputes, & small
claims court. Free forms &
instructions for family law issues are
also available at

www.adaweb.net/cao. Free notary
available for Ada County Courthouse
paperwork only (Will not notarize vital
stats paperwork). Applications for
Domestic Violence Protection Orders
are available from Clerk of Court on
1st floor. New interactive website that
will help prepare legal documents
divorce filing with no minor children,
name changes & landlord/tenant
issues.

Family Court Services 4th floor of
Courthouse 287-7600

Child support issues advised to go to
Family Court Services for guidance,
as it is complex. Can assist parents in
calculating child support for divorce &
custody cases.

287-6963 & 287-6944

courtselphelp.idaho.gov

Agency for New Americans

1614 W Jefferson

Mon–Fri 8:30–3

Resettlement agency. Provide
refugees, asylees & victims of
trafficking with case mgmt,
employment, referral & limited
immigration services. Some other
services available based on eligibility.
Spanish speaking.

338-0033

anaidaho.org

CASI Foundation for Children

2308 N Cole #E

Mon- Tues 8:30-3:30, Fri 8:30-1

Private, non-profit adoption agency.
Offer help low-income & homeless
pregnant women & their partners.
Free & confidential.

376-0558

adoptcasi.org

Catholic Charities of Idaho

7255 N Franklin Rd

Immigration & legal counseling.
Spanish. To qualify: have no back
child support, no IRS liens, no
felonies, no prior false claims of
citizenship, & less than 2 misd in last
5 years. Family based system. No
employer sponsors.

345-6031

catholiccharitiesidaho.org

Center for Community & Justice Neighbor's Project (Proyecto Vecinos)

4696 Overland #228

Mon–Fri 9–5

Low cost help w/ family immigration
issues. Health resources education &
parent education. Not for deportation
hearings. Spanish.

378-1368

DisAbility Rights Idaho (was Co-Ad)

4477 Emerald #B100

Advocacy for people with disabilities
(physical, developmental, mental
illness or traumatic brain injury) who
have been abused/neglected, denied
services or benefits, or have rights
violations or discrimination because
of their disability. Assistive
technology/services, & in applying
for, or receiving services from rehab
programs, & SSI/SSDI beneficiaries
with return to work issues.

Information & referral, negotiation &
mediation, short term & technical
assistance, legal
advice/representation. Spanish.

336-5353 or 1-866-262-3462

Idaho Dad's, Inc.

Free. Nonprofit to educate Dads of
parental rights.

353-1537

www.idahodadsinc.org

Idaho State Council on Developmental Disabilities

700 W. State Street, 1st Floor

334-2178 or 1-800-544-2433

info@icdd.idaho.gov

Idaho Legal Aid

310 N 5th

Mon-Fri 8:30-5

Family law (divorce, custody &
protection orders with domestic
violence), & landlord- tenant
problems, mortgage foreclosure
issues. Based on income & type of
problem. Walk-ins OK. 3 statewide
toll free advice lines: Domestic
Violence Legal Advice Line
1-877-500-2980, Fair Housing Legal
Advice Line [1-866-345-0106], Senior
Legal Hotline age
60+ 1-866-345-0106. Spanish line:
1-866-954-2591.

345-0106 X 0

idaholegalaid.org

Idaho Volunteer Lawyers

Mon–Fri 8–5

Phone intake & application over
phone, eligibility based on income &
type of case. Free legal services for
custody & visitation, divorce, debt
collection, or modification of child
custody court orders, guardianship
child, guardianship adult, wills &
estates, assistance for nonprofit
corps. Priority is domestic violence
&/or child endangerment cases. Will
not handle criminal cases or any cash
settlement.

1-800-221-3295 & 334-4510

isb.idaho.gov/ilf/ivlp/ivlp.html

Idaho Volunteer Lawyers Foreclosure Aid Project

Mon–Fri 8–5

works to address the legal concerns
of families facing foreclosure.

1-855-955-8296

isb.idaho.gov/ilf/ivlp/ivlp.html

ITLA Street Law Clinic

Boise Public Main Library

715 S. Capitol Blvd.

Hayes Auditorium

Street Law Clinic 2nd and 4th

Mondays, 4-6pm, check in by 5:30

Family Law Clinic 4th Monday of

month, 4-6, check in by 5:30

<https://www.itla.org/index.cfm?pg=StreetLawClinic>

345-1890

SELF RESCUE MANUAL - Medical Assistance

Ada County - NACo Prescription Drug Discount Card Program

Free cards may lower up to 22 % of cost for most meds. No paperwork or income guidelines. Use card like coupon. Available at most pharmacies such as Walgreens & Rite Aid.

Advanced Chiropractic

6720 W Overland
\$20 Sports physicals for junior high and high school students. Same day appointments available.

323-1440

Ada County Indigent Services

252 E Front #199 (2 buildings East of Courthouse, parking East side of Courthouse or parking garage; 1st hr free and \$1.00 after 1st free hr)
Monday – Friday 8:00-5:00
Fill out app, bring to office to schedule apt. Need current written prescriptions, may take 2+ days to OK. Help with long term medical bills based on indigency staying within time frames from 1st date of service.

287-7960

www.adacounty.id.gov

All Seasons Health

8050 W Rifleman #100
Medicaid, insurance. Primary care, meds mgmt, counseling, Injections, screenings. Non-emergency care, outside referrals for surgeries. Call for appointment. Can get interpreters.

321-0634

Allies Linked for the Prevention of HIV and AIDS

575 N 8th Street LL Mon, Tue, Thur, Fri, & Sat 12-3 and Thur 5pm-8pm
Free confidential rapid HIV and Hep C testing, counseling, and referral. No cost STD testing. HIV education, outreach, and support. Hep C support group, free condoms, safer injection and harm reduction materials avail.

424-7799

Alphaidaho.org

Amador Medical

5674 W. State Street
Medicaid. Medical equipment provider specializes in incontinence supplies, ages 4 years and up.

www.AmadorMedical.com

514-0173

Bridges to Access

Free prescription assistance for GlaxoSmithKline's medicines.

www.bridgestoaccess.com

Cair Project

Abortion fund that services the Northwest.

1-888-644-2247

<https://cairproject.org/info/idaho/>

Central District Health

707 N Armstrong PI (Emerald)
Teen Clinic walk-in Thurs 2:30–5:30.
Family Planning **327-7400** Apt only.
Pregnancy tests apt only. Times vary.
WIC **327-7488** apt only. Pregnant & breastfeeding women, infants & children age 1-5.

Immunizations for Children **327-7450**
By appt only.

375-5211

Covering Idaho Kids at Mountain States

1607 W Jefferson
Mon-Fri 8:30-4:30

Sign eligible kids up for Medicaid. Outreach workers will help fill out applications, ensuring proper documentation, & make home visits to pick up or drop off paperwork.

336-5533 X233

coveringidahokids.wordpress.com/

EI-Ada Outreach HIV testing

2250 S Vista
Mon–Fri 8:30–4

HIV testing, counseling, groups, & education. Free OraQuick Advance rapid testing & results for HIV with counseling on site & at various outreach van locations. HIV prevention and risk reduction education.

345-2820

Family Care Clinic

6933 W Emerald St.
Medicaid, Medicare, all major insurances, sliding scale. Full service health clinic including primary care, family care, medmanagement, weight loss and walk ins.

321-1028

Family Medicine Health Center

777 N Raymond
6565 Emerald; 121 E Fort;
2275 S Eagle Rd #120 Meridian
Medicaid, Medicare, sliding fee, private ins. Beginning of life through end of life care. Women's Health, Chronic Disease Management, Hep C, HIV, mental health and more. Community Health Workers and Certified Enrollment Counselors.

514-2500

<http://www.fmidaho.org/patients/services/>

Fred Meyer Pharmacy

3527 Federal Way **424-7533**

5230 W Franklin **429-6433**

5425 Chinden **323-7036**

10751 W Overland **373-5233**

1850 E Fairview Meridian **887-5273**
Generic med approx \$4 for 30 days or \$10 for 90 days. Free insurance card at Fred Meyer. Ask for it at the counter.

Friendship Clinic at All Saints Episcopal Church

704 S Latah
Mondays & 2nd/4th Tuesday. 5:30-8:30
Free basic health care services for underinsured & uninsured. No Medicaid or Medicare. Appointments only. Acute non-emergent care, limited mental health & no children services. No interpreters available.

429-6678

friendshipclinic.com

Family Wize by United Way

Prescription discounts with free downloadable card. See website for details.

<https://www.unitedwaytv.org/work/familywize-prescription-savings/>

SELF RESCUE MANUAL - Medical Assistance cont.

Garden City Community Clinic (Genesis World Mission)

215 W 35th

Free. Call anytime. Apts scheduled for Tues & Thurs 4 - 6 or Wed 9:-11. Free medical clinic for low income & uninsured patients. Financial eligibility remains at 200% of Federal Poverty Guidelines. Services: treatment of acute non-emergent illnesses, basic chronic care & counseling, medications as available. Dental clinics Mon, Tues, Wed, Fri. 8-2. Complex mental illness care & complex chronic care are referred to other providers. Ladd's Pharmacy is partnering with GCCC to fill any meds not in formulary & all \$4 generic medications. Bring interpreter.

384-5200

Idaho CareLine

Referral to medication/ medical resources. Spanish.

211 or 1-800-926-2588

idahocareline.org
RxIdaho.org

Kmart Pharmacy

10477 Fairview

Certain generic medicines \$5-15 for 90 days, Spanish interpreters possible.

377-5153

kmart.com/shc/s/dap_10151_10104_DAP_Kmart+Pharmacy+Microsite

Knights of Columbus Council #12854

Free wheelchairs, walkers, canes, crutches, med beds, commodes, shower benches, other medical equipment.

**Dick DeLeonard (362-3710),
Dale (888-3782), Robert (377-0874)**

Leukemia & Lymphoma Society

2404 W Bank Dr #103

Patient financial aid available for all blood cancer patients in active treatment, including co-pay assistance up to \$5,000 per year.

658-6662

lls.org

Living Independence Network Corporation

1878 W Overland

Loans & gives away wheelchairs, walkers, etc. No financial help. Interpreters available.

336-3335

lincidaho.org

North End Children's Health Clinic

1655 W Fairview #206

Medicaid, insurance & self-pay. Pediatrics, obesity, behavioral consults (school issues, aggression, ADD, depression).

395-0000

Omega Health

5985 W State

M-1-3:15, T, W, Thurs 9:15-3:15, F 9:15-2:45

Medicaid, Medicare, & insurance. For teens (age 12+) & adults.

853-0071

Partnership for Prescription Assistance

Medicare, Medicaid. Help getting prescriptions. Income guidelines. Spanish.

1-888-477-2669

pparx.org/en/about_us
kids.pparx.org

Pharmaceutical Company Patient Assistance Programs

Website with information, news, & database designed to find ways to get affordable or free medications to low-income patients. Must register for a free user account.

rxassist.org/Search.cfm

Planned Parenthood

3668 N Harbor (off State St)

Mon 9-7, Tues 11-7, Wed 9-5, Thurs, Fri 8-4, Sat 10-4

Medicaid, sliding fee & insurance. Birth control, STD tests, pregnancy tests, emergency contraception (EC). Walk-ins accepted for some services. Call for appt. Abortion services. Early pregnancy loss services. Spanish

376-9300

ppgnw.org

Praxis Medical Group

3080 E Gentry Way # 200, Meridian
Mon-Fri 8-5

Medicare, no Medicaid, \$35 school physical. Cash discount (not for physicals).

378-2840

Primary Health Walk-in Clinics

1907 S Broadway **345-1222**

Mon-Sun 8-8

300 W Myrtle **472-9082** Mon-Fri 7-8,
Sat- Sun 8-6

6052 W State St **344-7799** Mon-Fri
8-8, Sat-Sun 8-6

8971 W Overland **378-4288**

Mon-Sun 8-8

6348 Emerald St **377-4400**

Mon-Fri 8-5 (Pediatrics)

125 E Idaho St (OB/GYN) **385-9330**
Mon-Fri 8-4:30

11197 W Fairview **378-8011**

Mon-Sat 8-8, Sun 8-6

3115 E Florence St **895-8670**

Mon-Sun 8-8

1130 E Fairview **888-9393** Mon-Sat
8-8, Sun 8-6

435 S Eagle #100 **939-8200** Mon-Fri
8-8, Sat 8-6

Medicaid. Undocumented people welcome. All clinics have Spanish interpreters & language lines except the Eagle location.

Rite Aid Pharmacy Savings Card

\$9.99/30-days generics, \$15.99/90 days, save 15% on other name brand/generics.

1-866-317-4286

riteaid.com/pharmacy

Stanton Healthcare

3684 N. Harbor Ln.

No charge for services.

Call for appointment.

Early detection pregnancy verification, free ultrasounds, options counseling, sexual integrity info., post abortion support, STD Testing, practical assistance, client advocacy, confidentiality.

855-5095

contact@stantonhealthcare.org

SELF RESCUE MANUAL - Medical Assistance cont.

St Alphonsus Express Care

Rite Aid 1515 W State
Albertsons 4700 N Eagle Road
(McMillan)
Mon–Fri 9–8, Sa & Sun 10–6
Medicaid, Medicare, insurance. Nurse practitioner assesses & treats basic medical conditions for flat fee of \$75 & school physicals (\$25). Adults & children 12 months & older. Medicaid patients need to fill out Healthy Connections form.
367-7264

St Luke's Internal Medicine

701 E Park Center
Mon–Fri 8–5
Medicaid, may slide fees. Adults 18+, primary care.
381-6400

St Mark's Crisis Center

7960 Northview
Mon-Fri 10-2
Emergency only. Need prescription, \$50 max, use only once. Photo ID. No pain killers or controlled substances. Must use Shopko pharmacy (get price quote, then given a voucher).
327-0345

St Vincent de Paul Patient Assistance Program

3217 W Overland
Mon–Thurs 10–12, 1-4
Maintenance meds. Call for info & appt first. No application fee. Meds usually arrive in 4–6 wks after app sent to drug company. Patient must have written prescription.
344-9737

St Vincent de Paul Help Line

Must leave name, phone, zip code for call back
331-2208

Senior Health Insurance Benefits Advisors (SHIBA)

Provides free help about Medicare. Clients can get help with plans, financial assistance programs, or filing complaints.
1-800-247-4422

Shriner Hospital Referrals

Free for children. Treats burns, CP, skeletal problems, neuromuscular diseases. Covers hospital. No charge for services, arrange & pay for travel.
343-0571

Sonshine Family Health

2308 N Cole #H
Mon, Tues, Thurs 8–12, 1:15–5:15,
Wed 8–1, 2:15–7, Fri 8–1
Medicaid, self-pay, no insurance. Payment due at visit, simple visits start at \$63. Nurse practitioner. Undocumented citizens served. Interpreters available with notice.
375-8806

St Alphonsus Family Center CARE Clinic

900 N. Liberty #100
Pregnant refugee women, all babies, age 12 months & younger, with refugee parents, possibly pregnant refugee women (with no insurance or Medicaid) who may need help in providing care for themselves & baby. Help in applying for Medicaid, pregnancy tests, prenatal exams, well-baby checks, immunizations, & education classes.
367-2126

State St Immediate Care

4902 W State
Mon, Wed 8-5
Medicaid. Walk-in clinic. Office visit \$65 deposit remaining amt will be billed out to patient. Can bill out for labs/tests. Limited Spanish serves.
853-3100

"Su Familia" National Hispanic Family Health Helpline

Call Mon-Fri 9-6. Offers Hispanic consumers with health info, local referral services to MDs, bilingual advisors, receive bilingual fact sheets (cancer, child & adult immunizations, diabetes, HIV/AIDS, autism, mental health)
1-866-783-2645 or 866-SU-FAMILIA

Terry Reilly Medical Boise Clinic

300 S 23rd St
Mon, Tues, Thurs 8-8, Wed 9:30-8, Fri 8-5, Sat 9-5
Medicaid, Medicare, sliding fee, insurance, homeless grant. Primary Care, call for appt, including same day appointment. Bring proof of income & SS cards. Express Care sees minor acute issues with same day appointments or walk-in. Requires \$31 access fee/sliding fee. Spanish. Undocumented citizens served.
344-3512

Together RX Access Card

Provides up to 25-40% off retail price 300 drugs (diabetes, cancer, arthritis, blood pressure). Legal US residents, uninsured, under age 65, have insurance are eligible if meet income guidelines, Spanish speaker.
1-800-444-4106
togetherrxaccess.com

Treasure Valley Veterans Resource Network Community Services Guide

Excellent resources
police.cityofboise.org/media/5675/VeteransResource%20Manual.pdf

Unity Health Center

745 S Progress Ave Meridian
Mon-Sat 8 am-8 pm, Sun 10-7
Sliding scale fees. Need photo ID.
895-6729
uhcidaho.com

Vineyard Christian Church

4950 N Bradley
Wed & Sat 9:30–11:30
Free for non- insured. Walk-in, medical, & gynecology. Spanish interpreters.
954-2059

Wal-Mart Pharmacy

8300 W Overland Boise **321-9080**
7319 W State Boise **853-4780**
4051 E Fairview Meridian **373-0024**
Bring Rx, some generic meds. \$4 for 30 days.

SELF RESCUE MANUAL - Shelters and Showers

City Light for Women & Children

1404 W Jefferson (Boise Rescue Mission)
Chapel service (not mandatory) at 6:30–7:30 pm. Safe place for women & children who are victims of domestic or any kind of violence to go for protection. Can fully provide for women & children without possessions (such as diapers & bottles for babies) & can help report crimes & find assistance. Open 24 hours a day.

368-9901

City Light for Women & Children Emergency Shelter

1404 W Jefferson (Boise Rescue Mission)
Children under 18 must be accompanied by mom. 4 pm check-in, first come & first served, closed from 8-4 daily, 30-day max stay, case management services available. No day use allowed. Some exceptions made for women with infant children, those who are sick & bedridden, & the frail/elderly. Any person staying at shelter can receive free counseling. Resident must call to make an appointment with Rosie. Breakfast at 6:30 am Mon–Fri, 9 am Sunday, brunch 10:30 am Saturday, dinner at 5 daily. Open to public, including people who are not homeless.

368-9901

City Light New Life Recovery Program

Free 1+ year intensive program. Residential shelter. 1-on-1 counseling for women & children. Meals daily.

368-9901

Cathedral of the Rockies

711 N 11th Street
Provides free shower vouchers to YMCA by request.

343-7511

Corpus Christi House Day Shelter

525 Americana Blvd
Mon–Sat 7-11:45, 12:45–4:30, Sun 9-11 Worship Service.
Have washers & dryers, showers, some clothing, phones available, may use their address for a mailing address, free coffee & food twice a day. Education center for GED & computer use.

426-0045

El-Ada Community Resource Center

2250 S Vista
Supportive Services for Veterans Families (SSVF) (Eligibility up to 50% of HUD Area Median Income). Case management & supportive services to help Veterans experiencing homelessness prepare to succeed in permanent housing & achieve stability goals. Walk-in to apply or call for an appointment.

345-2820

www1.va.gov/homeless/ssvf.asp

Hays Shelter Home

7221 Poplar Boise
Youth Help Line. Safe shelter & support services for youth who are victims of abuse or neglect, runaways, homeless, or from families experiencing crisis in the home. Private referrals accepted. Youth may access services alone. Residential care for children only, boys & girls age 9 to 17. Family, individual & group counseling, skill-building classes, & parent education classes. Daily rates based on the family's ability to pay.

322- 2308 & 1-877-805-2308

Interfaith Sanctuary

1620 W River
Mon-Sun 6 pm–7 am
Overnight shelter & supportive services for men, women, & families with children. No meals served at shelter but offer comfort foods & beverages. Accommodate non-English speaking residents.

343-2630

interfaithsanctuary.org

Pioneer Neighborhood Community Center Day Shelter

500 S Ash St Boise
Boise Parks & Recreation offers day shelter for homeless families. Room for 15 families. Youth activities will be offered. Open December 1st thru March 31st. Open daily 8-3 for preschool children & their parents, after school drop-in for school aged youth.

384-4069

River of Life Men's Mission

575 S 13th (by River St)
Can call to screen people at 389-9840 for beds. Men only. Overnight shelter, free meals, shower, & clothing provided to those in need. Chapel service daily at 7–8 pm. Chores assigned daily. Visibly intoxicated men will not be admitted & curfew exists. Open to public, including many people who are not homeless. Breakfast at 6:30 am, lunch at 11:50 & dinner at 5 pm & 7 pm. Jobs program, sign a contract & meet certain objectives to extend shelter stay. Substance abuse treatment.

389-9840

YMCA

Downtown 1050 W State **344-5501**
West 5959 N Discovery Plc **377-9622**
Homecourt 936 Taylor Avenue, Meridian **855-5711**
\$2.00 Showers Individuals & families may apply for financial assistance for membership.

Women & Children's Alliance (WCA)

720 W Washington
Call & assess first. Must be domestic violence or sexual assault, women & children only, 120-day program, required classes, waiting list. Parenting, life skills, safety management, & financial planning classes. Court advocacy & safety planning.

343-7025

SELF RESCUE MANUAL - Substance Abuse Treatment

A New Day-Safe & Sober Living

BPA and IDOC approved and funded \$450 self-pay rent with no initial/move in fee. Prorated rent if starting in the middle of the month. Clean and comfortable sober living for men. 3 convenient locations (Boise; Meridian) (720) 212-7446
anewdaysoberliving@gmail.com

Access to Recovery Hotline

Mon–Fri 8–6
 State funding. Screen for eligibility for state funding based on residency, income & clinical issues. Refer to community agencies for outpatient & inpatient, residential, recovery support services (case mangmt, transportation & childcare), safe/sober housing, family, marriage/life skills education & emergency housing.
 1-800-922-3406 X 2
bpahealth.com

AA-Alcoholics Anonymous

Call for information.
 344-6611

Allumbaugh House

400 N Allumbaugh
 Voluntary facility open for detox & mental health services 24 / 7. No walk-in. Detox can be self-referral. Call for appt. 18+, reside within Ada, Boise, Elmore, & Valley Counties. Low income &/or lack of health insurance coverage. Referral for mental health services by designated professionals for admission. 377-9669

Ascent Behavioral Health Service

366 SW 5th Ave #100 Meridian
 Self pay, private insurance, and state funding accepted. Medicaid through state funding for substance abuse treatment. Substance abuse treatment for adolescents & adults. Dual diagnosis, anger management, & cognitive self change courses.
 898-9755

Business Psychology Associates

Mon–Fri 8–6
 Provider of state funding for drug/alcohol treatment. Based on eligibility.
 1-800-922-3406 or 947-4393

Calvary Chapel Outreach Words of Freedom

123 Auto Drive
 Thurs @ 7, 12 Step Program (Christian)
 321-7440
pureword.org

Celebrate Recovery Dinners Christian Based "8 Recovery Principles"

Vineyard Christian Fellowship
 4950 W Bradley Boise
 Fridays @ 6, groups 7–9
 377-1477
vineyardboise.org
 Sacred Heart Church Celebrate Recovery
 811 S Latah
 Thursdays Dinner 6, 7-8 large group teachings & 8-9 small group's gender specific. 12 steps of AA.. Drop in or call.

Randy 602-5667 or Mike 344-8311

sacredheartboise.org
 First Baptist Church
 607 N 13th
 Monday's @ 6pm, 7-9 groups
 344-7809

fbcboise.org

River Valley Community Church
 1115 N Garden St
 Sundays at 6pm. Groups 7-9 pm
 342-1751

rivervalleyministries.com

Ten Mile Christian Church Celebrate Recovery
 3500 W Franklin Rd Meridian
 Meets Fri 6-9:30pm, dinner at 6pm.
tenmilechurch.org/

Center for Behavioral Health

92 S Cole 376-5021
 1965 S Eagle #180 Meridian
 288-0649
 Mon–Fri 5a–12:30 p, Sat/Sun 6–8a
 No insurance. Self-pay only.
 Methadone clinic, outpatient treatment for suboxone & methadone & other addictions.

Chrysalis Home Women's Transitional Living

2501 W State
 No treatment. Support service for women. Must be clean & sober, not a shelter, 12–18 month stay, must be in school or work full-time. \$350/month fee, 41 beds.
 424-1323
chrysaliswomenidaho.org

City Light for Women & Children New Life Recovery Program

1404 W Jefferson
 Free Substance abuse treatment, 1+ year intensive program. Residential shelter. Counseling, women & children only, provide meals daily.
 368- 9901

Community Outreach Counseling

2399 S. Orchard #101, Boise
 Medicaid, BPA funding, Medicaid. Substance abuse treatment
 (208)466-7443
www.cocofidaho.com

Community Services Counseling

963 S Orchard #B
 Mon –Thurs 10:30–8
 Adults 18+, self-pay, voc rehab funding, state funded. Chemical dependency matrix, relapse prevntn, cognitive self change, anger mgmt, women's trauma recovery.
 336-6792
www.cocofidaho.com

Community Support Center

716 N Orchard
 Mon-Thurs 8-4
 Medicaid. Adult day treatment for mentally challenged adults age 18+. Art & play therapy, substance abuse, group therapy, dual diagnosis, skill building symptom mgmt. Must have diagnosed mental disorder.
 429-0330

SELF RESCUE MANUAL - Substance Abuse Treatment cont.

Easter Seals-Goodwill Adult Behavioral Health Services

8620 W Emerald #150
Mon-Fri 9-6
State funding .Self pay starts at \$10/class. Assessments OP & IOP sub abuse treatment, anger man, CSC, MRT parenting classes & relapse prevention.
672-2900

Five Mile Creek Clean and Sober Living for Men

5150 W Decatur Dr, Boise
BPA/WIT funding, self pay or payment plans, nonprofit. Drug court, IDHW, dual-diagnosis, job search, transportation.
345-1485 or 375-5148

Harmony House

Meridian, ID
State funding. Need assessment first. Residential 90-day treatment for teens 13–17. Few beds, possible wait list.
288-1079

Idaho Quit-Net

Free website to stop smoking. Advice on quitting, online support from other smokers, possible medication aid.
idaho.quitnet.com/f/community/talk

Intermountain Hospital

303 N Allumbaugh
Inpatient substance use treatment. New Start for adults and Clean and Sober Teens for adolescents. Free assessments.
377- 8400

intermountainHospital.com

Narcotics Anonymous

Helpline number.
391-3823

Pioneer Health Resources

545 N. Benjamin STE. 185 ,
Boise, ID 83704
Intensive Outpatient Treatment/Outpatient Services, Substance use case management services, Symptom management/early recovery groups, Relapse prevention, Recovery planning groups, Individual and conjoint therapy, Aftercare Services
(208) 322-1026
www.pioneerhealthresources.com

Recovery 4 Life

8950 W Emerald #178
Mon-Thurs 9-6, Fri 9-2
State funding, self pay, sliding scale, & insurance. Recovery support services case man. Intensive outpatient to adults & adolescents, individual, group & family therapy.
376-7083

Refuge Recovery

Mindfulness-based addiction recovery community using Buddhist philosophy. Meetings include guided meditation and sharing.
Thursday – 7:30pm to 8:30pm
Compassion and Insight Center
1627 S. Orchard St., # 200
Saturday – 4:30pm to 5:30pm
Boise Institute for Buddhist Studies
660 N 9th St.
refugerecoveryboise@gmail.com
<https://www.facebook.com/refugerecoveryboise/>
<http://www.refugerecovery.org/>

River of Life

575 S 13th
Free residential recovery for men
389-9840

Rising Sun Sober Living

Monthly fee is \$400 with \$50 processing fee. Clean & sober housing for men & women in recovery. Serving Ada & Canyon Counties. Men & women houses are separate. Caldwell men only.
338-0861 or 898-4668
risingsunsoberliving.org

Road to Recovery (Boise Methamphetamine Clinic)

4795 Emerald, Bldg A
Mon–Thurs 9:30–5:30
State funded, must be age 18 or older, no history of sexual abuse or violent offenses. Substance abuse outpatient treatment. Separate male & female intensive 12 month program. Spanish speaker.
384-4234

Sage Recovery Services

2995 N Cole #200A Boise **287-3285**
1323 N Main Meridian **888-0375**
\$15/group; sliding scale. Substance abuse evaluations are \$40.
Alcohol/drug education, relapse prevention education, Idaho Model CSC, Thinking for a Change, anger mgmt, parenting, & individual sessions.

Supportive Housing & Innovative Partnerships (SHIP)

1405 Grove
State funding from BPA, private pay, & program for homeless. Safe & sober housing for single men & single women. Case mgmt, random drug testing & life skills recovery support. Housing program for homeless veterans with substance use.
331-0900

Ten Mile Christian Church Celebrate Recovery

3500 W Franklin Rd. Meridian
Meets every Fri 6–9:30pm, dinner at 6pm. Outpatient recovery support group services, Christ centered, family, marriage, life skills training, case mgmt.
888-3101
Tenmilecc.com

Tobacco Cessation

Free telephone counseling service. Spanish, deaf & hard of hearing. Free tobacco cessation classes
342-0308 Nancy Caspersen.
1-800-QuitNow (1-800-784-8669)
<http://idaho.quitnet.com>

SELF RESCUE MANUAL - Substance Abuse Treatment cont.

Ustick House

8050 Ustick & 9230 Ustick
Sliding fee.12-step structured sober
living house for men, 90-day min.

322-0474

Veterans Medical Center RSAT (Residential Substance Abuse Treatment)

500 W Fort
Provide detoxification & 21-day
residential & outpatient substance
abuse treatment. Outpatient
counseling, groups, family
counseling, & transitional housing for
veterans completing RSAT. Eligible
vets only.

422-1000 X7515

"Victory over Sin"

IMSI Hope Community Phase II

Recovery/Addiction Meetings
963 S Orchard Suite 101 Boise
Tues/Wed 7pm

629-8861

www.imsihopecommunityphaseii.com

SELF RESCUE MANUAL - Support Groups

A New Beginning Adoption Agency

8660 W Emerald #142

1) Free Birthmother Connections group meets monthly for women with an adoption plan for their child. 2) Family Connections Group meets monthly & is for children (with behavioral issues) & their parents. 3) Identity Peer Group is for adopted children. Group runs for 6 weeks & meets weekly.

939-3865

adoptanewbeginning.org

Adoption Support Group

Call or email for information. For families who have adopted children to share tips and find support, especially with regards to attachment disorders.

949-3834 (Mandy)

m_maidhoff@hotmail.com

Adult Children of Alcoholics

St Paul's Catholic Center

1915 University 2nd Floor -back of library.

Tuesdays @ 7:30

344-1661, 284-5377(español)

AA-Alcoholics Anonymous

Call for information.

344-6611 or 1-800-627-9103

Al-Anon Family Groups

1524 S Vista

24-hour info schedules & information visit volunteers to talk with. Daily noon & evening meetings.

344-1661

Al-Anon Literature Discussion Group
111 S Orchard #238 (corner of Kootenai & Orchard, entrance 5).

323-0141(Will) for ACOA meetings.

al-anon-idaho.org/

Al-Ateen

Call for meeting times & locations.

344-1661

Alzheimer's

Call for info, resources & referrals on support groups for family members/caregivers. 24/7 Helpline. 5 on-going support groups.

914-4719

alz.org/idaho

Asthma Education

100 E Idaho

St Luke's Tower ([Anderson Ctr](#) # 2)

3rd Thurs 7–8:30

Asthma ed, how it affects airways, triggers, meds, making plan with MD

381-2155

Baby and Me Support Group

900 N Liberty #204 (St Al's Family Center)

Tues 10–11am

For new parents & babies 0–12 mo.

367-7380

saintalphonsus.org

Bereavement Support Group

Horizon Home Health and Hospice

63 W. Willowbrook Dr. Meridian

Mondays 5:15 p.m, except holidays.

This group is open to the community for anyone facing a loss of a loved one. To enroll call Darren Woods, LMSW **888-7877**.

Better Breathers Club

People/families with respiratory issues.

Complex Care Hospital of ID Meridian
2131 S Bonita Way 1st Wed 11-1,

345-2209

St. Alphonsus (McCleary Center) 2nd

Wed 3:30, **367-3199** (Michelle)

ALA Office 1111 S. Orchard #245

2nd Wed 3:30 **336-2373** (Kera Yost)

Birth Parent Support

10740 Fairview

LDS Social Services

376-0191

Breastfeeding Bunch

103 W State (St Luke's Women's Life) Wed 10–12

520 S Eagle (St Luke's Meridian Shoshone Room). Thurs 1–3 pm.

Breastfeeding moms & babies share experiences, concerns & information. Lactation experts will offer advice, Q&A

381-9000

Breastfeeding Support & Encouragement

900 N Liberty #100 (St Al's Family Center)

Tues 11–12

367-7380

saintalphonsus.org

Cancer (Living Through)

100 E Idaho St Luke's MSTI

Cancer patients, caregivers, & family.

381-2760 Jeni

Cancer Grief Support Group

Call to register for class & to get more information.

381-2760

Cardiac Support Group

100 E Idaho (St Luke's South Tower [Anderson Center](#))

Call for dates & topics

381-9000

CHADD (Children with ADHD/ADD)

717 11th St (Cathedral of the Rockies)

3rd Thursday 7-8:30

484-8100 Denise

ada-gem-counties@chadd.net

Children's Group for Children in Families with Cancer

100 E Idaho St Luke's MSTI

Children ages 7–11.

Call for more info.

381-3161

CLIMB

A six week support program for children and teens who have a loved one with cancer. Free to all families in the Treasure Valley.

367-7785, 367-3150

SELF RESCUE MANUAL - Support Groups cont.

Compassus Hospice

680 S. Progress Ave Meridian
For anyone grieving.
Thursdays 1:00pm
Jay Ralphs-Bereavement Coordinator
208-895-8686

Compassionate Friends

520 S Eagle (St Luke's-Meridian
Hospital basement)
2nd Thursday of month 7:15
Group is for families who have lost a
child. Adults bring a friend if nervous.
855-2137 (Rae Ann)
tcfboise.org

Dad's Matter (Family Advocates)

St. Michael's Cathedral (Baby Steps)
518 N. 8th Street
Thursdays 4-5
A stress-free place for Dad's to
unwind

Down Syndrome Group

Call for info & meeting times.
Support for families with Down
Syndrome.

378-9912

idahodownsyndrome.org

Families Anonymous

12-step program for parents, family &
friends (ages 15+) concerned about
loved one's use of drugs/alcohol or
behavior problems. Helps deal with
co-dependency & learn to stop
enabling. familiesanonymous.org/
(click on E-meetings)

Gamblers Anonymous

1820 N Hartman (New Apostolic
basement)
Sat 4-5
12-step program.
342-0672 (Tony/Jim)

Grandparents As Parents

3852 N Eagle 2nd floor Community
Center (First Church of Nazarene). 1st
Mon 6:30-8:30.

5312 Overland (Park behind on
Phillipi) 1st Mon 7-9
Meridian Elementary School 1035
NW 1st St, Meridian. 1st Monday 7-9
Support group for grandparents &
other relatives raising children whose
parents are unable or unwilling to do
so.

323-7538 (Tracee Crawford)

idahograndparentsasparents.org&grandsplace.org/gp4/id.html

Grief & Loss Recovery Group via Align Hospice

940 E. Carol Street Meridian
639-1122 (Stephanie)

Grief & Loss

Idaho Home Health and Hospice
3356 E. Goldstone Way Meridian
3rd Wed 6-7:30
887-6633 Shawn Reiling

HIV Support Group

6094 W Emerald Boise
Tues 6-7
Call for details
371-3671 (Ryan)

Huntington's Disease Society of America-Idaho Chapter

Wright Community Church
4821 Franklin Rd. 83705
Every second Wednesday of the
month at 6:30pm
570-3175

Idaho Asperger's Support Group

Online meetings for families with
children & adults with Asperger's
Syndrome.
991-2170

IFAD (Idaho Families of Adults with disAbilities)

Helps families, friends & professionals
to provide support to adults with
various disabilities in ID. Ed seminars,
social events, newsletters
991-2608
ifad.us
ifad@ifad.us

Idaho Mom's Network

Activities for stay-at-home moms.
884-3773
idahomomsnetwork.org

Idaho Quit-Net

Website to stop smoking. Advice on
quitting, online support from other
smokers, possible medication aid.
idaho.quitnet.com/f/community/talk

Leukemia & Lymphoma Society

2404 W Bank Dr #103
Monthly support groups for blood
cancer patients & families. Call for
information.

658-6662

lls.org

Narcotics Anonymous

391-3823

NAMI Friends and Family Support Group

El-Ada program Building
2250 S. Vista Ave
1st, 2nd & 3rd Wed 7:00-8:30pm.
4th Wed is education night. Support
group for family & friends of those
with mental illness.

376-4304

www.namiboise.org

NAMI Connection Recovery Support Group for Veterans

500 W Fort Building 114 (room 2)
Tues 1-2:30pm. Support group for
veterans with mental illness.
376-4304

www.namiboise.org

NAMI Connection Recovery Support

Omega Mental Health System
5985 W State St
1st and 3rd Wed 5:30-7.
Peer Wellness Center
963 S Orchard St Suite 102
Thursdays 5:30-7
Support groups for those suffering
with mental illness.

376-4304

www.namiboise.org

SELF RESCUE MANUAL - Support Groups cont.

New Moms' Group

103 W State at St Luke's Women Life
Thurs 10:30-12

St Luke's Meridian 520 S Eagle Rd
Tues 10:30-12

Support group for new moms & babies.

381-9000 or 381-1510

Overeaters Anonymous

All Saints Episcopal 704 N Latah
Kate 406-450-3111 Mon 7pm

1st Congregational 2301 Woodlawn
Janeen 863-7816 Wed 12pm

5 Mile Nazarene 2701 S 5 Mile
Dave 921-6083 Thurs 7pm (childcare)

Eagle Senior Center 312 E.State St
Linda Sue 229-2199 Fri 8:45am

Vertical Church 2620 36th St (N of
State St)

Gina 850-0357 Sat 1:30pm

Boise Church of Christ 2000 Eldorado

Genna 440-8927 Sun 6:30pm

Group for any eating disorder

oa.org

Parents Anonymous (Family Advocates)

Tuesday 6:30-8 (free dinner at 6)
518 N. 8th St. (St. Michael's)

Thursday 6:30-8 (free dinner at 6)

1177 N. Roosevelt (Discovery Church)

Free and voluntary confidential
support group

345-3344 x1020 (Alicia)

www.strongandsafe.org

parentsanonymous.org

Parents, Families & Friends of Lesbians & Gays (PFLAG)

Boise First Congregational
2201 Woodlawn

Meets 2nd Fri 7:30-9

Recovery International

Cathedral of the Rockies
Room B12

717 North 11th Street

Mondays 7:00-8:00

345-9631

Scleroderma Foundation

Southern Idaho Scleroderma
Support Group for patients,

family & friends

Anderson Center St.Luke's 100 E.
Idaho St.

10:00 – 11:30 see website for days

SCLERODERMA.IDAHO@GMAIL.CO

WWW.SCLERODERMA.ORG

Share Miscarriage & Infant Loss Support Group

900 N Liberty (Breast Care

Center—Entrance Facing Emerald)

First Tues 6:30-8

saintalphonsus.org

367-7380

SHARE of Idaho

103 W State @ St Luke's Women Life

For parents who have had early
pregnancy loss, stillbirth, or newborn
death. 3rd M at 7.

388-8834 (Chrissy Group)

Smart Recovery

4444 Taft St

Tues, Thurs, Saturday at 6pm

514-8120 John

Survivors of Suicide

Cathedral of Rockies 717 N 11th,
(Kirby & Susan)

2nd Fri 7-9.

Church of the Apostles 6300 N
Meridian Rd, Meridian (Cynthia)

4th Monday 7-8:30

Survivors Supporting Survivors

2676 S Vista

1st Monday 6-7:30 For adolescent
survivors ages 11-18 with cancer
diagnosis regardless of being in
active treatment or remission.

422-0174 (Heather)

Ten Mile Christian Church

3500 W Franklin, Meridian

Fridays 6-9. Issue specific, gender
specific, Christ centered support
group. Dinner, children's program.

888-3101

tenmilecc.com

Touchstone Center for Grieving Children & Adolescents

740 Warm Springs Ave (Warm
Springs Counseling Center)

2nd & 4th Tues 6:30-8:30 thru school
year. Help grieving children (ages

5-18) & families recover from loss of
loved one. No drop-ins.

343-7797 X 1359

touchstone@childrenshomesociety.com

Tourette's Syndrome

Email or call to meet 1-1 for info.

376-3409

tsa-usa.org/

Shoffman3409@msn.com (Stephanie)

Trauma Recovery Program

Maitri Community Services

3709 N. Locust Grove Suite 100

Questions and program registration
call/email. Groups meet Tuesdays

4-6pm and Thursdays 11-1pm

957-5360 284-8450

jasonpatrickjohnson@gmail.com

Treasure Valley Autism Society

520 S Eagle (St Luke's basement)

1st Monday 7-9pm.

336-5676

asatvc.org

Twins & Multiples (Mothers of)

Annual membership fee.

boisemom.org

Women & Children's Alliance Domestic Violence Counseling & Support Groups

720 W Washington at WCA

Wed 6-7:15. Orientation & fill out
paperwork at 4:30 5-6 class. Open to
public. Free limited childcare. RAP

support group for women survivors of
domestic violence. Wed 6-7p

343-3688 & 343-7025

YAD (Youth Alliance for Diversity) The Center

280 N 8th Street suite 130 Boise
(enter from Bannock)

Support group (gay, lesbian, bisexual
& transgender) for youth dealing with
sexual orientation. Sun 4-6

336-3870

tccidaho.org/youth-social-stuff

SELF RESCUE MANUAL - Tax Preparation and Questions

IRS Telephone Assistance for Individuals

Mon – Fri 7am - 10 pm
Free income tax assistance is available for basic income tax returns.
1-800-829-1040

Internal Revenue Service

550 W Fort
Mon-Fri 8:30am-4:30pm
Face-to-Face assistance with IRS & to get copies of reported income, visit
387-2847
www.irs.gov

Idaho State Tax Commission

800 Park Blvd, Plaza IV
334-7660 or 1-800-972-7660
www.tax.idaho.gov

H&R Block Tax Professionals

1510 S Orchard Boise
Available to provide Free Answers to Tax Related Questions.
344-7665

Access Idaho Unclaimed Taxes

More than \$45 million in unclaimed assets in Idaho are just waiting to be claimed. To search for unclaimed property (i.e. utility & rent deposits, tax refunds, & child support checks), go to
accessidaho.org/apps/tax/ucpsearch/

Old Unclaimed Refund Search

sto.idaho.gov/unclaimedproperty/Search.aspx Search for old refunds.

Free Tax Help Local Search

Call 211 or 1-800-926-2588
Monday – Friday 8am – 5pm
www.idahocareline.org/. Trained volunteers prepare most simple tax forms. Walk-in & get help. Bring all necessary forms. Available Feb. 1 to April 15.

Search for Old Refunds

boisepubliclibrary.org/research/government-information/tax-information/

BSU Volunteer Income Tax Assistance (VITA)

715 S Capitol Blvd.
BSU & Boise Public Library! have partnered to provide a VITA site at the public library auditorium. BSU students have been trained to prepare tax returns for taxpayers with income less than \$51,000. Feb -April
5:00 - 8:00

CEI-CWI Vista FSA

2323 S. Vista
Mon. 9- 12, Fri. 12-4. Feb - April

BSU VITA

715 S Capital
Mon. 5-8 Feb - April

Boise Senior Citizens Center

690 Robbins Rd
Feb-April Walk-in
Tues & Thurs 8:30am– 12:30pm

Garden City Library

6015 Glenwood
Walk-in. Sat. 10:30- 2:30. Feb-April

Willow Park Assisted Living

2600 N Milwaukee
Mon & Wed.10- 2. Feb-April

Eagle Public Library

100 Stierman Way
Feb – April Walk-in only
Limit to first 13 clients.

Eagle Senior Center

312 E State
Feb - April

Meridian City Hall

33 E Broadway Ave #202
Feb - April Tues & Thurs 10–2
Walk-In

CEI - ICON Credit Union 4

85 W. Overland Rd. Meridian
Sat. 10- 2 Feb-April

AARP Idaho State Office

3080 E Gentry Way # 100 Meridian
By appointment only (208) 855-4010

Myfreetaxes.com by United Way

If income under \$62,000 can file free online

If you worked at all, you may qualify for a refund of all or part of your withholding, the earned income credit, or other tax credits, depending on your circumstances. Many people who have not filed are entitled to refunds & if they do not file within three years of the due date of the return, they will lose that refund. If there is a refund coming there are no penalties. If there is a balance due, there will be penalties but IRS can either set up a payment plan or delay collection until you are able to make payments. Free income tax assistance is available for basic income tax returns. The IRS can provide copies of income information if you have lost or never received your Forms W-2 or other income information.

SELF RESCUE MANUAL - Transportation

Boise Bike Project

1027 Lusk St (by Ann Morrison Park & Jim's Appliance & Furniture)
Open shop hours Wed-Sat 12-6.
Safe cycling course for kids 2nd Sat of every month, & free bicycle for any participant who may need one.
Registration for these classes begins on the 1st of each month, ages 12 & under.
Work-trade program for repairs. One hour of work in the shop for one hour of work on bike, varies according to the situation. Cannot be used for upgrades or cosmetic alteration.

429-6520

Cathedral of the Rockies

717 N 11th St
Free \$24 stored value bus passes given every 1st and 3rd Wednesday at 2pm. Arrive at 1:30pm to qualify.
Eligible every two months.
343-7511

EI-Ada Outreach

2250 S Vista
Mon-Fri 11:30-4
Daily bus passes for medical appointments are given out on the 1st of the month at 8am. One-day bus pass per month for adults only. Undocumented citizens will be served.
345-2820

Idaho CareLine

Referrals for transportation
211 or 1-800-926-2588

Kool Kab

Shuttle transportation door to door privately paid or Medicaid authorized. Please call 48 hours in advance for Medicaid users.
703-5666 (Medicaid)
454-9982 (Private Pay)

Medicaid Transportation

For Medicaid clients, can provide transportation to/from medical appointments if no other options available. Call ahead of time to schedule.

877-503-1261

<http://healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCare/MedicalTransportation/tabid/704/Default.aspx>

Salvation Army

4308 W State St.
Gas vouchers as one-time assistance. Must have valid driver's license, insurance, current registration on vehicle. Vouchers for job searching, job attendance, medical and court related appointments. Bring paper proof for why voucher is needed. Tuesday-Friday 9-3 monthly until funding runs out. Bus passes may be available for attendance of life skills class.
343-5429 ext 2

Transylvania Express

Shuttle transportation door to door privately paid or Medicaid authorized. Please call 48 hours in advance for Medicaid users. Accept all major credit cards. Open early, closes late.
906-3393

Treasure Valley Community Resource Center TVCCR

Mon-Fri 8-5
Information & referral on human services in ID & Eastern OR via phone.
459-9263

Treasure Valley Veterans Resource Network Community Services Guide

Excellent resources.
police.cityofboise.org/media/5675/VeteransResource%20Manual.pdf

Valley Ride City Bus

Ada & Canyon County. Senior high school students in the Boise School District can ride for free during the school year. Students, faculty & staff at Boise State University & The College of Western Idaho can ride Valleyride buses for free year-round with a valid ID. Monthly youth passes age 6-18 is \$18, adult pass \$36, persons with disabilities, seniors (age 65+) and valid Medicaid cardholders, pass is \$18.
Individual fares are \$0.50 for youth age 6-18, ages 5 & under is free, adults are \$1.00, seniors (age 65+), persons with disabilities and valid Medicaid cardholders are \$0.50.
345-RIDE (7433)
www.valleyride.org

SELF RESCUE MANUAL - Vision

Ada Vision

1926 W State St.
Mon, Wed, Fri 8-5, Tues & Thurs 9-
Will do Medicaid eye exam
but will not dispense Medicaid
glasses. 30% off 2nd pair of glasses;
can't be used with insurance.

336-2020

adavisioncenter.com/

Boise Family Eye Center

3417 N Cole
Will do Medicaid eye exam but will
not dispense Medicaid glasses.

377-1102

Boise Mountain Eye

13075 Persimon Lane
Will do Medicaid eye exam but will
not dispense Medicaid glasses.
Medicare.

938-9900

Commission for the Blind & Visually Impaired

334-3220

Dr. Terri Haley

Free eye exams for Purple Heart
recipients and ½ price eye exams to
all other vets, active duty, guard.

375-3030

Gem State Family Eyecare

3815 W State St.
Medicaid for eye exam & glasses.

345-6886

Idaho CareLine

Vision referrals
211 or 1-888-477-2669

Dr. Katherine Lee & Dr. Daniel Brooks

222 N 2nd #215
Medicaid eye exam but will not
dispense Medicaid glasses. Healthy
Connections required. Will get
interpreter for Spanish speakers.
Written referral needed for all new
patients.

381-6910

Lifetime Optometry

10454 Overland (by 5 Mile &
Albertsons)
Mon-Fri 10-6
Medicaid eye exam for adults and
children and Medicaid glasses for
children only.

672-1370

Lion's Sight & Hearing Foundation

Referrals are made to individual
coordinators at local chapters, if that
chapter has money available.
Coordinators will determine financial
eligibility & will make arrangements
for eye exams & glasses.

338-5466

Family Eye-Wear

222 N 2nd Street #215 Boise
381-5973 (specialize in children)
1648 W 2nd Street Meridian

888-2200

Medicaid eye exam and glasses.

Meridian Vision

Medicaid & private insurances. Large
selection of frames, thorough eye
exams including eye health.

888-5252

Pearl Vision

7447 W Emerald #105
Will do Medicaid eye exam &
dispense Medicaid glasses for 21 &
younger. Spanish speaker.

322-1642

Dr. D.H. Pitkin

6700 W Emerald
Will do Medicaid eye exams,
dispense glasses. Will not accept
other optometrist's prescriptions for
dispensing glasses.

376-3550

Sight for Students/ VSP Vision Referral

Boise School District students can
access voucher through school nurse
for eye exam and glasses if they do
not have insurance/ Medicaid.
Contact school nurse directly at
child's school. Eligibility is less than
200% of federal poverty level, higher
than free lunch program.

Shopko Optical

8105 Fairview **323-9303**
2655 S Broadway Ave **345-8812**
Medicaid eye exam and glasses. Will
not accept other optometrist's
prescriptions for glasses.

Wal-Mart Vision

8300 W. Overland Boise **321-2713**
7319 W. State Boise **853-4786**
4051 E Fairview Meridian **373-7926**
No Medicaid. Sells inexpensive
glasses. Frames costs start at \$10
with lenses starting at \$30. An eye
exam costs \$65.

AREA 3 SENIOR SERVICES AGENCY

Serving Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley & Washington Counties

Attachment Q

(Denial Letter Sample)

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

Idaho Commission on Aging

PO Box 83720, Boise, ID 83720-0007

(208)-334-3833 Fax: 208-334-3033

icoa@aging.idaho.gov

AREA 3 SENIOR SERVICES AGENCY

Serving Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley & Washington Counties

(Denial Waitlist Letter Sample)

Datexx

PSAxx

PSAAddressxx

Namexx

Addressxx

Dear Applicant,

Recently you contacted our agency for ServiceType service. Although you were determined eligible, there is a lack of available service personnel or funding and per your request have ReasonForWaitlist

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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icoa@aging.idaho.gov

(Termination Letter Sample)

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 **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

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