CSI Office on Aging
Planning and Service Area IV
College of Southern Idaho

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 IV, the CSI Office on Aging 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

College of Southern Idaho
Jeff Harmon, Vice President of Administration

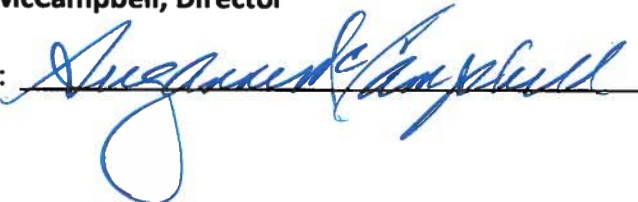Signature: _____   Date: 6-20-17

AREA IV ADVISORY COUNCIL CHAIRPERSON

Teresa Hellickson

Signature: _____   Date: 6-21-2017

AREA AGENCY ON AGING

CSI Office on Aging
Suzanne McCampbell, Director

Signature: _____   Date: 6/21/2017

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Attachments Continued:

Executive Summary

Every four years, with annual updates thereafter, the Area IV Agency on Aging (AAA), submits an Area Plan to the Idaho Commission on Aging (ICOA) for approval. The Area Plan is required to continue to receive federal and state funding allocations through ICOA. The Area Plan is required by Section 306 of the Older Americans Act and the Idaho Administrative Code (IDAPA).

> AREA PLANS
> Section. 306. (42 U.S.C. 3025)
> a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1).
>
> 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. 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.

In developing the Area Plan, the AAA utilized ICOA's statewide goals and objectives as established in the Idaho Senior Services State Plan, which was approved by the Administration for Community Living (ACL) on September 8, 2016. The purpose of this plan is to serve as a road map for the AAA in the Planning and Service Area (PSA) IV, establishing performance data, baselines and benchmarks to ensure that services are delivered efficiently and effectively with the best possible quality of service. The plan also identifies partners throughout the region with whom we will collaborate to assist in reaching the benchmarks and to identify needs and barriers which impact senior service delivery. This Area Plan is in effect from October 1, 2017 through September 30, 2021.

The AAA is responsible for serving older residents in PSA IV. It operates as a part of the College of Southern Idaho (CSI) and serves south-central Idaho, the geographic regions commonly known as the Magic Valley and the Wood River Valley. The PSA consists of eight counties: Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls. PSA IV is bordered by PSA III to the west, PSA V to the East, PSA VI to the north and the states of Nevada and Utah to the south. Twin Falls is the largest city in PSA IV, and home to the College of Southern Idaho (CSI).

The AAA is part of CSI's larger senior services program, known as the CSI Office on Aging. The AAA has been in operation at CSI since 1974. The AAA provides a wide range of senior services as described in the Older Americans Act and the Idaho State Senior Services Act. These services include transportation, outreach, information and assistance, case management, homemaker, chore, minor home modification, legal assistance, congregate meals, home delivered meals,

disease prevention and health promotion, caregiver support and respite, adult protection and ombudsman services.   We also participate in discretionary programs such as Senior Medicare Patrol (SMP) and Medicare Improvements for Patients and Providers Act (MIPPA) services.

In addition to the AAA programs, there are three Corporation for National and Community Service Senior Corps programs, which provide volunteer opportunities for older persons (Foster Grandparents Program, Retired and Senior Volunteers Program, and Senior Companions Program), affiliation with the Widowed Wellness Programs of Idaho, and additional services for seniors provided through the College.

CSI signs a performance contract annually with ICOA, which is the agency of state government designated by the Governor as Idaho's State Unit on Aging (SUA). ICOA administers and ensures compliance of federally funded programs under the Older Americans Act and state funded programs under the Idaho Senior Services Act. Under the guidance of the ICOA, the AAA plans and coordinates funds, monitors a regional program of services to address the present and future needs of older Idahoans residing within the PSA, and serves as a catalyst for improvement in the advocacy, organization, coordination, and delivery of aging services within the PSA.

AAA Funding

ICOA receives an annual allocation of federal funds under Title III and VII of the Older Americans Act (OAA) from the ACL which is a department of the US Health and Human Services. The funding also includes annual state appropriations which match the federal funding. The federal and state funds are allocated to the six Idaho AAAs based on a federally approved intrastate funding formula (Attachment B).

The funding formula takes into account the available statistics on the geographical distribution of individuals aged 60 and older residing in Idaho, with particular attention to the number of individuals in greatest social or economic need. The formula projects anticipated demand for services by weighing in each PSA those population segments most likely to be vulnerable and frail. These segments include those who are over 75 or over 85; those who are over 60 living in rural areas; those who are racial or ethnic minorities; those who are over 65 living alone; and those who are in poverty.

Under the formula, regions of Idaho which have a higher percentage of residents who are very old, poor, living alone, etc., receive a higher proportion of funding to offset their expected higher service demands. Funds are then allocated among various programs and services utilizing funding parameters established by ICOA (Attachment C).

Every four years, a region-wide Request for Proposal (RFP) is conducted for Nutrition services following the CSI Purchasing Policies. The latest was completed in 2016. Each of our 16 area Senior Centers and our commercial provider of home delivered meals are required to submit an RFP to continue as one of our providers.   Homemaker and Respite services are based on the consumers' choices, from a list of contracted providers, each of whom must be Medicaid

certified to be eligible to become Office on Aging providers. Funds are provided to the local Idaho Legal Aid Services office, to assist with legal services for older people. Funds are provided to local transportation providers, to help assure rides for older people.

Area Plan Development

The Area Plan development has been an extensive process of working with a variety of groups and individuals lead by ICOA to develop plans for Caregivers, the Aging and Disability Resource Center (ADRC) No Wrong Door (NWD) Assessment, and the Idaho State University Needs Assessment.   We developed and conducted an Area IV Senior Needs Assessment in 2016 and worked closely with many individuals and groups to complete this project.   A steering committee of individuals representing various partners and communities has been assembled to review and comment upon the plan and its strategies and benchmarks.   The Area IV Advisory Council and CSI Administration also have been involved in the development of this plan.   A more detailed description of the planning process is available in the Summary of Planning Process section of the plan.

AAA Vision

The AAA vision is to be the recognized leader for senior services in our region, serving our clients to the best of our ability by providing the most comprehensive range of services possible.

AAA Mission

The mission of the AAA is "We seek to promote independence in an environment of dignity and choice, with a good quality of life."

The AAA recognizes the importance of enabling seniors to remain in their own homes with a high quality of life for as long as possible, as comfortably as possible and as safely as possible This is our primary goal, and we work to achieve it through the provision of information, and home and community-based services. These include flexible service models and consumer-directed approaches and supports for family caregivers.

The AAA will continue to use Older Americans Act programs and services to support these efforts and to advance long-term care systems change. In addition, the AAA will continue to promote within its local region partnerships with other local offices of state agencies and private entities, as it collaborates to find solutions and create opportunities that best serve Area IV's seniors.

Summary of Planning Process

The planning process for this Area Plan has involved a large number of stakeholders who collaborated with the CSI Office on Aging in the development of the strategies, coordination of planning and assessment of needs and services in the Planning and Service Area. We wish to thank all of those who were involved in this process for their input and assistance.   We look forward to continuing these relationships as we move into the implementation of the plan.

We started the process with the development of an Area Needs Assessment in April 2016. We began collecting data in May 2016, and continued through February 2017.   We received 486 responses to our assessment which helped to guide our strategies in planning to meet the goals and objective set forth by ICOA. While the need for all the services we provide was documented in the assessment, the need for Chore services was the highest need.   Since we do not currently offer that service, we included it in our strategies for the next four years. (Goals and Objectives #6)

We made it a priority to go to all 16 of the Area IV Senior Centers to talk about the Area Plan, discuss our services and budgeting process and ask for comments, suggestions and feedback. This was accomplished in April and May 2017.   The feedback was again primarily a confirmation of the need for Chore services.

We convened a steering committee during the first week of April 2017, giving them an overview of the CSI Office on Aging services and budget, and a plan for the Area Plan development process.   The Goals and Strategies were emailed for their review, comments were received and incorporated into the strategies and a second draft was sent for comment.

The CSI Office on Aging Advisory Council was sent the documents and the Area Plan Goals and Strategies were reviewed with the Council at their May meeting.   Comments, suggestions and feedback were requested and received.

A timeline for the planning process is included in Attachment H.

The Goals and Objectives for the Area Plan were derived from the Idaho Commission on Aging's State Plan which was approved by the federal government in September 2016.   These goals provided the framework and roadmap for planning for the Area Plan.   Several reports that were completed during the State planning process were utilized for planning for this Area Plan.   They include:

1. 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.

2. <u>Senior Capacity (Legal) Assessment (Final Report, April 2015):</u> 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).

3. <u>Caregivers in Idaho (Final Report, December 2015):</u> 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.

4. <u>Idaho State University Needs Assessment (Final Report, April 2016):</u> 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.
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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: Individuals 60 years of age or older.

Service Implemented by:
- Trans IV Buses, 496 Madrona Street, Twin Falls, ID 83301, (208) 736-2133, Serving Twin Falls and Jerome. Normal operating hours are 7 AM to 5 PM Monday through Friday.
- Living Independent Network Corporation (LINC), 1182 Eastland Dr. N. Suite C, Twin Falls, ID 83301, (208) 733-1712 Serving Burley, Rupert, and Twin Falls. Monday - Friday 8:00 am - 5:00 pm
- Interlink Volunteer Caregivers (IVC), 459 Locust St N., Suite 106, Twin Falls ID 83301, (208) 733-6333, Serving Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties. Open: Monday - Friday 8:00 am - 5:00 pm
- The Senior Connection, 721 3rd Ave S., Hailey, ID 83333, (208) 788-3468, Serving Blaine County. Open: Monday-Friday 8:00 – 4:00
- West End Senior Citizens Center, 1010 Main, Buhl, ID 83316, (208) 543-4577, Serving Buhl.   Open: Monday - Thursday 8:00 – 4:00
- Gooding Senior Center, 308 Senior Ave., Gooding, ID 83330, (208) 934-5504, Serving Gooding City. Open: Monday - Thursday 8:30 - 3:30
- CNCS Senior Companion Program, CSI Office on Aging, 315 Falls Ave, Twin Falls, ID 83303 (208) 736-2122, Serving Senior Companions and clients.   Open Monday through Friday, 8:00 am until 5:00 pm (closed noon to 1:00 for lunch).

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

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$11,831	$56,329	$68,160
SFY 2017 (July 2016 – June 2017) Actual	$44,579	$8,001	$52,580
SFY 2018 (July 2017 – June 2018) Budget	$39,510	$12,035	$51,545
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Transportation Service Delivery Strategy:

Identify and apply for additional resources which can increase the number of boardings for seniors.

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

Baseline:

State Fiscal Year (SFY)	Annual Boardings	Average Cost per Boarding	Consumer Satisfaction %
SFY 2016 (July 2015 – June 2016) Actual	19,944	$3.42	Not Available
SFY 2017 (July 2016 – June 2017) Actual	10,472	$5.02	Not Available
SFY 2018 (July 2017 – June 2018) Actual			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Benchmark:
- Maintain at least the SFY 2018 funding level. Increase funding if additional funding sources can be identified.
- Standardized $5.00 reimbursement rate across the board for all vendors beginning with the SFY 2017 year.

B. Transportation Coordination Strategy:

Work with vendors in the region and local governmental authorities, including the Idaho Transportation Department and the City of Twin Falls to develop plans for future development of transportation options. The City of Twin Falls anticipates having a public transportation program available by approximately 2023. We will continue to work with them to make sure that the needs of the senior population are represented as they move forward with their planning effort.

Work with the Idaho Commission on Aging in their effort to identify, develop and promote the transportation information access points throughout this region of the state.

Performance Measure:
- Number of information access points established throughout the region for transportation
- Identify local transportation plans throughout the region

Baseline:

Counties	Focal Points per County				
	SFY 2016 (July 2015 – June 2016)	SFY 2017 (July 2016 – June 2017)	SFY 2018 (July 2017 – June 2018)	SFY 2019 (July 2018 – June 2019)	SFY 2020 (July 2019 – June 2020)
Blaine	1	1			
Camas	1	1			
Cassia	3	3			
Gooding	3	3			
Jerome	2	2			
Lincoln	1	1			
Minidoka	1	1			
Twin Falls	4	4			

Number of Local Planning Sessions	SFY 2016 (July 2015 – June 2016)	SFY 2017 (July 2016 – June 2017	SFY 2018 (July 2017 – June 2018)	SFY 2019 (July 2018 – June 2019)	SFY 2020 (July 2019 – June 2020)
SAS/IVC Transportation	8	2			
LINC	1	2			
Trans IV		2			
Idaho Department of Transportation		2			
City of Twin Falls	2	5			

Benchmark:
- Increase the number of information access points in each county.
- Increase number of planning sessions with local transportation providers and planning organizations.

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

Service Description: Outreach funds are used to seek out older persons, identify their service needs, and provide them with information and assistance to link them with appropriate services. Outreach efforts must emphasize the following: *(i) older individuals residing in rural areas. (ii) & (iii) older individuals with greatest economic and social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). (iv) older individuals with severe disabilities; (v) older individuals with limited English-speaking ability; (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).*

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

Service Implemented by:

- CSI Office on Aging (Area IV Agency on Aging), 315 Falls Avenue, Twin Falls, (208) 736-2122 or (800) 574-8656, open Monday through Friday, 8:00 am until 5:00 pm (closed noon to 1:00 for lunch)

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	$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)			

A. Outreach Service Delivery Strategy:

Targeted events for outreach will be prioritized for low-income minority and rural populations {See Attachment A: Assurances Section (4)(A)(i) (I) (bb)} to meet or exceed census population percentages.

Performance Measure:

 Increased utilization of services for low-income minority and rural populations

Baseline:

State Fiscal Year (SFY)	One-to-one Contacts
SFY 2016 (July 2015 – June 2016) Actual	1,625
SFY 2017 (July 2016 – June 2017) Actual	1,044
SFY 2018 (July 2017 – June 2018) Actual	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:

Increased services for individuals who are low-income minority or rural populations.

B. Outreach Coordination Strategy:

Coordinate with local entities in the eight county service area to establish and/or strengthen local partnerships to become focal points that will help seniors access and participate in Core services.

Coordinate with the State AARP Association (SCAM Jams, and Caregiver Conferences), Boise State University aging services, local and State Alzheimer's Associations, State Caregiver Alliance, the Idaho Commission on Aging, and any other agencies that will help seniors access and participate in Core services.

Performance Measure:

Increase number of focal point partners in the eight county service area.

Baseline:

Counties	Focal Points per County				
	SFY 2016 (July 2015 – June 2016)	SFY 2017 (July 2016 – June 2017)	SFY 2018 (July 2017 – June 2018)	SFY 2019 (July 2018 – June 2019)	SFY 2020 (July 2019 – June 2020)
Blaine	1	1			
Camas	1	1			
Cassia	3	3			
Gooding	3	3			
Jerome	2	2			
Lincoln	1	1			
Minidoka	1	1			
Twin Falls	4	4			

Benchmark: Identify one additional focal points in all counties.

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:
- CSI Office on Aging (Area IV Agency on Aging), 315 Falls Avenue, Twin Falls, (208) 736-2122 or (800) 574-8656, open Monday through Friday, 8:00 am until 5:00 pm (closed noon to 1:00 for lunch)

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	$188,311	$188,311
SFY 2017 (July 2016 – June 2017) Actual	$0	$171,057	$171,057
SFY 2018 (July 2017 – June 2018) Budget	$0	$178,315	$178,315
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. I&A Service Delivery Strategy:
Review and evaluate Area IV I&A procedures to determine best practices and cost efficiencies. Establish procedures to ensure accurate service recording and statewide consistency is maintained for accurate data collection.

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

Baseline:

State Fiscal Year (SFY)	Total Annual Contacts	Average Cost per Contact	Allocated Number of I&A Staff	Average Monthly Contact per I&A Staff
SFY 2016 (July 2015 – June 2016) Actual	5,076	$37.10	3.88	109
SFY 2017 (July 2016 – June 2017) Actual	3,372	$50.73	3.86	73
SFY 2018 (July 2017 – June 2018) Actual			3.13	
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark:
- Establish policies and procedures reflecting best practices during the first year.
- Meet the statewide standards for recording contacts

B. I&A Coordination Strategy:

Track referrals to understand where they come from and where we refer to by establishing a streamline referral process with community partners (Gatekeepers), such as Utility companies, Hospitals, Home Health agencies, Fire Department, etc. Coordinate with volunteer organizations throughout the community to develop additional resources to meet needs.

Provide staff with training from community service providers to expand Senior Services Specialist knowledge of resource options and services available.

Performance Measure:
- Number of Community partnerships
- Number of annual staff trainings

Baseline:

State Fiscal Year (SFY)	Community Partnerships	Staff Trainings
SFY 2016 (July 2015 – June 2016)		
SFY 2017 (July 2016 – June 2017)		
SFY 2018 (July 2017 – June 2018)		
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

Benchmark:
- Establish 2 new community partnerships each year
- Increase staff trainings regarding community partner and resource options and services by 2 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:
- CSI Office on Aging (Area IV Agency on Aging), 315 Falls Avenue, Twin Falls, (208) 736-2122 or (800) 574-8656, open Monday through Friday, 8:00 am until 5:00 pm (closed noon to 1:00 for lunch)
- Idaho Department of Health & Welfare, 601 Pole Line Road, Twin Falls, ID 83301, Open 8:00 am – 5:00 pm, Monday through Friday (except holidays)
- Veterans Administration 500 W Fort St, Boise, ID 83702, (208) 422-1000
- St. Luke's Magic Valley Medical Center, 801 Pole Line Rd W., Twin Falls, ID 83301, 208-814-1000, Open 8:00 am – 5:00 pm
- Living Independence Network Corporation (LINC), 1182 Eastland Dr. N # C, Twin Falls, ID 83301, (208) 733-1712
- ProActive Behavioral Health (3 locations),
  Gooding Administrative Office, 215 University Avenue, Gooding, Idaho 83330, Phone: (208) 934-5880
  Open Monday - Friday 9:00am-5:00pm
  Twin Falls Office, 264 Main Ave South, Twin Falls, Idaho 83301, Phone: (208) 734-0407,
  Open Monday - Friday 9:00am-5:00pm
  Burley Office, 2223 Overland Avenue, Burley, Idaho 83318, Phone: (208) 878-3423,

Open Monday - Thursday 9:00 am - 5:00 pm
- Crisis Center of South Central Idaho, 570 Shoup Avenue West, Twin Falls, Idaho 83301, (208) 772-7825 or (866) 737-1128

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

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

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

A. Case Management Service Delivery Strategy:

Utilize AAA Information and Assistance staff for those cases where:
- no other Case Management service is available
- the consumer is unable to manage multiple services for themselves
- when no other supports are available to assist.

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

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

Baseline:

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

Benchmark:

Provide Case Management Services when required and refer to other resources when appropriate.

Account for Case Management costs and units provided by the AAA as appropriate.

B. Case Management Coordination Strategy:

Establish referral process with local agencies that provide case management to aged, disabled, and mentally ill consumers to ensure that referrals made to those agencies consist of accurate contact information, eligibility requirements, and agencies processes.

Performance Measure:
- Resource list expanded with specific types of Case Management services available
- Develop referral processes with partner agencies

Baseline:

Counties	Community Referral Resources per County				
	SFY 2016 (July 2015 – June 2016)	SFY 2017 (July 2016 – June 2017)	SFY 2018 (July 2017 – June 2018)	SFY 2019 (July 2018 – June 2019)	SFY 2020 (July 2019 – June 2020)
Blaine	7	7			
Camas	7	7			
Cassia	7	7			
Gooding	7	7			
Jerome	7	7			
Lincoln	7	7			
Minidoka	7	7			
Twin Falls	7	7			

Benchmark:
Increase Case Management referral resources and processes each year with 1 additional partner

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

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

Service Eligibility: Seniors 60 years of age or older and meets any of the following requirements:
a. They have been assessed to have Activities of Daily Living (ADL) deficits, and/or Instruments of Activities of Daily Living (IADL) deficits, which prevent them from maintaining a clean and safe home environment.
b. Clients aged 60 years or older, who have been assessed to need homemaker service, may be living in the household of a family member (of any age) who is the primary caregiver.
c. They are Adult Protection referrals and homemaker service is being requested as a component of a Supportive Service Plan (SSP) to remediate or resolve an adult protection complaint.
d. They are home health service or hospice clients who may be eligible for emergency homemaker service.

Service Implemented by:
- Accomplishments In-Home Services, 344 N. Blue Lakes Blvd., PO Box 5058, Twin Falls, ID 83303, (208) 324-8409, Burley: (208) 677-2002
- Addus Health Care, 164 River Vista Pl. Twin Falls, ID 83301, (208) 733-9100
- An Angel's Touch In-Home Care, 430 Nicole Drive, Jerome, ID 83338, (208) 324-5605
- The Senior Connection (Blaine County Senior Center), 721 3rd Ave S., Hailey, ID 83333, (208) 788-3468
- Havenwood, 745 California, Gooding, ID 83330, (208) 221-9137
- Jewel's Home Care, 1201 Falls Ave E, Suite 36, Twin Falls, ID 83301, (208) 733-6849
- Julie's Premier Home Care, 1201 Falls Ave E, Suite 36, Twin Falls, ID 83301, (208) 280-0324
- Living Independent Network Corporation (LINC), 1182 Eastland Dr. N., Suite C, Twin Falls, ID 83301, (208) 733-1712

- Loving Hands, 560 Filer Ave, Suite D, Twin Falls, ID 83301, (208) 734-3001
- Minidoka Memorial Hospital, 1218 9th St., Suite #4, Rupert, ID 83350, (208) 436-9019
- MJ Home Care, 1186 E 3700 N, Buhl, ID 83316, (208) 731-6643
- Stone Bridge Assisted Living, 110 River Rock Place, Hagerman ID 83332, (208) 837-4153
- Vision Home Care, 1770 Park View, Twin Falls, ID 83301, (208) 732-8100

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	$133,872	$0	$133,872
SFY 2017 (July 2016 – June 2017) Actual	$111,856	$0	$111,856
SFY 2018 (July 2017 – June 2018) Budget	$122,760	$0	$122,760
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.

Homemaker Service Delivery Strategy:

Determine the number of hours of service that is most effective for the consumers in the area through consumer satisfaction surveys and follow-up contacts.

Increase number of Homemaker consumers by adding to the number of cost-share consumers with the 100% poverty guideline, assuring that those with the greatest social and economic need receive services.

Performance Measure:
- Efficiencies = Cost per consumer, average units per consumer.
- Effectiveness = Total consumers, total unit hours, total costs, and registered consumers by at risk factor.

Baseline:

State Fiscal Year (SFY)	Total Unduplicated Clients Served	Total Annual Units (hrs.)	Average cost per Unit (hr.)	Annual Units (hrs.) per Client	Annual Expense per Client
SFY 2016 (July 2015 – June 2016) Actual	215	8,993	$15	42	$622.66
SFY 2017 (July 2016 – June 2017) Actual	187	7,211	$16	39	$598.16
SFY 2018 (July 2017 – June 2018) Actual					
SFY 2019 (July 2018 – June 2019)					
SFY 2020 (July 2019 – June 2020)					

Demographic Baseline:

Homemaker State Fiscal Year (SFY)	Census Data: % of Population Living in Rural Areas	% of Registered Consumers living in Rural Areas	Census Data: % of Population in *Greatest Economic Need	% of Registered Consumers with Greatest Economic Need	Census Data: % of Population in **Greatest Social Need	% of Registered Consumers with Greatest Social Need
SFY 2016 (July 2015 – June 2016)	56.31%	38.60%	6.87%	32.56%	18.11%	75.35%
SFY 2017 (July 2016 – June 2017)	57.14%	40.00%	6.97%	33.00%	18.40%	74.00%
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:

- Determine standard number of service hours per consumer for the area by year 2
- Maintain number of consumers receiving services
- Reduce or eliminate waiting list

A. Homemaker Coordination Strategy:

Expand informal support options, local volunteer service organizations, and private pay options to meet the needs of those on waiting lists and those in need of assistance. Refer to Medicaid and Veterans services those consumers with increasing personal care needs who meet eligibility criteria for those programs.

Work with providers to determine the best method for implementing POMP consumer surveys.

Performance Measure:

Reduced number of individuals on waiting list

Baseline:

State Fiscal Year (SFY)	Total number of Consumers on Wait list	Community partners	Satisfaction Survey
SFY 2016 (July 2015 – June 2016)	0		
SFY 2017 (July 2016 – June 2017)	1		
SFY 2018 (July 2017 – June 2018)			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Benchmark:

- Reduce or eliminate waitlist
- Increase community partnerships for service options by 1 each year
- Increase participation by providers in utilizing POMP surveys in the first year and again in the fourth year.

6: Chore Objective: To expand chore services statewide.

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

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

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

- Interlink Volunteer Caregivers (IVC), 459 Locust St N., Suite 106, Twin Falls ID 83301, (208) 733-6333, Serving Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties

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	$923	$923
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:

132 out of the 489 respondents who responded to an area-wide needs assessment in 2016-17 identified Chore services as a need. Identify specific Chore needs by recording requests as they are received as a basis for developing further resources.

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	Contract	Not Available	Not Available	Not Available
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: Identified Chore tasks needed within the community during the first year.
B.	**Chore Coordination Strategy:** Identify financial resources for contracting with vendors for chore services and develop a plan for coordinating a volunteer service for Chore. Work with community partners to increase available Chore services in the area.
	Performance Measure: Funding options identified. Service referral network established and expanded.
	Baseline: None
	Benchmark: Provide Chore Services through additional funding sources and/or volunteer opportunities.

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:
- Interlink Volunteer Caregivers (IVC), 459 Locust St N., Suite 106, Twin Falls ID 83301, (208) 733-6333, Serving Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties

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	$3,305	$3,305
SFY 2017 (July 2016 – June 2017) Actual	$0	$1,376	$1,376
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.

Minor Home Modification Service Delivery Strategy:

Explore options for increasing funding and resources for home modification.

Performance Measure:
- Efficiencies = Cost per occurrence
- Effectiveness = Total consumers, total costs and total occurrences.

Baseline:

State Fiscal Year (SFY)	Referral or Contracted Service	Total Unduplicated Clients Served	Total Annual Units (hrs.)	Average cost per Unit (hr.) and materials
SFY 2016 (July 2015 – June 2016) Actual	Contract	Not Available	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	Contract	13	14	$98.27
SFY 2018 (July 2017 – June 2018) Budget	Contract			
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:

Increased funding

A. Minor Home Modification Coordination Strategy:

Work with Interlink Volunteer Caregivers (IVC) to increase the number of volunteers available for installation of grab bars and ramps throughout the eight county region.

Performance Measure:

Number of volunteers

Baseline:

Counties	SFY 2016 (July 2015 – June 2016)	SFY 2017 (July 2016 – June 2017)	SFY 2018 (July 2017 – June 2018)	SFY 2019 (July 2018 – June 2019)	SFY 2020 (July 2019 – June 2020)
			Volunteers available for installations		
Blaine					
Camas					
Cassia		1			
Gooding					
Jerome		1			
Lincoln					
Minidoka					
Twin Falls	1	2			
Total	1	4			

Benchmark:

Increase number of available volunteers

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

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

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

- Idaho Legal Aid, 475 Polk Street, Suite 4, Twin Falls ID 83301, (208) 734-7024

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

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$0	$8,296	$8,296
SFY 2017 (July 2016 – June 2017) Actual	$0	$7,532	$7,532
SFY 2018 (July 2017 – June 2018) Budget	$0	$6,755	$6,755
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Legal Assistance Service Delivery Strategy:

Maintain annual funding levels for Legal Aid.

Performance Measure:

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

Baseline:

Older Americans Act Service Priority	SFY16 Cases	SFY17Cases	SFY18 Cases	SFY19 Cases	SFY20 Cases
Income	13	17			
Health Care	8	19			
Long-term care	1	1			
Nutrition	0	0			
Housing	13	9			
Utilities	0	0			
Protective Services	0	0			
Defense of Guardianship	6	3			
Abuse	1	0			
Neglect	0	0			
Age Discrimination	0	0			
Total	42	49	0	0	0

Older Americans Act Service Priority	SFY16 Hours	SFY17 Hours	SFY18 Hours	SFY19 Hours	SFY20 Hours
Income	6.1	34.6			
Health Care	35.1	46.2			
Long-term care	0.2	3.0			
Nutrition	0	0			
Housing	60.1	19.6			
Utilities	0	0			
Protective Services	0	0			
Defense of Guardianship	12	4.2			
Abuse	5	0			
Neglect	0	0			
Age Discrimination	0	0			
Total	118.5	107.6	0	0	0
Cost Per hour	$70.01				

Benchmark:

Maintain number of hours available for legal assistance.

B. Legal Assistance Coordination Strategy:

Work with ICOA to determine best means for tracking referrals to Idaho Senior Legal Hotline in GetCare

Performance Measure:

Number of referrals to Idaho Senior Legal Hotline

Baseline:

State Fiscal Year (SFY)	# of Referrals to Idaho Senior Legal hotline	Educate Focal points about legal assistance
SFY 2016 (July 2015 – June 2016)	N/A	N/A
SFY 2017 (July 2016 – June 2017)	N/A	N/A
SFY 2018 (July 2017 – June 2018)		
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

Benchmark:

Increase utilization of the Idaho Senior Legal Hotline.

Increase education at focal points regarding Legal Assistance Services.

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:
- Ageless Senior Citizens, Inc., 310 Main St. North, Kimberly, ID 83341, (208) 423-4338, Open: Wednesday, Thursday, Friday 9:00 - 2:00
- The Senior Connection, 721 Third Ave. S., Hailey, ID 83333, (208) 788-3468, Open: Monday-Friday 8:00 – 4:00 Lunch served Monday, Tuesday, Wednesday, Thursday & Friday
- Camas County Senior Center, 129 West Willow, Fairfield, ID 83327, (208) 764-2226, Open: Lunch: Tuesday, Wednesday, Friday, Breakfast: Monday-Friday 7:30 – 2:00
- Filer Senior Haven, 222 Main, Filer, ID 83328 , (208) 326-4608, Open: Tuesday, Wednesday, Thursday 7:30 – 5:00
- Golden Heritage Senior Center, 2421 Overland, Burley, ID 83318, (208) 878-8646, Open: Monday - Friday 8:00 - 2:00, Tuesday: open till 8:00
- Golden Years Senior Center, 218 N. Rail W., Shoshone, ID 83352, (208) 886-2369, Open: Monday, Tuesday, Wednesday & Friday 8:30 - 3:30 (Monday and Wednesday until 3:00), Lunch: Tuesday, Wednesday, Friday
- Gooding Senior Center, 308 Senior Ave., Gooding, ID 83330, (208) 934-5504, Open: Monday - Thursday 8:30 - 3:30, 1st Saturday of each month breakfast: 7:30 - 10:30
- Hagerman Valley Senior Center, 140 East Lake, Hagerman, ID 83332, (208) 837-6120, Open: Monday, Wednesday, Friday 9:00 – 2:00
- Jerome Senior Citizen Center, 520 North Lincoln, Jerome, ID 83338, (208) 324-5642, Open: Monday - Friday 8:00 – 4:00
- Lorna Reeder Senior Center, 400 West Market, Albion, ID 83311, (208) 673-6210, Open: Wednesday 9:00 - 2:00, Lunch at noon

- Minidoka County Senior Center, 702 11th Street, Rupert, Idaho 83350, (208) 436-9107, Open: Monday - Friday 9:00 – 3:00
- Oakley Valley Senior Citizens, 104 N. Church, Oakley, Idaho 83346, Open: Tuesday 8:00 - noon, Friday 7:00 – 2:00
- Silver & Gold Senior Center, 210 Wilson, Eden, ID 83325, (208) 825-5662, Open: Monday, Wednesday, Friday 8:00 - 12:00, Tuesday and Thursday 7:00 – 2:00
- Twin Falls Senior Citizen Federation, 530 Shoshone St., Twin Falls, ID 83303, (208) 734-5084, Open: Monday - Friday 8:00 – 5:00
- Wendell Senior Center, 380 1st Ave. E., Wendell, ID 83355, (208) 536-9951, Open: Monday and Friday 11:00 – 1:00
- West End Senior Citizens Center, 1010 Main, Buhl, ID 83316, (208) 543-4577, Open: Sunday Buffet 11:00 – 3:00, Monday - Thursday 8:00 – 4:00

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

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	$82,346	$242,018	$324,364
SFY 2017 (July 2016 – June 2017) Actual	$46,090	$229,864	$275,954
SFY 2018 (July 2017 – June 2018) Budget	$43,762	$243,546	$287,308
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Congregate Meal Service Delivery Strategy:
- Work with meal sites to determine and control cost per meals. Meals must adhere to the 1/3 daily nutritional guidelines.
- Utilize POMP consumer satisfaction surveys to assess quality of the service

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

Baseline:

State Fiscal Year (SFY)	Total Unduplicated Clients Served	Total Congregate Meals	*Average cost per Congregate Meal	AAA Contracted Meal Reimbursement Rate
SFY 2016 (July 2015 – June 2016) Actual	3,631	100,746	$3.22	$3.21
SFY 2017 (July 2016 – June 2017) Actual	3,224	101,100	$2.73	$2.65
SFY 2018 (July 2017 – June 2018) Actual				$2.65
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

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

Benchmark:
- Determine site meal costs and increase cost effectiveness of meals to expand service capacity
- Increase consumer satisfaction to promote additional participation

B. Congregate Meal Coordination Strategy:
- Work with providers to determine barriers to congregate meal participation
  - Translate registration forms into Spanish
  - Coordinate with dieticians regarding meal planning for special dietary requirements

Performance Measure:

Barriers identified and steps taken for resolution

Baseline:

State Fiscal Year (SFY)	Barriers Identified	Steps toward Resolution
SFY 2016 (July 2015 – June 2016)	N/A	N/A
SFY 2017 (July 2016 – June 2017)	Registration Forms in Spanish, special dietary requirements	Barriers identified during area planning process. Will work in SFY 2018 to resolve
SFY 2018 (July 2017 – June 2018)		
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

Benchmark:

Identify barriers to participation in congregate meals for consumers

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:
- Ageless Senior Citizens, Inc., 310 Main St. North, Kimberly, ID 83341, (208) 423-4338, Open: Wednesday, Thursday, Friday 9:00 - 2:00
- The Senior Connection, 721 Third Ave. S., Hailey, ID 83333, (208) 788-3468, Open: Monday-Friday 8:00 – 4:00 Meals delivered Monday, Tuesday, Wednesday, Thursday & Friday

- Filer Senior Haven, 222 Main, Filer, ID 83328 , (208) 326-4608, Open: Tuesday, Wednesday, Thursday 7:30 – 5:00
- Golden Heritage Senior Center, 2421 Overland, Burley, ID 83318, (208) 878-8646, Open: Monday - Friday 8:00 - 2:00, Tuesday: open till 8:00
- Golden Years Senior Center, 218 N. Rail W., Shoshone, ID 83352, (208) 886-2369, Open: Monday, Tuesday, Wednesday & Friday 8:30 - 3:30 (Monday and Wednesday until 3:00), Lunch: Tuesday, Wednesday, Friday
- Gooding Senior Center, 308 Senior Ave., Gooding, ID 83330, (208) 934-5504, Open: Monday - Thursday 8:30 - 3:30, 1st Saturday of each month breakfast: 7:30 - 10:30
- Hagerman Valley Senior Center, 140 East Lake, Hagerman, ID 83332, (208) 837-6120, Open: Monday, Wednesday, Friday 9:00 – 2:00
- Jerome Senior Citizen Center, 520 North Lincoln, Jerome, ID 83338, (208) 324-5642,   Open: Monday - Friday 8:00 – 4:00
- Minidoka County Senior Center, 702 11th Street, Rupert, Idaho 83350, (208) 436-9107, Open: Monday - Friday 9:00 – 3:00
- Oakley Valley Senior Citizens, 104 N. Church, Oakley, Idaho 83346, Open: Tuesday 8:00 - noon, Friday 7:00 – 2:00
- Silver & Gold Senior Center, 210 Wilson, Eden, ID 83325, (208) 825-5662, Open: Monday, Wednesday, Friday 8:00 - 12:00, Tuesday and Thursday 7:00 – 2:00
- Twin Falls Senior Citizen Federation, 530 Shoshone St., Twin Falls, ID 83303, (208) 734-5084, Open: Monday - Friday 8:00 – 5:00
- West End Senior Citizens Center, 1010 Main, Buhl, ID 83316, (208) 543-4577,   Open: Sunday Buffet 11:00 – 3:00, Monday - Thursday 8:00 – 4:00
- PurFoods, LLC dba Mom's Meals, mail order fresh-lock packaged meals, 3210 SE Corporate Woods Drive, Ankeny, Iowa 50021, (866) 716-3257

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	$141,463	$151,716	$293,179
SFY 2017 (July 2016 – June 2017) Actual	$102,156	$137,119	$239,275
SFY 2018 (July 2017 – June 2018) Budget	$75,708	$170,995	$246,703
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Home Delivered Meal Service Delivery Strategy:

- Identify potential funding sources
- Determine baseline number of meals to balance budget and service provision
- Work with Outreach to increase rural consumers (See #2 Outreach above)

Performance Measure:

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

Baseline:

State Fiscal Year (SFY)	Total Unduplicated Clients Served	Total Home Delivered Meals	*Average cost per Home Delivered Meal	AAA Contracted HDM Reimbursement Rate
SFY 2016 (July 2015 – June 2016) Actual	625	86,060	$3.41	$3.21
SFY 2017 (July 2016 – June 2017) Actual	516	73,876	$3.24	$3.02
SFY 2018 (July 2017 – June 2018) Actual				$3.02
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

*Cost includes AAA wages, nutritionist and provider reimbursement.

Demographic Baseline:

Home Delivered Meals State Fiscal Year (SFY)	Census Data: % of Population Living in Rural Areas	% of Registered Consumers living in Rural Areas	Census Data: % of Population in *Greatest Economic Need	% of Registered Consumers with Greatest Economic Need	Census Data: % of Population in **Greatest Social Need	% of Registered Consumers with Greatest Social Need
SFY 2016 (July 2015 – June 2016)	56.31%	47.04%	6.87%	25.12%	18.11%	52.48%
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:

Increase numbers for rural consumers.

Maintain or increase current funding levels.

A. Home Delivered Meal Coordination Strategy:
- Expand information available of community resources, such as grocery delivery of deli and other premade meals, restaurant delivery, and promotion of food banks and soup kitchens providing premade meal items.
- Cultivate and encourage informal supports and additional community resources
- Coordinate with health organizations and meal sites to provide preventive healthcare information flyers for delivery with Home Delivered Meals

Performance Measure:

Minimize number on waiting list

Number of healthcare information flyers distributed

Baseline:

State Fiscal Year (SFY)	Total number of Consumers on Wait list	Number of Information Flyers included with meals
SFY 2016 (July 2015 – June 2016) Actual	0	N/A
SFY 2017 (July 2016 – June 2017) Projected year end	0	N/A
SFY 2018 (July 2017 – June 2018)		
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

Benchmark:
- Expand community resource options to reduce numbers of consumers on waiting lists
- Provide healthcare information with home delivered meals

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

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

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:
- CSI Over 60 and Getting Fit Program, 315 Falls Ave, Twin Falls, ID 83303, Professor Shelly Wright, Coordinator, (208) 732-6483

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	$12,704	$12,704
SFY 2017 (July 2016 – June 2017) Actual	$0	$12,608	$12,608
SFY 2018 (July 2017 – June 2018) Budget	$0	$12,423	$12,423
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Disease Prevention and Health Promotion Service Delivery Strategy:
- Maintain instructor salary support for CSI Over 60 & Getting Fit Classes
- Increase public information and outreach efforts to inform seniors of the benefits of exercise and availability of Over 60 and Getting Fit classes.

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)

Over 60 and Getting Fit

State Fiscal Year (SFY)	Evidence Based Program Expense	Total Unduplicate Clients	Average cost per Client
SFY 2016 (July 2015 – June 2016) Actual	$12,704	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	$12,608	1,798	$7.01
SFY 2018 (July 2017 – June 2018) Budget	$12,423		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Benchmark:

Increase unduplicated number of consumers annually

Maintain funding for Over 60 and Getting Fit.

A. Disease Prevention and Health Promotion Coordination Strategy:
- Work with ICOA to apply for funding for additional Health Promotion programs
- Work with community partners to implement new programs and seek sources of funding for sustainability
- Promote education based training with University of Idaho Extension Office –Eat Smart Idaho

Performance Measure:

Implement new health promotion programs.

Baseline:

None

Benchmark:

Expand health promotion program opportunities

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

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

Service Eligibility: (1) family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such diseases or disorders, (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:

- Accomplishments In-Home Services, 344 N. Blue Lakes Blvd., PO Box 5058, Twin Falls, ID 83303, (208) 324-8409, Burley: (208) 677-2002
- Addus Health Care, 164 River Vista Pl. Twin Falls, ID 83301, (208) 733-9100
- An Angel's Touch In-Home Care,430 Nicole Drive, Jerome, ID 83338, (208) 324-5605
- The Senior Connection (Blaine County Senior Center), 721 3rd Ave S., Hailey, ID 83333, (208) 788-3468
- Jewel's Home Care, 1201 Falls Ave E, Suite 36, Twin Falls, ID 83301, (208) 733-6849
- Julie's Premier Home Care, 1201 Falls Ave E, Suite 36, Twin Falls, ID 83301, (208) 280-0324
- Living Independent Network Corporation (LINC), 1182 Eastland Dr. N., Suite C, Twin Falls, ID 83301, (208) 733-1712
- Loving Hands, 560 Filer Ave, Suite D, Twin Falls, ID 83301, (208) 734-3001
- MJ Home Care, 1186 E 3700 N, Buhl, ID 83316, (208) 731-6643
- Stone Bridge Assisted Living, 110 River Rock Place, Hagerman ID 83332, (208) 837-4153
- Vision Home Care, 1770 Park View, Twin Falls, ID 83301, (208) 732-8100
- CSI Office on Aging (Area IV Agency on Aging), 315 Falls Avenue, Twin Falls, (208) 736-2122 or (800) 574-8656, open Monday through Friday, 8:00 am until 5:00 pm (closed noon to 1:00 for lunch) Monthly Office on Aging Caregiver and Grandparents as Parents Support Groups

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	$4,411	$120,879	$125,290
SFY 2017 (July 2016 – June 2017) Actual	$31,139	$91,944	$123,083
SFY 2018 (July 2017 – June 2018) Budget	$24,576	$94,250	$118,826
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.

National Family Caregiver Support Program (NFCSP) Service Delivery Strategy:

Respite:

    Implement consumer satisfaction surveys to be completed every other year

    Determine the standard number of hours of respite care which will effectively meet the need of the caregiver

Counselling and Support Groups (Caregiver Support Group, Grandparents as Parents):

    Implement consumer satisfaction surveys to be completed every year

Performance Measure:

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

Baseline:

1. Caregiver Information Services

    Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Activities
SFY 2016 (July 2015 – June 2016) Actual	$29,689	N/A
SFY 2017 (July 2016 – June 2017) Actual	$30,215	N/A
SFY 2018 (July 2017 – June 2018) Budget	$31,757	N/A
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

2. Access Assistance (I&A)

    Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Contacts	Program Expense per Contact
SFY 2016 (July 2015 – June 2016) Actual	$30,537	1,261	$24.22
SFY 2017 (July 2016 – June 2017) Actual	$30,563	1,118	$27.34
SFY 2018 (July 2017 – June 2018) Budget	$29,804		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

3. Caregiver Counseling and Group Programs

    Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Unduplicated Clients Served	Number of Sessions	Program Expense per Client
SFY 2016 (July 2015 – June 2016) Actual	$21,835	Not Available	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	$14,238	Not Available	Not Available	Not Available
SFY 2018 (July 2017 – June 2018) Budget	$15,077			
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

4. Respite

Baseline:

State Fiscal Year (SFY)	Annual Expense	Number of Unduplicated Clients Served	Number of Hours	Program Expense per Hour
SFY 2016 (July 2015 – June 2016) Actual	$39,922	39	3,324	$12.01
SFY 2017 (July 2016 – June 2017) Actual	$46,691	26	3,393	$13.76
SFY 2018 (July 2017 – June 2018) Budget	$42,186			
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

5. Supplemental Service (Limited Basis)

Caregiver Home Modification

Baseline:

State Fiscal Year (SFY)	Annual Expense
SFY 2016 (July 2015 – June 2016) Actual	$3,305
SFY 2017 (July 2016 – June 2017) Actual	$1,376
SFY 2018 (July 2017 – June 2018) Budget	$0
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:

Respite:

- Reduce or eliminate waiting lists
- Determine standard number of service hours per consumer for the area.

Counselling and Support Groups:

- Increased customer satisfaction

NFCSP Coordination Strategy:

Adopt and strengthen referral process with community partners to identify caregivers in need

Performance Measure:

Number of community partner referrals sources for caregiver services

Baseline:

	Number of Referral Partners
SFY 2016 (July 2015 – June 2016)	
SFY 2017 (July 2016 – June 2017)	
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:

Increase number of community partners by 1 each year.

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

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

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

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

Service Eligibility: Medicare beneficiaries and their Caregivers.

Service Implemented by:
- CSI Office on Aging (Area IV Agency on Aging), 315 Falls Avenue, Twin Falls, (208) 736-2122 or (800) 574-8656, open Monday through Friday, 8:00 am until 5:00 pm (closed noon to 1:00 for lunch)

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	$17,914	$17,914
SFY 2017 (July 2016 – June 2017) Actual	$0	$24,500	$24,500
SFY 2018 (July 2017 – June 2018) Budget			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. SMP Service Delivery Strategy:

Expand SMP Program by recruiting volunteers to increase number of group presentations, community events, and one-to-one counseling sessions. Use volunteer websites, such as JustServe.org, and Facebook postings, for volunteer recruitment and retention.

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

Baseline:

State Fiscal Year (SFY)	Volunteers	Group Presentations	Community Events	One-to-one Counseling
SFY 2016 (July 2015 – June 2016) Actual	3	86	24	37
SFY 2017 (July 2016 – June 2017) Actual	2	80	16	25
SFY 2018 (July 2017 – June 2018) Actual				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark:
- Recruit and retain four volunteer positions
- 80 group presentations annually
- 25 one-on-one counseling sessions annually

B. SMP Coordination Strategy:

Make contact with Senior Centers, Assisted Living facilities, and senior apartments for presentations and promote establishing these sites as partners to help recruit volunteers, distribute SMP newsletters, and provide fraud prevention information to their consumers or residents.

Performance Measure:

Increased number of community partners

Baseline:

Contract Year	Number of Partners
2016 (May 2015 – May 2016)	2
2017 (May 2016 – May 2017)	4
2018 (May 2017 – May 2018)	
2019 (May 2018 – May 2019)	
2020 (May 2019 – May 2020)	

Benchmark:

Increase community partners for recruiting volunteers and distribution of SMP materials

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:

- CSI Office on Aging (Area IV Agency on Aging), 315 Falls Avenue, Twin Falls, (208) 736-2122 or (800) 574-8656, open Monday through Friday, 8:00 am until 5:00 pm (closed noon to 1:00 for lunch)

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	$12,819	$12,819
SFY 2017 (July 2016 – June 2017) Actual	$0	$13,000	$13,000
SFY 2018 (July 2017 – June 2018) Budget			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. MIPPA Service Delivery Strategy:

Recruit host agencies by presentations, mailing brochures and make phone calls to pharmacy, churches and non-profits.

Train host agencies to understand the benefits to their consumer base and encourage application for Medicare Savings Programs and Low Income Subsidy.

Performance Measure:

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

Baseline:

State Fiscal Year (SFY)	Participating Host Agencies
SFY 2016 (July 2015 – June 2016) Actual	17
SFY 2017 (July 2016 – June 2017) Actual	22
SFY 2018 (July 2017 – June 2018) Actual	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:

Increase the number of host agencies by 2 annually

B. MIPPA Coordination Strategy:

Coordinate with Senior Health Insurance Benefits Advisors (SHIBA) to receive materials for public awareness.

Use of public awareness material tracked with SHIPTALK. Contact tracking through SHIBA website. Utilizing mail, phone, and presentation contacts for outreach to Medicare Beneficiaries.

Continue utilizing outreach best practices to increase the number of MIPPA participants.

Performance Measure:
Number of Medicaid applications submitted for Low Income Subsidy

Baseline:			
Contract Year	Number of applications submitted	Number of Outreach contacts	
2016 (Sept. 2015 – Sept. 2016)	35	75	
2017 (Sept. 2016 – Sept. 2017)			
2018 (Sept. 2017 – Sept. 2018)			
2019 (Sept. 2018 – Sept. 2019)			
2020 (Sept. 2019 – Sept. 2020)			

Benchmark:
Increased number of applicants through outreach to participants during public awareness events

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

ICOA Goal: Integrate person-centered planning into existing service delivery system.
1: Participant-Directed/Person-Centered Planning Objective: To define and implement person centered processes with aging and disability network partners.
Service Description: The service directs eligible consumers to organizations that provide long-term care service coordination. Person-Centered Planning is a process that ensures an individual has a choice in determining the long-term care services that are best for them.
Service Eligibility: General public needing long-term care services and supports.
Service Implemented by: • CSI Office on Aging (Area IV Agency on Aging), 315 Falls Avenue, Twin Falls, (208) 736-2122 or (800) 574-8656, open Monday through Friday, 8:00 am until 5:00 pm (closed noon to 1:00 for lunch)
A. Participant-Directed/Person-Centered Planning Service Delivery Strategy: Identify best practices from organizations that provide Person-Centered Planning.
Performance Measure: Best practices.
Baseline: Establish best practices in conjunction with community partners such as LINC
Benchmark: Implement Person-Centered- Planning standard practices at the CSI Office on Aging.
B. Participant-Directed/Person-Centered Planning Coordination Strategy: Coordinate with LINC to train AAA staff to work with individuals who have various types of disabilities.
Performance Measure: Number of AAA trained staff.

Baseline:
None
Benchmark:
Complete Person-Centered Planning training with aging and disability network partners.

Focus Area D: Elder Justice

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

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

Service Description: The Ombudsman funds are used to:

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

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

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

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

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

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

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

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

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

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

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

- CSI Office on Aging (Area IV Agency on Aging), 315 Falls Avenue, Twin Falls, (208) 736-2122 or (800) 574-8656, open Monday through Friday, 8:00 am until 5:00 pm (closed noon to 1:00 for lunch)

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	$68,473	$11,130	$79,603
SFY 2017 (July 2016 – June 2017) Actual	$72,636	$7,581	$80,217
SFY 2018 (July 2017 – June 2018) Budget	$88,451	$9,040	$97,491
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Ombudsman Service Delivery Strategy:

- Implement the policy and procedures developed by the State Ombudsman in accordance with the new Older Americans Act (OAA) Ombudsman rules
- Adapt local policy and procedures to reflect State policy and procedure changes in the new OAA Ombudsman rules
- Attend trainings provided by the State Ombudsman Program regarding implementation of changes in policy and procedures in regards to the new OAA Ombudsman rules
- Train Ombudsman staff and volunteers on changes to state policy and procedures

Performance Measure:

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

Baseline:

State Fiscal Year (SFY)	Number of Ombudsman	Number of Skilled Nursing Facilities	Number of Assisted Living Facilities	Total Number of Beds	Average Bed Count per Ombudsman	Total Volunteer Ombudsman	Total Information and Education Presentation
SFY 2016 (July 2015 – June 2016) Actual	1.49	Not Available	Not Available	1,897	1,273	7	24
SFY 2017 (July 2016 – June 2017) Actual	1.49	Not Available	Not Available	1,762	1,183	8	19
SFY 2018 (July 2017 – June 2018) Actual	1.94	11	46	1,787	921	6	
SFY 2019 (July 2018 – June 2019)							
SFY 2020 (July 2019 – June 2020)							

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

SFY16		SFY17		SFY18		SFY19		SFY20	
Type of Complaint	Total Complaints	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints	Type of Complaint	Total Complaints
Care	54	Discharge/Eviction #19	14						

Dietary	21	Personal Hygiene #45	9					
Environment	18	Medication #44	8					
Autonomy , Choice, Exercise of Rights, Privacy	17	Failure to Respond #41	7					
Abuse, Gross Neglect, Exploitation	14	Food #71	7					

Benchmark:
- Provide 20 hours of continued education training annually for volunteers and staff
- Establish local policies and procedure to incorporate new federal guidelines

Ombudsman Coordination Strategy:
- Make regular quarterly visits to Region IV Assisted Living Facilities and Nursing Homes and providing education to residents and their families/legal representatives of their rights afforded them by the OAA and the services provided through the Ombudsman Program

- Provide educational presentation to Individuals, facility staff, health care providers, CSI CNA training Programs, The Social Work Program and The Nursing Program on Resident Rights and changes to the OAA and how the changes affects the residents and the facilities responsibility

Performance Measure:
Number of consultations
Number of quarterly visits
Number of facility educational presentations

Baseline:

Benchmark:
- Maintain quarterly visits to each facility annually
- Maintain the number of educational presentations for facilities and others

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

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

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

Service Eligibility: Vulnerable adults 18 years old and older.

Service Implemented by:

CSI Office on Aging (Area IV Agency on Aging), 315 Falls Avenue, Twin Falls, (208) 736-2122 or (800) 574-8656, open Monday through Friday, 8:00 am until 5:00 pm (closed noon to 1:00 for lunch)

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	$124,453	$0	$124,453
SFY 2017 (July 2016 – June 2017) Actual	$152,591	$0	$152,591
SFY 2018 (July 2017 – June 2018) Budget	$157,661	$0	$157,661
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Adult Protection Service Delivery Strategy:

Provide presentations to local businesses, organizations, agencies, and facilities to inform and educate the public on Adult Protection Services using ICOA approved presentation to reduce number of incidents of abuse, neglect, self-neglect and exploitation.

Performance Measure:

Number of annual presentations

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	80	58	47	72	48	25
SFY 2017 (July 2016 – June 2017) Actual	94	65	26	78	38	24
SFY 2018 (July 2017 – June 2018) Actual						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

Benchmark:

Maintain or increase educational presentations regarding Adult Protection Services annually to reduce number of incidents of abuse, neglect, self-neglect and exploitation

B. Adult Protection Coordination Strategy:

Partner with Gatekeepers who will alert AAA staff of concerns for community residents from business, such as Utility Companies, Banks, First Responders, Hospitals, etc. Expand Gatekeeper connections. Being a Gatekeeper provides a business a quick referral process and easy way to report concerns of abuse, neglect (including self-neglect), or exploitation.

Performance Measure:

Number of organizations providing Gatekeeper activities

Baseline:

State Fiscal Year (SFY)	Total Gatekeeper Organizations
SFY 2016 (July 2015 – June 2016)	1
SFY 2017 (July 2016 – June 2017)	2
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:

Increase Gatekeeper partners from 2 currently (Idaho Power and the Twin Falls Fire Department) to 4 in the first year and by 2 annually in additional years.

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 CSI Office on Aging prepares an annual budget which is reviewed by the CSI Vice President of Administration and the CSI Grants Accountant, and is approved by the Idaho Commission on Aging (ICOA). ICOA has set budget parameters for services which are

met during the budget development process. The budget is reviewed with the Area IV Advisory Council and was presented at the 16 area senior centers during public presentations of the area plan during April and May of 2017. Any recommendations by the Advisory Council or the public are considered and incorporated as appropriate. The budget is reviewed at the quarterly Advisory Council meetings throughout the year with a comparison of actual expenditures to budget.

(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 CSI Office on Aging prepares an annual budget which is reviewed by the CSI Vice President of Administration and the CSI Grants Accountant, and is approved by the Idaho Commission on Aging (ICOA). ICOA has set budget parameters for services which are met during the budget development process. The budget is reviewed with the Area IV Advisory Council and was presented at the 16 area senior centers during public presentations of the area plan during April and May of 2017. Any recommendations by the Advisory Council or the public are considered and incorporated as appropriate. The budget is reviewed at the quarterly Advisory Council meetings throughout the year with a comparison of actual expenditures to budget.

(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 CSI Office on Aging has designated all of the 16 senior centers in our area as focal points. We are working to formalize the arrangement and clarify the expectations for both the CSI Office on Aging and the focal points. We have identified the need to expand the focal points in our area, and will be continuing to develop this program to expand the access for seniors to multiple services and resources.

List the AAA designated focal points:

Name of Focal Point	Address	Contact	Telephone #
Ageless Senior Citizens, Inc.	310 Main St. North Kimberly, ID 83341	Bonnie Peter	423-4338

The Senior Connection	721 Third Ave. S. Hailey, ID 83333	Teresa Lipman	788-3468
Camas County Senior Center	129 West Willow Fairfield, ID 83327	Shannon Harris	764-2226
Filer Senior Haven	222 Main Filer, ID 83328	Russell Sheridan	326-4608
Golden Heritage Senior Center	2421 Overland Burley, ID 83318	Catherine Walcroft	878-8646
Golden Years Senior Center	218 N. Rail W. Shoshone, ID 83352	Larry Strolberg	886-2369
Gooding Senior Center	308 Senior Ave. Gooding, ID 83330	Lynne Corbett	934-5504
Hagerman Valley Senior Center	140 East Lake Hagerman, ID 83332	Neva Reedy	837-6120
Jerome Senior Citizen Center	520 North Lincoln Jerome, ID 83338	Gillian Minter	324-5642
Lorna Reeder Senior Center	400 West Market Albion, ID. 83311	Marla Radeke	673-6210
Minidoka County Senior Center	702 11th Street Rupert, Idaho 83350	Penny Schell	436-9107
Oakley Valley Senior Citizens	104 N. Church P.O. Box 82 Oakley, Idaho 83346	Nicki Mickelsen	670-0556
Silver & Gold Senior Center	210 Wilson Eden, ID 83325	Pat Bruning	825-5662
Twin Falls Senior Citizen Federation	530 Shoshone St. W. Twin Falls, ID 83303	Jeanette Roe	734-5084
Wendell Senior Center	380 1st Ave. E. Wendell, ID 83355	Gary Cox	536-9951
West End Senior Citizens Center	1010 Main Buhl, ID 83316	Lynnette Butler	543-4577

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

> The CSI Office on Aging recognizes that the relationship with the focal points has been informal to this point. We will be developing a formal agreement no later than 7/1/2018 which will designate each focal point as such and describe the expectations for the relationship. For the senior centers listed above, this will be an agreement in addition to the current contracts, and will be the same agreement as developed for other organizations.

(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	**2,568/36,834 = 6.97%**	**6,776/36,834 = 18.40%**	**11,378/36,834 = 30.89%**
% of register clients receiving Homemaker service	33.73%	74.60%	76.59%
If applicable, % of register clients receiving Chore service	N/A	N/A	N/A
If applicable, % of register clients receiving Minor Home Modification service	55.56%	38.89%	38.89%
% of register clients receiving Congregate Meal service	17.17%	23.77%	52.99%
% of register clients receiving Home Delivered Meal service	30.03%	52.68%	70.64%
% of register clients receiving Respite service	10.00%	0%	56.67%
If applicable, % of register clients receiving Case Management service	N/A	N/A	N/A

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

> The CSI Office on Aging meets or exceeds the percentages of registered clients receiving the above services based on the percentages of population. We will monitor these percentages annually to ensure that we continue to meet the baseline percentages for each service.

(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	**3,486/36,834 = 9.46%**	**N/A**	**21,047/36,834 = 57.14%**
% of register clients receiving Homemaker service	**5.90%**	**N/A**	**44.09%**
% of register clients receiving Chore service	**N/A**	**N/A**	**N/A**
% of register clients receiving Minor Home Modification service	**33.33%**	**N/A**	**44.44%**
% of register clients receiving Congregate Meal service	**9.54%**	**N/A**	**63.90%**
% of register clients receiving Home Delivered Meal service	**9.71%**	**N/A**	**48.41%**
% of register clients receiving Respite service	**6.67%**	**N/A**	**43.33%**
% of register clients receiving Case Management service	**N/A**	**N/A**	**N/A**

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

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

The AAA uses demographic Census data for Poverty, Lives Alone, Institutional Placement, and Rural populations to establish a baseline. The AAA compares registered consumers to this baseline to determine if it meets or exceeds the Census percentage. If it doesn't the AAA develops outreach methods to increase the percentage of registered consumers for those areas.

For low-income minority and limited English speakers, the AAA will coordinate with ICOA to identify the Census baseline. Currently, the AAA tracks non-English speakers, but will be working with ICOA to develop a method to track limited English Speakers.

Service Description	Describe the Mechanism that is in place to meet or exceed Census population %
Homemaker service	The CSI Office on Aging will use continuing Outreach efforts to ensure that minority individuals and those living in rural areas are aware of our services. We will also work with the focal points to increase awareness in their communities and help to identify additional providers to offer more service coverage.
Minor Home Modification service	The CSI Office on Aging will use continuing Outreach efforts to ensure that those living in rural areas are aware of our services. We will also work with the focal points to increase awareness in their communities and help to identify additional volunteers to work with Interlink Volunteer Caregivers to offer more service coverage.
Home Delivered Meal service	The CSI Office on Aging will use continuing Outreach efforts to ensure that those living in rural areas are aware of our services and that we have an option for home delivered meals through Mom's Meals for those living outside of the service area for their local Senior Center.
Respite service	The CSI Office on Aging will use continuing Outreach efforts to ensure that minority individuals and those living in rural areas are aware of our services. We will also work with the focal points to increase awareness in their communities and help to

| | identify additional providers to offer more service coverage. |

(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;

> The CSI Office on Aging current agreements do not include language to require the providers to specify how they will serve the needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The CSI Office on Aging will begin working on revisions to the current contracts to include the appropriate language and have amendments to the contracts in place no later than 7/1/2018.
>
> However, the current contract language does include the following information on non-discrimination:
>
> "The Service Provider and any sub-contractor agree to comply with the following non-discrimination requirements:
>
> (a) No individual shall be denied services or benefits provided under this agreement, on the grounds of race, color, national origin, sex, religion, creed, age, marital status, veteran's status, or disability;
> (b) Service Provider shall not provide any services or other benefits to a qualified individual that are different, or are provided in a manner differing from that provided to others under the agreement, or any contract awards pursuant to this agreement;
> (c) No individual shall be subjected to segregation or separate treatment in any services or other benefits provided to others under this agreement;
> (d) No qualified individual shall be denied the opportunity to participate in any program(s) provided by this agreement for the provision of services, or otherwise afford an opportunity to do so which is different from that afforded others;
> (e) Service Provider 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, religion, creed, age, and marital status, veteran's status, or disability.
>
> **22. OTHER FEDERAL AND STATE REQUIREMENTS**

> The Service Provider shall perform all obligations of this contract in accordance with the Older Americans Act, as amended, and the Idaho Senior Services Act, as amended.
>
> The Service Provider agrees that it will comply with all federal and state laws, policies, regulations and rules relating to the services and individuals under this agreement, including Title VI of the Civil Rights Act of 1964, Title VII of the Equal Employment Opportunity Act of 1972, Age Discrimination Act of 1975, Executive Orders 11246 and 11375, and Section 503 and 504 of the Rehabilitation Act of 1973.
>
> The Service Provider agrees to comply with the Americans with Disabilities Act of 1990 and any other laws, regulations or orders, State or Federal, for ensuring accessibility and full benefits of the Service Provider's programs to disabled populations.
>
> The Service Provider agrees to adhere to Federal non-discrimination regulations as outlined in 45 CFR, part 80,--Non-discrimination on the basis of Handicap, and part 90,--Non-discrimination on the basis of age, in programs or activities receiving federal financial assistance.

(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 CSI Office on Aging current agreements do not include language to require the providers to provide services to the maximum extent feasible to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The CSI Office on Aging will begin working on revisions to the current contracts to include the appropriate language and have amendments to the contracts in place no later than 7/1/2018. Please see 4(AA)(ii)I above.

(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

> The CSI Office on Aging current agreements do not include language to require the providers to meet specific objectives established by the AAA for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. The CSI Office on Aging will begin working on revisions to the

> current contracts to include the appropriate language and have amendments to the contracts in place no later than 7/1/2018.   Please see 4(AA)(ii)I above.

(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 the methods and comments in subsection (I) above.   The CSI Office on Aging has hired bilingual employees to assist with service delivery and authorization for consumers who are Hispanic.   The CSI Office on Aging also has close working relationships with the CSI Refugee Center to provide other interpreters and assistance with service delivery.

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

> See sections (4)(A) (i) I and II above.

(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

> Sections 4)(A)(i) I and II above show that the CSI Office on Aging meets or exceeds the population percentages on all areas listed above except low income minority and those living in rural areas for some services.   In the Goals Objectives Strategies Outcomes and Quality Management Section of the Area Plan, Objective #2 Outreach states the following:

A. Outreach Service Delivery Strategy:
Targeted events for outreach will be prioritized for low-income minority and rural populations {See Attachment A: Assurances Section (4)(A)(i) (I) (bb)} to meet or exceed census population percentages.

Performance Measure:
Increased utilization of services for low-income minority and rural populations

Baseline:

SFY 2016 (July 2015 – June 2016)	Not Available
SFY 2017 (July 2016 – June 2017)	Not Available

SFY 2018 (July 2017 – June 2018)

	Consumer Utilization before and after the Outreach Events	
Outreach Events	Living in Rural Areas	Low Income Minority
Homemaker	/	/
Minor Home Modification	/	/
Congregate Meals	/	/
Home Delivered Meals	/	/
Respite	/	/

SFY 2019 (July 2018 – June 2019)

	Consumer Utilization before and after the Outreach Events	
Outreach Events	Living in Rural Areas	Low Income Minority
Homemaker	/	/
Minor Home Modification	/	/
Congregate Meals	/	/
Home Delivered Meals	/	/
Respite	/	/

SFY 2020 (July 2019 – June 2020)

	Consumer Utilization before and after the Outreach Events	
Outreach Events	Living in Rural Areas	Low Income Minority
Homemaker	/	/
Minor Home Modification	/	/
Congregate Meals	/	/
Home Delivered Meals	/	/
Respite	/	/

Benchmark:
Increased services for individuals who are low-income minority or rural populations.

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

> The CSI Office on Aging utilizes the outreach efforts as described in the Goals Objectives Strategies Outcomes and Quality Management Section of the Area Plan, Objective #2 Outreach and sub-clauses (I) through (VII) of clause (i) above to inform older individuals and caregivers of all services available through the AAA.
>
> The CSI Office on Aging sponsors an annual Caregiver conference in May where information and training is available to caregivers along with vendor booths of various organizations which provide assistance to caregivers and consumers.

(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 CSI Office on Aging annually signs a Performance Based Contract with the Idaho Commission on Aging which outlines the responsibilities and requirements for the AAA. The duties specified in the Contract are as follows:
>
> Duties.
>
>   a. AAA: During the term of this Contract, the AAA shall:
> - i. Administer the approved AAA Area Plan within the geographic region delineated in the plan,
> - ii. Comply with all governing state and federal laws in the administration and management of the state and federal programs identified in the documents set forth in full text in Attachment A incorporated herein.
> - iii. Adhere to all requirements as set forth in the ICOA Review Toolkit as specified in Attachment A.
> - iv. Provide the public with access to services within recognized normal business hours that are clearly displayed at the business location site and online.
> - v. Have an ICOA approved Area Plan in place by October 15, 2017. Annual updates are required as established by the ICOA. The area plan update shall be submitted in a uniform format prescribed by the ICOA to meet the requirements of the OAA and all pertinent federal regulations.
> - vi. Adhere to all requirements as set forth in the ICOA Program Manual and ICOA Implementation Guides as listed in Attachment A. The AAA will utilize ICOA methods as they are described in documents or taught in training courses, and implement services in a manner consistent with the intent of these methods and materials to preserve validity and consistency of services statewide.
> - vii. In accordance with IDAPA 15.01.20.041, on behalf of all older persons in the service area the AAA shall assume the lead role relative to aging issues. In accordance with the OAA and all pertinent federal regulations and ICOA policies and procedures, the AAA shall serve

> as the public advocate for the development and enhancement of comprehensive, coordinated community-based service systems within each community throughout the service area.

(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 CSI Office on Aging has been designated as the Area Disability Resource Center (ADRC) for the South Central Idaho area by the Idaho Commission on Aging. The CSI Office on Aging works closely with the local CIL which is the Living Independence Network Corporation (LINC). The CSI Office on Aging maintains a Memorandum of Understanding (MOU) with LINC to provide services to individuals with disabilities. This MOU states the following:

"The purpose of this Memorandum of Understanding (MOU) is to recognize the interconnected and complementary nature of the services provided by ADRC and LINC and to define the roles, responsibilities and procedures for collaboration between ADRC and LINC.

Background

The ADRC partnership has been adopted as a model whereby the local Area Agency on Aging in south central Idaho and LINC can collaborate, share resources and develop efficiencies that help them respond to increasing service demand and shrinking public resources. The ADRC designation criteria and ADRC application procedures have been developed by state and local stakeholders as a way to bring about system changes in a collaborative manner that leverages existing expertise and in ways that are familiar to local consumers. ADRC partnerships are dedicated to developing Idaho's long term care support infrastructure to increase consumer access to home and community based long term services and supports and to divert persons with disabilities and older persons from unnecessary institutionalization.

Roles and Responsibilities

Referrals for Service

•Where ADRC long term care issues and services can complement or augment those provided by LINC, LINC will refer inquirers to the ADRC for service such as:

1 – Information and assistance on long term care options counseling;

2 – Elderly benefits counseling;

3 – Any other ADRC information or service that may benefit the individual, family member or individual's advocate.

•Where LINC services can complement or augment those provided by the Area Agency on Aging or ADRC, The ADRC will refer individuals to LINC for information or services such as:

1 – Information and assistance, including long term care options counseling;

2 - Disability counseling;

3 – Individual and systems - level advocacy;

4 - Peer support;

5 – Independent living skills training;

6 – Assistive technology services;

7 - Personal assistance services;

8 - Technical assistance related to the Americans with Disabilities Act, Fair Housing and other disability related laws.

Where the same or similar services are provided by other organizations, the ADRC and LINC shall act in the best interest of the customer and shall be under no obligation to make exclusive referrals to each other.

Information Sharing

•ADRC and LINC will provide information about and train one another on their respective services, philosophies, special expertise of their staff members, and keep each other updated about any changes in their programs which may affect the terms of this MOU. The ADRC and LINC will identify those services for which it charges a fee, to either the customer or the agency, and provide this information to each other.

•LINC and ADRC will share information regarding other services, providers and resources, to assist in maintaining and updating their respective resources databases.

•ADRC and LINC will consult with each other when responding to needs that their resources don't have an answer for and provide each other with information regarding unmet needs of elders and people with disabilities, within the constraints of confidential exchange of information.

•ADRC and LINC will share information about staff and consumer training opportunities.

Collaborate on Community Events and Outreach

ADRC and LINC will collaborate on community events and outreach for older persons and people with disabilities."

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

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

   (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the

plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

> The following responsibilities are outlined for the CSI Office on Aging (AAA) in the Annual Performance Based Contract with ICOA:
>
> During the term of this Contract, the AAA shall:
> - Administer the approved AAA Area Plan within the geographic region delineated in the plan,
> - Comply with all governing state and federal laws in the administration and management of the state and federal programs identified in the documents set forth in full text in Attachment A incorporated herein.
> - Have an ICOA approved Area Plan in place by October 15, 2017. Annual updates are required as established by the ICOA. The area plan update shall be submitted in a uniform format prescribed by the ICOA to meet the requirements of the OAA and all pertinent federal regulations.
> - Adhere to all requirements as set forth in the ICOA Program Manual and ICOA Implementation Guides as listed in Attachment A. The AAA will utilize ICOA methods as they are described in documents or taught in training courses, and implement services in a manner consistent with the intent of these methods and materials to preserve validity and consistency of services statewide.
> - In accordance with IDAPA 15.01.20.041, on behalf of all older persons in the service area the AAA shall assume the lead role relative to aging issues. In accordance with the OAA and all pertinent federal regulations and ICOA policies and procedures, the AAA shall serve as the public advocate for the development and enhancement of comprehensive, coordinated community-based service systems within each community throughout the service area.
>
> The CSI Office on Aging has developed and conducted an Area Needs Assessment as a part of the writing of this Area Plan. Please see Attachment S. We also work with providers and consumers to do regular satisfaction surveys to obtain feedback regarding services for older individuals.

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

> The CSI Office on Aging works closely with the South Central Community Action Agency on a number of programs for assistance to families with children. We also have a support group working with Grandparents as Parents that is offered regularly through the CSI Office on Aging. The Foster Grandparents program works with the CSI Head Start and other local schools to provide services to children by tutoring in reading and math skills. The CSI Office on Aging also works closely with the Idaho Department of Health and Welfare referring individuals for programs that assist families and older individuals.

(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 CSI Office on Aging has a close working relationship with the South Central Community Action Agency (SCCAP). We have MOUs established that formalize referral processes for the various programs that assist older individuals with needs such as the LIHEAP and housing programs.
>
> The SCCAP has agreed to be the alternate office site for the CSI Office on Aging in case of emergency.

(II)   came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

> N/A

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

> The CSI Office on Aging operates all three of the Corporation for National and Community Service (CNCS) Senior Corps programs, including Senior Companions which utilizes senior volunteers who are paid mileage and a stipend to provide respite and companion services to other senior clients. We also utilize senior volunteers who are paid mileage and a stipend to work as Foster Grandparents in local schools, assisting teachers to help children with reading, math and other subjects. Finally, we operate the Retired and Senior Volunteer Program (RSVP) recruiting senior volunteers to work with a variety of organizations and programs on a volunteer basis. One of those programs is the Ombudsman Volunteer program working with the CSI Office on Aging Ombudsman program.

(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 I, 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

> The CSI Office on Aging works closely with Experience Works State Office which is located in Twin Falls. Experience Works manages the Older Americans Act Community Service Employment Program through a contract with the Idaho Commission on Aging. The CSI Office on Aging serves as a training site for older workers who are being retrained to fill employment opportunity requirements. The Manager of the Experience Works program also serves on the CSI Office on Aging Advisory Council.

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

> ➢ Title II of the Domestic Volunteer Service Act of 1973,
>
> The CSI Office on Aging has been working with Senior Corps programs through the Corporation of National and Community Services (CNCS) since the mid 1970's. We currently have all three Senior Corps programs – the Retired and Senior Volunteer Program (RSVP), Senior Companions and Foster Grandparents available through our office.
>
> ➢ Titles XVI, XVIII, XIX, and XX of the Social Security Act,
>
> For Title XVI, the CSI Office on Aging refers consumers to the Social Security Office to apply for Supplemental Security Income for the Aged, Blind and Disabled. We also refer consumers to Social Security for Title XVIII, Medicare applications. We do provide some information internally for supplement programs for Medicare. For Title XIX, Medicaid, consumers are referred to the Idaho Department of Welfare, and for Title XX, the Social Services Block Grant, the CSI Office on Aging refers consumers, particularly Grandparents working as parents to the 211 Idaho CareLine to connect with Idaho Department of Welfare navigators to apply for TANF funding.

> ➢ Sections 231 and 232 of the National Housing Act, the United States Housing Act of 1937, section 202 of the Housing Act of 1959, title I of the Housing and Community Development Act of 1974

For housing concerns, the CSI Office on Aging can refer consumers to the Twin Falls Housing Authority, the Jerome Housing Authority, the Idaho Housing, South Central Community Action Partnership, Valley House and Crisis Center of Magic Valley. For situations in which the AAA would need to find an emergency bed for a consumer, we have several MOUs with Assisted Living Facilities and local motels.

> ➢ Title I of the Higher Education Act of 1965 and the Adult Education and Family Literacy Act

The CSI Office on Aging is located on the campus of the College of Southern Idaho, which is our sponsoring organization. The College of Southern Idaho is a 2-year community college which provides educational opportunities and access to higher education programs. The CSI Office on Aging administers a Gold Card program which gives access to certain college courses and events to individuals who are 60 years or older.

It is the policy of the College of Southern Idaho to provide equal educational and employment opportunities, services, and benefits to students and employees without regard to age, race, color, national origin, sex, religion, and/or disability, in accordance with the Title VI and Title VII of the Civil Rights Act of 1964, as amended, Title IX of the Educational Amendment of 1972, Age Discrimination in Employment Act of 1967, Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and all other applicable state and federal non-discrimination statutes. Appropriate consideration shall be given to veterans in accordance with applicable state and federal laws and regulations.

> ➢ Sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964,

The CSI Office on Aging has actively participated in the planning processes conducted by the City of Twin Falls and the Idaho Department of Transportation for public transportation options. When the City of Twin Falls reaches the 50,000 residents mark, the city will be required to establish an MSO to develop public transportation options. This should occur after the next US Census to be held in 2020. We will continue to work with the City and the Idaho Transportation Department in planning for public transportation.

The CSI Office on Aging has also been engaged in actively supporting transportation organizations within the PSA to obtain and effectively utilized

federal 5310 funding for transportation of the elderly and disabled. These organizations are LINC and Trans IV.

> ➢ the Public Health Service Act, including block grants under title XIX of such Act,

The CSI Office on Aging refers clients to the substance abuse treatment facilities such as the Twin Falls County Treatment and Recovery Clinic (TARC), the Walker Center in Gooding, and St. Luke's Canyon View Behavioral Health Services in Twin Falls.

> ➢ the Low-Income Home Energy Assistance Act of 1981,

The South Central Community Action Partnership (SCCAP) operated the LIHEAP program for our area. The CSI Office on Aging regularly refers consumers to SCCAP for this program

> ➢ part A of the Energy Conservation in Existing Buildings Act of 1976,

The South Central Community Action Partnership (SCCAP) operated the weatherization assistance program for low income persons for our area. The CSI Office on Aging regularly refers consumers to SCCAP for this program

> ➢ the Community Services Block Grant Act

The South Central Community Action Partnership (SCCAP) operated the crisis program for homeless persons for our area. The CSI Office on Aging regularly refers consumers to SCCAP for this program

> ➢ demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code,

The CSI Office on Aging regularly uses the US Census data in the planning of services and outreach for the older population in our service area. In addition, census data is utilized by the Idaho Commission on Aging in the federally approved allocation plan for distribution of funding to the six area agencies throughout the state of Idaho.

> ➢ parts II and III of title 38, United States Code,

The CSI Office on Aging refers veterans to either the Boise Veterans Administration or the Salt Lake Veterans Administration and work closely with the VA-HCBS programs operated by Area III and Area VI AAAs who have the contracts with the Veterans Administration depending on the geographical location of the veteran consumer. We also participate in local Veterans Advocacy groups operated through the Idaho Department of Labor.

> ➢ the Developmental Disabilities Assistance and Bill of Rights Act of 2000
>
> The CSI Office on Aging has been designated as the Area Disability Resource Center (ADRC) for the South Central Idaho area. We work closely with other organizations, primarily LINC, to coordinate services for individuals with disabilities.
>
> ➢ sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004).
>
> The CSI Office on Aging Director service on the Idaho State Assistive Technology Project (IATP) Board as the representative of the Idaho Association of Area Agencies on Aging. The CSI Office on Aging has included the IATP in our annual Caregiver Conference to educate caregivers and the public on assistive technology. We work with LINC to assist individuals in acquisition of assistive technology and maintain referral resources for assistive technology.

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

> The CSI Office on Aging works closely with the Idaho Department of Health and Welfare behavioral division to assist older individuals with behavioral issues. We also refer clients to a variety of other community resources for behavioral issues. We work closely with the Idaho Alzheimer's Association, regularly featuring them in our annual Caregiver conference.

(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 CSI Office on Aging does not have a significant population of older individuals who are Indians living the planning and service areas.

(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 workers for the CSI Office on Aging are working to increase public awareness through presenting numerous talks and educational programs throughout the area to emergency personnel including fire, police and EMT personnel, assisted living

> facilities, residential habilitation personnel, CNA and Social Work classes, and other organizations.

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

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

> The CSI Office on Aging has collaborated with the Idaho Commission on Aging and a variety of other organizations in developing a state-wide plan for the No Wrong Door (NWD) initiative. These efforts included training plans for agency personnel in the development of Person Centered Planning activities. From the Idaho No Wrong Door Strategic Plan for 2016-2019, "the mission of the Idaho NWD System is to empower people to make long-term care decisions by providing reliable resource information and person centered counseling through a network of community organizations." The CSI Office on Aging coordinates with the State Ombudsman located in the Idaho Commission on Aging regarding issues with long-term care. Our local Ombudsman will work with facilities and individuals regarding issues with long term care.

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

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

> The CSI Office on Aging maintains a listing of all long-term care facilities and options which is available to consumers upon request. We do not promote the use of any particular facility over another. Particular needs for long-term care may be discussed with the Long-Term Care Ombudsman.
>
> Caregivers are provided services to help them manage individuals in the home, such as intensive respite, home delivered meals and homemaker services to facilitate keeping an older individual at home with a good quality of life as long as possible before placement in a long-term care facility.

(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;

> From above,
>
> (4)(A)(i)   (I) provide assurances that the area agency on aging will—

Description	Economic Need (Poverty)	Social Need (Lives alone)	Institutional Placement: 75 and over
(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;			
BASELINE: % of population from the most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates	2,568/36,834 = 6.97%	6,776/36,834 = 18.40%	11,378/36,834 = 30.89%
% of register clients receiving Homemaker service	33.73%	74.60%	76.59%
If applicable, % of register clients receiving Chore service	N/A	N/A	N/A
If applicable, % of register clients receiving Minor Home Modification service	55.56%	38.89%	38.89%
% of register clients receiving Congregate Meal service	17.17%	23.77%	52.99%
% of register clients receiving Home Delivered Meal service	30.03%	52.68%	70.64%
% of register clients receiving Respite service	10.00%	0%	56.67%
If applicable, % of register clients receiving Case Management service	N/A	N/A	N/A

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

The CSI Office on Aging meets or exceeds the percentages of registered clients receiving the above services based on the percentages of population. We will monitor these percentages annually to ensure that we continue to meet the baseline percentages for each service.

(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;

> From the Area Plan Goals Objective Strategies Outcomes and Quality Management portion of this Area Plan, we have stated the goals for case management services delivery as follows:

> **A. Case Management Service Delivery Strategy:**
>
> Utilize AAA Information and Assistance staff for those cases where:
> - no other Case Management service is available
> - the consumer is unable to manage multiple services for themselves
> - when no other supports are available to assist.
>
> If Case Management is needed, costs and corresponding units of service will be accounted for under case management.
>
> **Performance Measure:**
> - Efficiencies = Cost per consumer, average cost per unit.
> - Effectiveness = Total consumers, total costs, total unit hours.
>
> **Baseline:**

State Fiscal Year (SFY)	Total Annual Consumers	Total Annual Cost	Average Cost per Consumer	Total Annual Units (hrs.)	Average cost per Unit (hr.)
SFY 2016 (July 2015 – June 2016) Actual	0	$0	$0	0	$0
SFY 2017 (July 2016 – June 2017) Budgeted	0	$0	$0	0	$0
SFY 2018 (July 2017 – June 2018)		$	$		$

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

Benchmark:
Provide Case Management Services when required and refer to other resources when appropriate.
Account for Case Management costs and units provided by the AAA as appropriate.

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

From the Area Plan Goals Objective Strategies Outcomes and Quality Management portion of this Area Plan, we have stated the goals for case management services coordination as follows:

B. Case Management Coordination Strategy:
Establish referral process with local agencies that provide case management to aged, disabled, and mentally ill consumers to ensure that referrals made to those agencies consist of accurate contact information, eligibility requirements, and agencies processes.

Performance Measure:
- Resource list expanded with specific types of Case Management services available
- Develop referral processes with partner agencies

Baseline:

	Community Referral Resources per County				
Counties	SFY 2016 (July 2015 – June 2016)	SFY 2017 (July 2016 – June 2017)	SFY 2018 (July 2017 – June 2018)	SFY 2019 (July 2018 – June 2019)	SFY 2020 (July 2019 – June 2020)
Blaine	7	7			
Camas	7	7			
Cassia	7	7			
Gooding	7	7			
Jerome	7	7			
Lincoln	7	7			
Minidoka	7	7			
Twin Falls	7	7			

Benchmark:
Increase Case Management referral resources and processes each year with 1 additional partner

(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;

From the Area Plan Goals Objective Strategies Outcomes and Quality Management portion of this Area Plan,

Service Implemented by:
- CSI Office on Aging (Area IV Agency on Aging), 315 Falls Avenue, Twin Falls, (208) 736-2122 or (800) 574-8656, open Monday through Friday, 8:00 am until 5:00 pm (closed noon to 1:00 for lunch)
- Idaho Department of Health & Welfare, 601 Pole Line Road, Twin Falls, ID 83301, Open 8:00 am – 5:00 pm, Monday through Friday (except holidays)
- Veterans Administration 500 W Fort St, Boise, ID 83702, (208) 422-1000
- St. Luke's Magic Valley Medical Center, 801 Pole Line Rd W., Twin Falls, ID 83301, 208-814-1000, Open 8:00 am – 5:00 pm
- Living Independence Network Corporation (LINC), 1182 Eastland Dr. N # C, Twin Falls, ID 83301,
(208) 733-1712
- ProActive Behavioral Health (3 locations),
Gooding Administrative Office, 215 University Avenue, Gooding, Idaho 83330,
Phone: (208) 934-5880
Open Monday - Friday 9:00am-5:00pm
Twin Falls Office, 264 Main Ave South, Twin Falls, Idaho 83301, Phone: (208) 734-0407, Open Monday - Friday 9:00am-5:00pm
Burley Office, 2223 Overland Avenue, Burley, Idaho 83318, Phone: (208) 878-3423, Open Monday - Thursday 9:00 am - 5:00 pm
- Crisis Center of South Central Idaho, 570 Shoup Avenue West, Twin Falls, Idaho 83301, (208) 772-7825 or (866) 737-1128

The CSI Office on Aging will only offer case management services when other services from provider organizations are not available.

(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;

The CSI Office on Aging provides lists of organizations providing services to consumers to allow each individual to make their own choice of service provider. When the client has made their choice, the Information and Assistance specialists will document the choice in the client's file in the Idaho GetCare program, which is the statewide database designated by the Idaho Commission on Aging.

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

The CSI Office on Aging works with provider agencies to make referrals for individuals based on their choice, and does not promote any particular agency or service. Consumers are encouraged to talk with the agency selected about their services and how they will meet the consumer's needs.

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

> The CSI Office on Aging works to make sure that all rural areas in our PSA have access to agencies that will provide 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;

> The CSI Office on Aging receives funding annually through the Idaho Commission on Aging (ICOA). The funding in budgeted according to parameters set forth by the ICOA. The budging parameters available in Attachment C of this Area Plan.

(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;

> There is not a significant population of Native Americans in Area IV.

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

> N/A

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

> N/A

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area. **(Reference Section: (6)E(ii) in this document)**

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

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

> The following clauses are included in all contracts with service providers working with older individuals in PSA IV:
>
> During the term of this contract, the Service Provider shall perform the work and render the services identified in Exhibit A, and B attached hereto, in accordance with current state and federal administrative rules, plus applicable Idaho Commission on Aging (ICOA) Program Manual, which are made a part hereof by reference.
>
> The Service Provider agrees to comply with all applicable local, state, and federal permits, licenses, certificates, accrediting or certification standards, and any other standards or criteria established by the OOA or the ICOA to ensure quality of services. These must be made available for inspection by the OOA or ICOA upon request. The Service Provider shall notify the OOA immediately of any suspension, termination, lapses, non-renewals or restrictions of required licenses, certificates or other permits. The Service Provider shall provide OOA with copies of all required certificates, permits and insurance upon request.
>
> The Service Provider shall perform all obligations of this contract in accordance with the Older Americans Act, as amended, and the Idaho Senior Services Act, as amended.

(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;

> Copies of all contracts with providers of services to older individuals are forwarded to the Idaho Commission on Aging (ICOA) when they are executed. Additionally, lists of all contracts are provided to ICOA during annual area reviews.

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

> The CSI Office on Aging does regular evaluations of the quality and quantity of services provided by provider agencies.   This evaluation process is included in the provider contracts.   The following clauses are from the contracts:
>
> The OOA will assess on an ongoing basis the quality and consistency of agreed upon services provided by the Service Provider. The OOA and the Service Provider shall meet as required by the OOA to discuss issues of quality and consistency. The OOA may, in its discretion, conduct site visits of Service Provider's facilities and make in-home visits to survey recipients of services funded pursuant to this contract.
>
> The Service Provider shall maintain all records required by the Older Americans Act, State Senior Services Act, administrative rules, this contract and applicable operations manuals. All such records shall be maintained for not less than three (3) years following the expiration or termination of this contract. The Service Provider agrees to provide access to records to the OOA and to the ICOA. The Service Provider acknowledges and agrees to ICOA ownership of such records.

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

> The CSI Office on Aging includes the following clauses in all service provider contracts:
>
> It is the SERVICE PROVIDER' S responsibility to monitor the scheduling of services in accordance with the authorized units of service allotted per client.
>
> All program income (donations/contributions) received from the services provided under this contract will be used to support and expand these services.

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

> The CSI Office on Aging includes the following clauses in all service provider contracts:
>
> The SERVICE PROVIDER shall maintain and make available to the OOA and/or the ICOA, upon request, such financial and other reports as requested by the OOA and/or the ICOA in order to comply with the Older Americans Act and/or the State Senior Services Act regulations and reporting requirements.

> Any and all reports transmitted to the OOA shall become the property of the OOA for such use as it shall deem appropriate. Any specific client information contained therein shall not be disclosed to any person without prior written consent of the OOA.

(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 CSI Office on Aging includes the following clauses in all service provider contracts:
>
> The SERVICE PROVIDER and any sub-contractor agree to comply with the following non-discrimination requirements:
>
> (a)   No individual shall be denied services or benefits provided under this agreement, on the grounds of race, color, national origin, sex, religion, creed, age, marital status, veteran's status, or disability;
>
> (b)   SERVICE PROVIDER shall not provide any services or other benefits to a qualified individual that are different, or are provided in a manner differing from that provided to others under the agreement, or any contract awards pursuant to this agreement;
>
> (c)   No individual shall be subjected to segregation or separate treatment in any services or other benefits provided to others under this agreement;
>
> (d)   No qualified individual shall be denied the opportunity to participate in any program(s) provided by this agreement for the provision of services, or otherwise afford an opportunity to do so which is different from that afforded others;
>
> (e)   SERVICE PROVIDER 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, religion, creed, age, marital status, veteran's status, or disability.
>
> OTHER FEDERAL AND STATE REQUIREMENTS
>
> The SERVICE PROVIDER shall perform all obligations of this contract in accordance with the Older Americans Act, as amended, and the Idaho Senior Services Act, as amended.
>
> The SERVICE PROVIDER agrees that it will comply with all federal and state laws, policies, regulations and rules relating to the services and individuals under this agreement, including Title VI of the Civil Rights Act of 1964, Title VII of the Equal Employment Opportunity Act of 1972, Age Discrimination Act of 1975, Executive Orders 11246 and 11375, and Section 503 and 504 of the Rehabilitation Act of 1973.

> The SERVICE PROVIDER agrees to comply with the Americans with Disabilities Act of 1990 and any other laws, regulations or orders, State or Federal, for ensuring accessibility and full benefits of the SERVICE PROVIDER's programs to disabled populations.
>
> The SERVICE PROVIDER agrees to adhere to Federal non-discrimination regulations as outlined in 45 CFR, part 80,--Non-discrimination on the basis of Handicap, and part 90,--Non-discrimination on the basis of age, in programs or activities receiving federal financial assistance.

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

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

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

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

> The CSI Office on Aging presents options to the consumer for all services provided through our programs. The consumers select providers based upon their individual needs and requirements. Based upon program requirements, some services have limitations for individual consumers. However, we have a policy designed for the Extending of Services beyond the Care Plan. It states:
>
> "It shall be the policy of the CSI Office on Aging (OOA) that an individual (client) receiving OOA homemaker or respite services, may order and receive additional private pay services from an OOA contracted homemaker or respite provider which exceed the level of an OOA client's care plan, provided the individual (client) is the one requesting the additional services. "

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery. **(Attachment N, AAA Disaster and Emergency Preparedness Plan)**

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(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.

> The following clause is a part of the contract with Idaho Legal Aid, the service provider for legal services for the CSI Office on Aging:
>
> "Except as may be required by applicable law or in any governmental or judicial proceeding or inquiry, and then only upon timely notice to the OOA, the SERVICE PROVIDER shall not disclose information related to the services provided pursuant to this contract."

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

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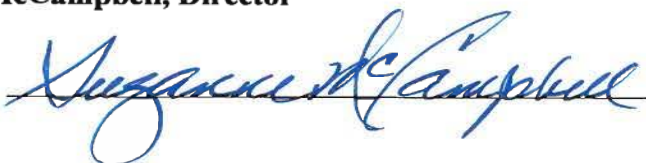
(B) At a minimum, such procedures shall include procedures for—

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

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

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

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

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

CSI Office on Aging
Suzanne McCampbell, Director

Signature: _Suzanne McCampbell_　　　Date: _6/23/2017_

ATTACHMENT B

FY 2017 AREA PLAN INTRASTATE FUNDING FORMULA (IFF)

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

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

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

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

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

Idaho Intrastate Funding Formula										Adopted April 30, 2013					Dated 6/01/2016
OAA Title III Funds (not including Title VII) and State of Idaho General Funds										Effective July 1, 2016					
Total OAA Federal Funds									$ 5,383,400		$ 538,340	$ 397,710	$4,845,060	$3,579,390	$9,360,500
Total State Funds									$ 3,977,100						
Total Funds									$ 9,360,500						
Less 10% Base Amount of Federal and State Funds									$ 936,050						
Balance to be Distributed by Formula:									$ 8,424,450						
				Factors used in Weighted Elderly Population (At Risk)											
PSA	2015 TOTAL PSA POPULATION	TOTAL PERSONS AGED 60+ IN PSA	NUMBER OF 65+ LIVING IN POVERTY	65+ LIVING ALONE	60+ RACIAL MINORITY (Not Hispanic)	60+ HISPANIC (ETHNIC MINORITY)	60+ LIVING IN RURAL COUNTY	AGED 75+	AGED 85+	WEIGHTED ELDERLY POPULATION (AT RISK)	WEIGHTED "At Risk" PERCENTAGE	Federal Fund Base	State Fund Base	Federal Funds Distributed by Formula	State Funds Distributed by Formula	TOTAL FUND ALLOCATION
I	216,363	52,773	2,970	8,807	1,489	887	20,647	14,786	3,826	53,412	17.05%	$ 89,723	$ 66,285	$ 825,872	$ 610,130	$ 1,592,010
II	106,381	25,245	1,487	5,061	961	279	9,179	8,040	2,178	27,185	8.68%	$ 89,723	$ 66,285	$ 420,343	$ 310,537	$ 886,888
III	712,261	127,236	7,621	23,163	4,269	6,204	25,218	36,117	10,646	113,239	36.14%	$ 89,723	$ 66,285	$ 1,750,937	$ 1,293,542	$ 3,200,488
IV	187,891	36,834	2,568	6,776	815	2,671	21,047	11,378	3,392	48,647	15.53%	$ 89,723	$ 66,285	$ 752,200	$ 555,704	$ 1,463,912
V	166,586	29,842	1,416	5,432	1,307	1,400	15,748	9,179	2,487	36,969	11.80%	$ 89,723	$ 66,285	$ 571,632	$ 422,305	$ 1,149,945
VI	209,982	33,677	1,430	5,041	710	1,144	12,731	9,811	3,027	33,894	10.82%	$ 89,723	$ 66,285	$ 524,076	$ 387,172	$ 1,067,257
TOTAL	1,599,464	305,607	17,492	54,280	9,551	12,585	104,570	89,312	25,556	313,346		$ 538,340	$ 397,710	$ 4,845,060	$ 3,579,390	$ 9,360,500
Column Ref. #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

The source documentation is from the ID Department of Labor.

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

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

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

Funding Source: OAA and SSA funds.

ATTACHMENT C

BUDGET PARAMETERS

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

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

<u>Authorization:</u> 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

Area Agency on Aging IV: Attachment C Budget Parameters, Oct. 2017- Sept. 2021 Area Plan

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%	9.92%
Direct AAA Service	AAA Coordination/Program Development	2%	1.80%
Direct AAA Service	Adult Protection	15%	10.40%
Direct AAA Service	Ombudsman	5%	5.00%
		32%	27.11%

Services where minimum funds can be higher, but not lower.

Provider	Service	Minimum	AAA Budget Percentage
Contracted Service	Home Delivered Meals	37.51%	18.52%
Contracted Service	Congregate Meals		18.91%
Contracted Service	Legal Assistance (3% of Title IIIB funding)	.49%	0.49%
Contracted Service	Transportation		3.72%
Contracted Service	Homemaker	15%	8.80%
Contracted Service	National Family Caregiver Program (Respite only)		2.72%
		53%	53.16%

Services with variable percentage of funds.

Provider	Service	Variable	AAA Budget Percentage
Direct AAA Service	Information & Assistance		15.63%
Direct AAA Service	Case Management		0%
Direct AAA Service	Outreach		0%
Contracted Service	Chore	15%	0%
Contracted Service	Home Modification		0%
Combination	National Family Caregiver (not including Respite)		3.24%
Contracted Service	Health Promotions & Disease prevention		0.86%
		15%	19.73%
Total OAA and State Formula Funding Allocations		100%	100.00%

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

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

ATTACHMENT D

AAA ORGANIZATION CHART INCLUDING AAA'S GOVERNING BODY
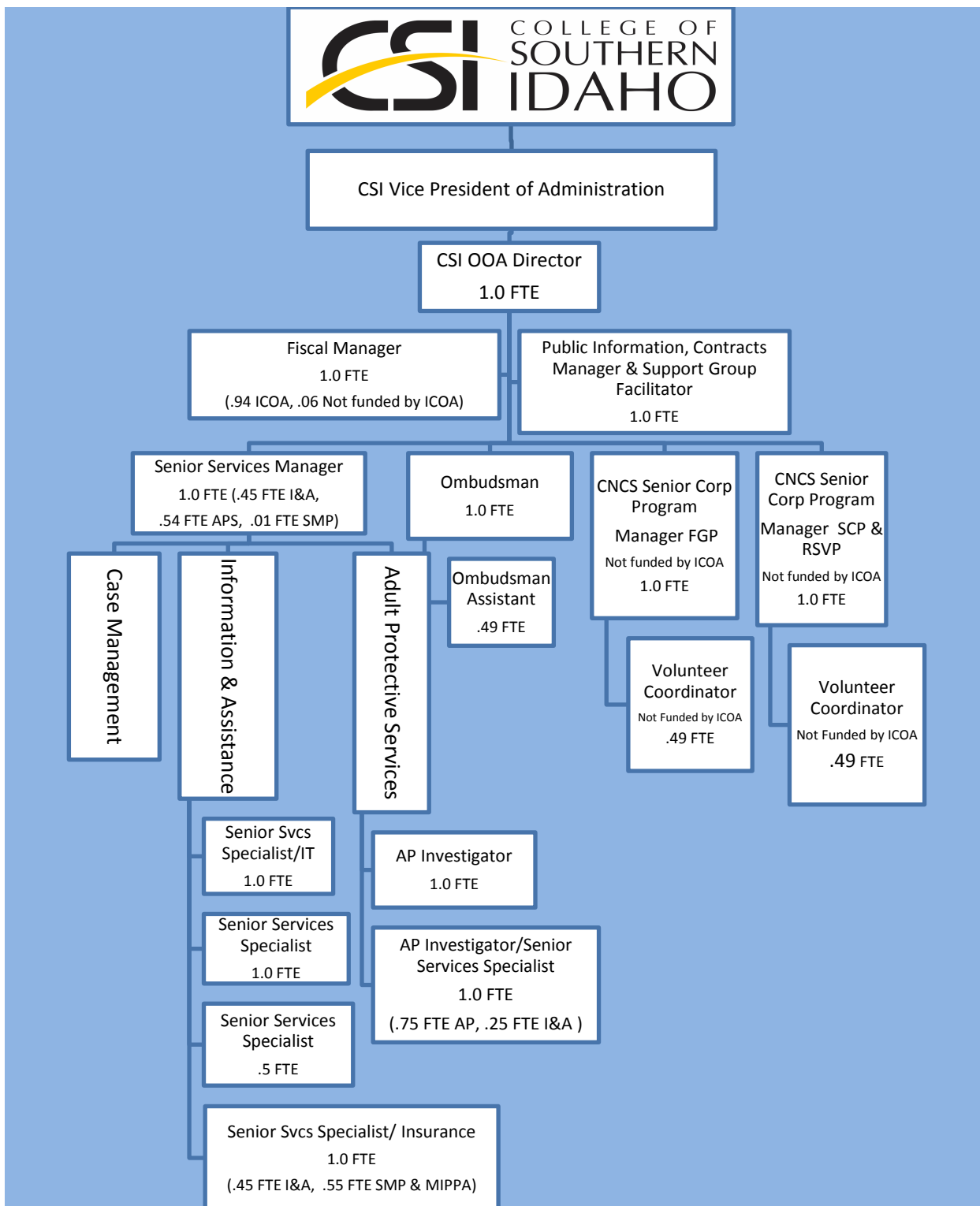
Attachment E

SLIDING FEE SCALE
(State Fiscal Year 2018)
(July 1, 2016 – June 30, 2018)

SLIDING FEE SCALE

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

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

Client's Name: _____   Date: _____

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

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

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

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

Percentage Above Poverty Line   100%
The 2017 poverty guidelines will be in effect as of January 31, 2017.

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

Area Plan: Attachment E
State Plan: Attachment F, page 30 of 143

GU_AD_01: Sliding Fee Scale 2/06/2017: 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 IV Area Plan Steering Committee

Name	Affiliation	Title
Jackie Frey	Twin Falls County Department of Emergency Services	Coordinator
Lori Capps	Twin Falls County Department of Emergency Services	Assistant Coordinator
Cathy Talkington	General Public	
Adeanna Jenkins	Banner Bank	Assistant Vice President
Teresa Lipman	The Connection, Hailey	Executive Director
Pat Bruning	Silver & Gold Senior Center	Site Manager
Cassey Scott	Lincoln County Indigent Service	Indigent Programs Director
Edie Schab	Interlink Volunteer Caregivers of Magic Valley	Executive Director
Kayleen Benedictus	South Central Community Action Partnership	LIHEAP Director
Kasey Kliegl	5th Judicial District	Guardianship/Conservatorship Coordinator
Jody Trembley	St Lukes Magic Valley Medical Center	Community Relations Director
Rob Petroch	South Central Public Health District	SHIP Manager
Melva Heinrich	Living Independence Network Corporation	Advocacy Director
Jim Fields	General Public	Retired
Karissa Sears RN, BSN	St. Luke's Magic Valley Medical Center	Outpatient Care Coordination Manager
Michelle Bartlome	St. Luke's Magic Valley and St. Luke's Jerome	Public Relations Manager
Jeremy S. Plumb, MBA, CPHQ	St. Luke's Magic Valley Medical Center	Hospital Readmissions & Healthgrades
Debbie Kytle	St. Luke's Health System – East Region	Administrator for Physician Services & Population Health
Jeremy Royal	St. Luke's Magic Valley Medical Center	Director, Case Management/Social Services
Shannon Wilson	St. Luke's Magic Valley Medical Center	Social Work Manager
Dorina Rodriguez	South Central Community Action Partnership	
Sister Barbara Gladowski	St. Luke's Jerome Medical Center	

Attachment H

Planning and Service Area IV Area Plan Development Schedule

CSI Office on Aging
Area Plan Development Schedule

Scheduled Activities	Date
Develop and Begin Needs Assessment	Thursday, May 12, 2016
Final Needs Assessment Collection and Analysis	February 2017
Gather data and write Area Plan	November 2016 - June 2017
Send out invitation letters and emails to steering committee	Friday, March 24, 2017
Initial Steering Committee Orientation Meeting at the CSI Office on Aging	Wednesday, April 5, 2017 at 10:30 or Friday, April 7, 2017 at 1:30
First Draft of documents to be sent out to Steering Committee	Wednesday, April 12, 2017
First Draft Review Response due from Steering Committee	Wednesday, May 3, 2017
Public Meetings at Senior Centers	Throughout April and May 2017
Review Area Plan Draft with AAA Advisory Council	Tuesday, May 9, 2017
Second Draft of Area Plan emailed to Steering committee	Wednesday, May 24, 2017
Second Draft Review Response due from Steering Committee	Monday, June 12, 2017
Plan put on website for comment and review by public	Wednesday, June 14, 2017
Open Public Meeting at CSI	Thursday, June 22, 2017 2:00 TAB 277
Area Plan Due to ICOA	Friday, June 30, 2017

Attachment I

PSA IV 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:	Margie Alexander
County of Residence:	Twin Falls
Beginning Term Date:	2/2016
Ending Term Date:	2/2019

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

Advisory Council Member's Name:	June Ballard
County of Residence:	Camas
Beginning Term Date:	2/2016
Ending Term Date:	2/2019

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

Advisory Council Member's Name:	Cynthia Caddy
County of Residence:	Twin Falls
Beginning Term Date:	2/2016
Ending Term Date:	2/2019

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

Advisory Council Member's Name:	Teresa Hellickson									
County of Residence:	Twin Falls									
Beginning Term Date:	2/2016									
Ending Term Date:	2/2019									
Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x			x			x				

Advisory Council Member's Name:	Berdell Lesneski									
County of Residence:	Gooding									
Beginning Term Date:	2/2016									
Ending Term Date:	2/2019									
Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x	x						x

Advisory Council Member's Name:	David P. Maestas									
County of Residence:	Gooding									
Beginning Term Date:	2/2016									
Ending Term Date:	2/2019									
Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x			x		x		x			

Advisory Council Member's Name:	Leonard Martin									
County of Residence:	Minidoka									
Beginning Term Date:	2/2016									
Ending Term Date:	2/2019									
Select **all** Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
x	x		x		x					x

Advisory Council Member's Name:	Mike Mathews
County of Residence:	Twin Falls
Beginning Term Date:	2/2016
Ending Term Date:	2/2019

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

Advisory Council Member's Name:	Tamara Stricker
County of Residence:	Twin Falls
Beginning Term Date:	2/2016
Ending Term Date:	2/2019

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

Advisory Council Member's Name:	Carole Stennett
County of Residence:	Twin Falls
Beginning Term Date:	2/2016
Ending Term Date:	2/2019

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

Advisory Council Member's Name:	Erin Ash
County of Residence:	Twin Falls
Beginning Term Date:	2/2016
Ending Term Date:	2/2019

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

Advisory Council Member's Name:	Nora Wells
County of Residence:	Twin Falls
Beginning Term Date:	2/2016
Ending Term Date:	2/2019

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

Advisory Council Member's Name:	Shari Antle
County of Residence:	Jerome
Beginning Term Date:	2/2017
Ending Term Date:	2/2020

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

Advisory Council Member's Name:	Lois Adams
County of Residence:	Jerome
Beginning Term Date:	2/2017
Ending Term Date:	2/2020

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

Advisory Council Member's Name:	Gene Turley
County of Residence:	Twin Falls
Beginning Term Date:	8/2017
Ending Term Date:	8/2020

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

Attachment J

Comments on Area Plan in Planning and Service Area IV

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

The Steering Committee met on April 5, 2017 and April 7, 2017. They were given the Executive Summary to review at that time. On April 12, 2017, the Goals and Objectives were sent out to all Steering Committee members for the first review. Comments were due back by May 3. Comments were incorporated into the document along with any changes, and the Goals and Objectives were sent back out to the Steering Committee on May 24, 2017. Responses were due back by June 12, 2017.

The Area Plan was posted to the CSI Office on Aging website for review by the public on June 14, 2017 through June 28, 2017.

The CSI Office on Aging presented the Area Plan to all 16 area senior centers during the lunch hour on the following dates:

April 13, 2017	West End Senior Center, Buhl, ID
April 14, 2017	Twin Falls Senior Center, Twin Falls, ID
April 17, 2017	Minidoka County Senior Center, Rupert, ID
April 20, 2017	Filer Senior Haven, Filer, ID
April 21, 2017	Jerome Senior Center, Jerome, ID
April 24, 2017	Golden Heritage Senior Center, Burley, ID
April 27, 2017	Ageless Senior Center, Kimberly, ID
April 28, 2017	Senior Connection, Hailey, ID
May 2, 2017	Camas County Senior Center, Fairfield, ID
May 4, 2017	Silver & Gold Senior Center, Eden, ID
May 5, 2017	Oakley Senior Center, Oakley, ID
May 15, 2017	Gooding Senior Center, Gooding, ID
May 16, 2017	Golden Years Senior Center, Shoshone, ID
May 22, 2017	Hagerman Senior Center, Hagerman, ID
June 2, 2017	Wendell Senior Center, Wendell, ID
June 7, 2017	Lorna Reeder Senior Center, Albion, ID

The Area Plan was presented to the CSI Office on Aging Advisory Council on May 9, 2017.

The Area Plan was presented to the general public for comments on June 22, 2017 at the CSI Taylor Administration Building, Room 276 at 2:00 pm.

1. **Transportation**
   Transportation Service Funding
   Comments:
   Can OOA Area 4 apply for operating grant from ITD for more funding?   It does require a 50% local match.   I think timeline is fall of 2017 for application.

   Focus funding first through local, nonprofit ride providers, which use volunteers.

   Outcome: In Objective 1A, Transportation Service Delivery Strategy, one of the strategies is to "Identify and apply for additional resources which can increase the number of boardings for seniors."   We will be reviewing a number of opportunities to increase funding as they arise.

   A. **Comments on Transportation Service Delivery:**
   I might recommend that there be a call out in this section and maybe others to intentionally ensure that family & other non-paid care givers be involved in the planning and coordination. Often family members & non-paid care givers can do some of the transporting if they are involved in the overall plan. Partnering with family & non-paid caregivers is very applicable to many components in the overall plan.

   I think this is especially important in the outlying areas.

   Transportation needs in more rural areas of service area. 20 miles from Eden one way to nearest grocery store or Doctor.

   Possibly include an assessment of what other resources doe the patient have or used in the past. Sometimes the patient calls the Office on Aging first when they could also utilize other members in the community such as from church or friends.

   Outcome: No Action

   B. **Comments on Transportation Coordination:**

   Wondering if they are thinking about ways we could connect the outlying areas with the transportation system that is developing. For example, could there be a bus that can transport from Gooding to the Twin Falls Transportation system 1-2 times a week?

   Outcome: Objective 1B, Transportation Coordination Strategy, is planning to work with local areas to find additional transportation options.

2. **Outreach**
   Outreach Service Funding
   Comments:

Does the Outreach Objective (#2) not need funding?

Outcome: Outreach is done in connection with other programming.   No funding is allocated specifically for Outreach.

A. **Comments on Outreach Service Delivery:**
How will we track key data? Is this through an assessment? In what frequency is the assessment completed to obtain data? Could some of that data be collected from outside agencies such as home health or St. Luke's care coordination team?

Where are Outreach events held?   A mobile unit would be amazing! Perhaps an ITD capital request.

Outcome: This is included in Goals and Objectives #2A.

B. **Comments on Outreach Coordination:**

Wondering if outreach collaboration might reach a broader audience. For example, Twin Falls Public Library bookmobile? Or in-grocery store booths? Collaborating with churches? This has to be a challenging aspect for the kind of research this objective addresses.

Outcome: Ideas will be considered as opportunities arise.

3. **Information and Assistance (I&A)**

A. **Comments on I&A Coordination:**

Could a goal be for all Idaho Senior Centers be on the same database or is that unrealistic?   We are investing in My Senior Center customization, but we'd stop if we knew there would be a statewide database.

How will this be done to ensure we obtain and maintain the best database of available agencies, resources, & services? What can we do to better coordinate these different resources to reduce duplication and leverage community resources wherever possible?

Outcome:

4. **Case Management (CM)**

A. **Comments on CM Coordination:**

How will these be determined? There is a lot of "care management" out there now, including St. Luke's, most insurance companies, Medicaid, etc.   How will we all connect to other to provide the best care and consistent message?

Do we align with other medical providers, such as Family Health Services, Mustard Seed?

It seems case management must be a top consideration for collaboration among all service providers out there. Is there a coordinated effort among these agencies to best use resources and for the best treatment options?

Outcome: Collaboration and coordination are critical.   Objective 4B, Case Management Coordination Strategy, includes referral development and coordination with other agencies.

5. **Chore**

   B: Chore Coordination Strategy:

   Possibly team with Boy/Girl Scouts, church groups, 4H, and other community volunteers to assist with.

   Check with the schools for Senior Project possibilities

   Is coordination with CSI's various nursing, social services programs of interest in accomplishing this goal? How is this recruitment for volunteers advertised? Is there money budged for this effort?

   It would be really nice if there could be a steady flow of CHORE volunteers from Boy Scouts, Girl Scouts, area churches, various community groups but you have to be so careful with whom you invite into these very vulnerable adult's homes.

   Outcome: Volunteer opportunities will be evaluated as they arise and we are able to continue to search for assistance.   The strategies identified in the Goals and Objectives indicate that volunteers will be a key component.

6. **Minor Home Modification**

   A. **Comments on Minor Home Modification Service Delivery:**

   Are service clubs in on this project?

   Outcome: We will look into this!

7. **Congregate Meals**
   Congregate Meal Service Funding
   Comments:

Encourage Senior Centers to determine accurate costs for their meals (including food, supplies, meal prep, overhead, etc.) and then raise their suggested donation rates for participants/clients accordingly.

Outcome: This is the objective in Strategy 9A of the Goals and Objectives.

A. **Comments on Congregate Meal Service Delivery:**

Having documents in Spanish should be a starting point. We have to pay to have congregate forms translated.

I realize this would cost more, but it would be beneficial for patients to have meals that correlate with their physician recommendations, such as diabetic, cardiac, no added salt options.

Should it be stated somewhere that "Congregate Meal Strategy" is recommended whenever possible to prevent isolation? Also best use of financial resources? Build the promotion of "Congregate Meal Option" into the plan.

Congregate sites – what to do if other senior centers emerge.

I realize "congregate" is the professional term, however, it does not sound especially social and inviting.

Outcome: All items will be kept in mind as we continue the service.

8. **Home Delivered Meals (HDM)**
   Home Delivered Meal Service Funding
   Comments:

   Need is only growing with growing population.   Increase seems to be the only viable option. Requires development of new funding sources.

   It would be nice if there could be some kind of huge donation drive for our Senior Centers to support the Meals on Wheels.

   Need to state somewhere that we are required to meet 1/3 daily requirements.

   Encourage Senior Centers to determine accurate costs for their meals (including food, supplies, meal prep, overhead, etc.) and then raise their suggested donation rates for participants/clients accordingly.

   Does OAA/Senior Center have relationships with community gardeners for donations of foods?

Outcome: Determining costs per meal is part of the Congregate Meal strategy #9A. Home delivered meals costs will also be determined.

9. **Disease Prevention and Health Promotions**

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

   Ideas for the future: Group education on nutrition and aging, preparing for older adulthood (maybe classes on Advance Directives, Will development, Long term care insurance)

   Could South Central Health District Fit and Fall Proof program be added as a service provider?

   This is very important as more healthcare providers and agencies are doing more of this work! Need good inventory of who is doing what.

   Is networking with CSI's nursing programs (or others) an additional information disseminating / advocacy option to newly educated medical-related personnel?

   Under "Disease Prevention and Health Promotion Service Delivery Strategy" have you heard of the "Strategy 2020" from St. Luke's?   Its main goal is to work with Community Health and Disease Prevention to work with the whole person in a coordinated way. They are working with a wellness wheel which is not merely the absence of disease but a dynamic process of becoming aware of and making choices toward a healthy and fulfilling life. It takes into account all of the person from emotional, financial, intellectual, environmental, spiritual, physical, and social life.

   Outcome: Good ideas for future consideration and action.

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

   A. **Comments on NFCSP Service Delivery:**

   This is also extremely important as more & more evidence is available showing improved health management for those who have a very engaged family member.   Really encouraging family members to attend doctors' appointment and training them in how to ask the right questions, etc. is becoming more important.

   Tagging on the above comment: empowering family members with the absolute need and necessity of their participation sounds like educational/service opportunities for a variety of community resources. For example, coordinating with area doctor's offices in patient's routine exam questionnaire in asking about caregiver issues, responsibilities. Pamphlets in libraries or other public places.

   Outcome: No action

11. **Medicare Improvement for Patients and Providers Act (MIPPA)**
    Medicare Improvement for Patients and Providers Act Service Funding
    Comments:
    Is this a strictly low-income program? Isn't the Older American Act supposed to assist all older people? And couldn't older people, who may not be low-income, benefit from this information also?

    Outcome: No Action

12. **Ombudsman**
    Ombudsman Service Funding
    Comments:
    With the great need and the increasing elder population, this position must be funded at an acceptable level to attract, expand and retain highly qualified individuals. The need will grow. Has this been factored in to the plan?

    Outcome: Yes increased funding is proposed for SFY 2018.

    A. **Comments on Ombudsman Coordination:**

       Definitely good to educate the primary care providers and clinics.

       Outcome: No action

13. **Adult Protection Services**
    Adult Protection Service Funding
    Comments:
    I don't see how the Adult Protection staff be expected to increase their educational presentations by 10% annually, plus handle increasing caseloads, without additional funding for more staff?

    Outcome: No action

14. **General Comments Received:**

General comments – focus for ICOA and for OOA should be on three goals:
1) How to provide more service to older people;
2) Do away with artificial minimal and maximum funding of services, allowing local areas flexibility to meet local needs; and
3) Allow/encourage local areas to be creative and innovative, rather than mandating standardization of all program designs.

Encourage local initiatives, development and implementation of best practices of service delivery, from service areas, state, national practices, in all service needs and areas.

The information and detail regarding the services your organization provides is extremely eye opening.

You have done a giant project with reduced funding!! Your budget is realistic within the confines of reduced State and Federal funds. The comments from your review committee were valuable. Your office has done a great job partnering with other agencies, it is the only way we can continue to serve the elders in our area.

We can only continue to tell our story and be the squeaky wheel in this time of increase numbers of elders who need our help.

Attachment K

IDAHO STATE UNIVERSITY STATEWIDE NEEDS ASSESSMENT

Needs Assessment of Older Adults in Idaho

Prepared for the Idaho Commission on Aging

by
Institute of Rural Health
Idaho State University

February 2016

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Acknowledgements

Funding

Suggested Reference

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

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

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Executive Summary

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

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

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

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

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

Findings

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

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

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

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

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

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

Table 1: Survey Outcomes

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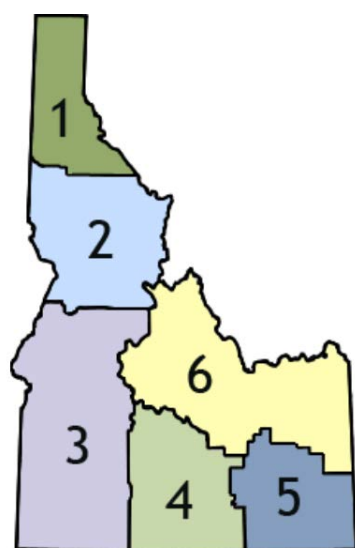
Contact Information for Local Area Agencies on Aging

Area	City	Phone	Website
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 Plannning, Implementation, and Implementation Partnership Grants (2000-2018).

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

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

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

Sampling Target Population

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Press Releases

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

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

Distribution list for first press release:

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

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

- AAA directors, from ICOA

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

- AARP Idaho posted on their website

- Other email lists as deemed appropriate by the above recipients

Distribution list for second press release:

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

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

- AAA directors, from ICOA

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

- Executive Director of the Idaho Health Care Association

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

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

Online Survey

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

Additional Survey Distribution

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

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

Response Rates

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

Table 6: Responses by Survey Source

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

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

Table 7: Response Rate for Surveys Mailed to Target Population

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

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

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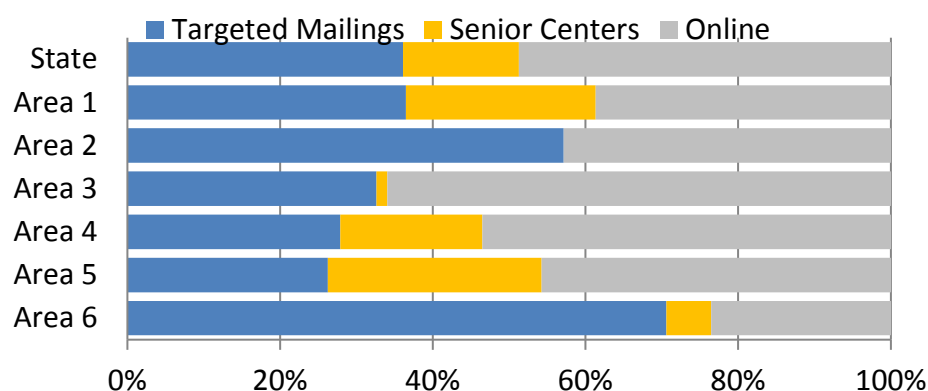
Table 8: Total Respondents by Region and Survey Source

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

Survey Results: Statewide and by Region

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

Demographics

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

Age

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

Table 9: Age of Respondents

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

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

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Table 10: Survey Source Distribution, by Age

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

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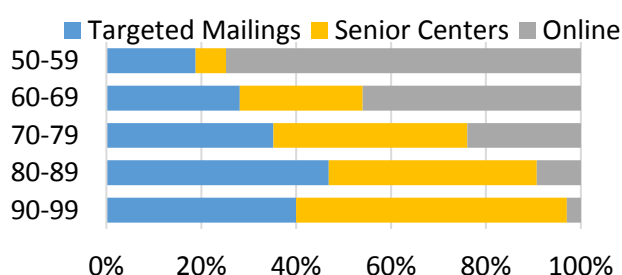
Looking at the results from each survey source separately, 29% of both the targeted mailing and Senior Center respondents were age 80 or older, but only 5% of online respondents were age 80 or older. Most Senior Center respondents (72%) were age 70 or older, whereas only 30% of online respondents were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

Table 11: Age Distribution, by Survey Source

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

Gender and Veteran Status

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

Table 12: Gender and Veteran Status of Respondents

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

Race and Ethnicity

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

Table 13: Race and Ethnicity

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

Household Composition

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

Table 14: Household Composition, by AAA Region

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

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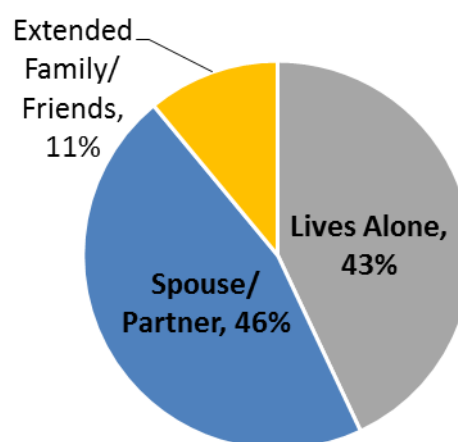
Living Alone and Age 65 and Older

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

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

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

Employment Status

Half of all respondents are not currently working or volunteering.

Table 16: Employment status, by AAA Region

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

Household Income

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

Table 17: Estimated Household Income, by AAA Region

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

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

Figure 5: Household Income by Age
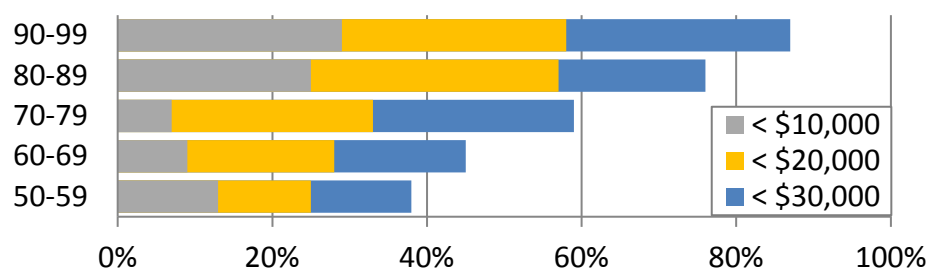
Insurance Coverage

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

Table 18: Type of Insurance Coverage, by AAA Region

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

Quality of Life

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

Table 19: Overall Quality of Life

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

Quality of Life and Household Income

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

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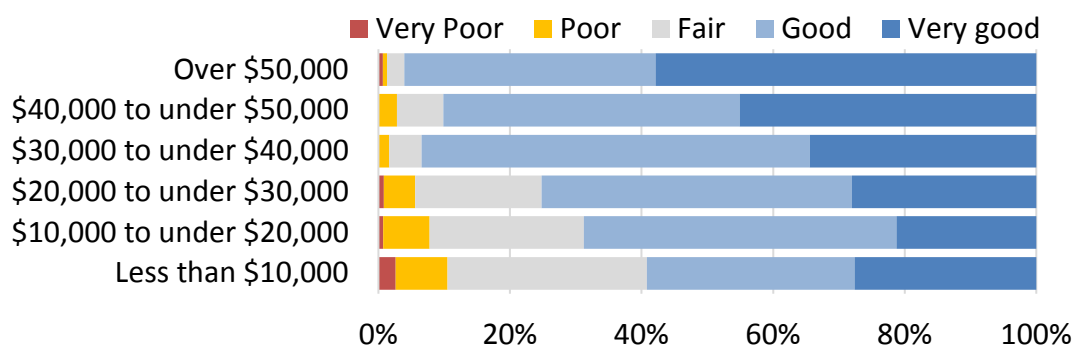
Participation in Activities

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

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

Table 20: Participation in Activities, All Respondents

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

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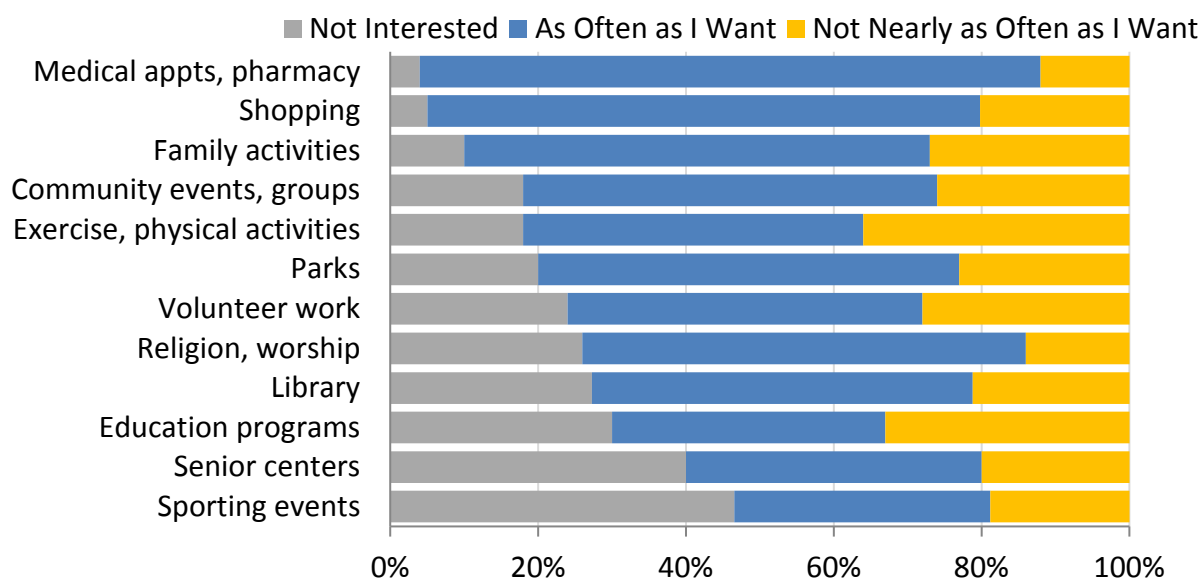
Results are presented for each response option by AAA region in the next three tables. Most respondents reported that they were able to attend medical appointments (84%) and go shopping (74%) as often as they wanted.

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

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

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
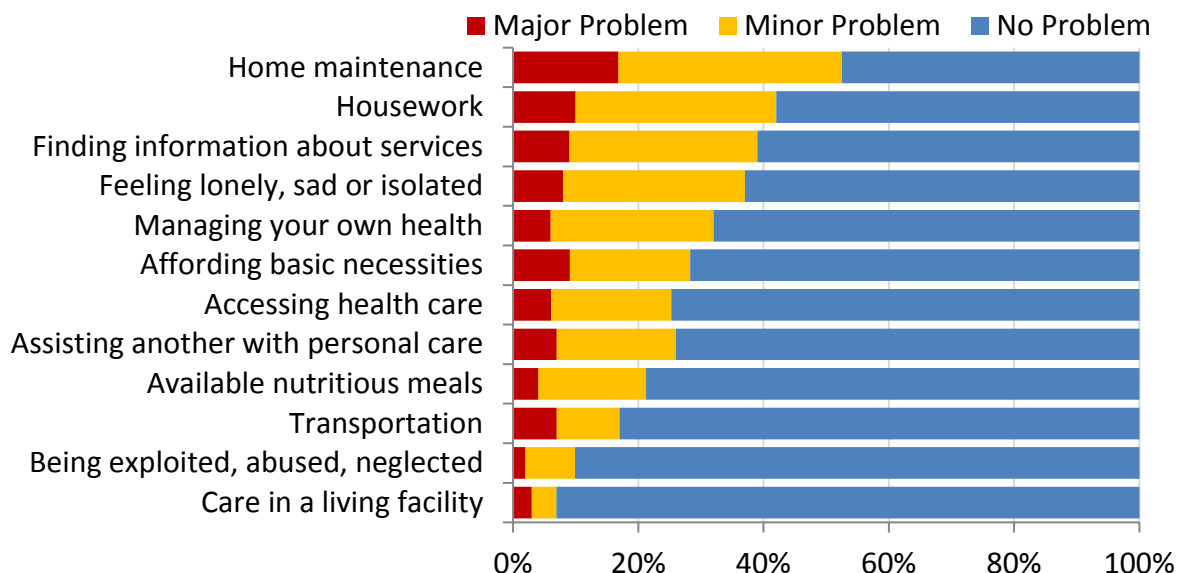
Table 24: Problems over the Last 12 Months

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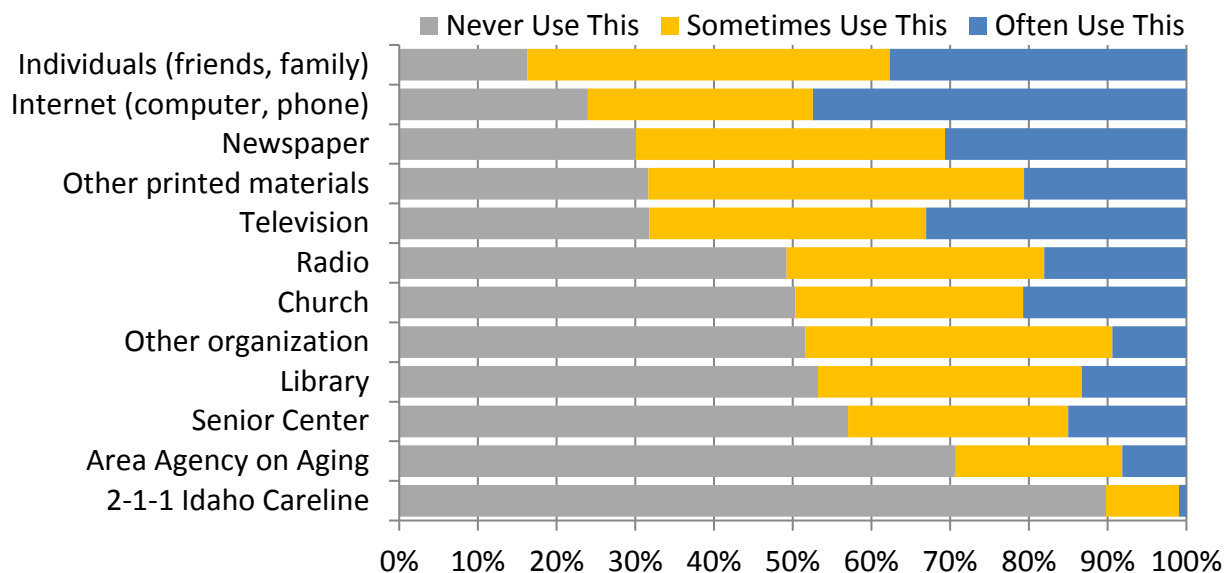
Results by AAA region, as well as the statewide results shown above, are presented in the next three tables below.

Table 29: <u>Often Use</u> 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: <u>Sometimes Use</u> These Information Resources to Find Out about Services and Supports

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

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

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

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

Use of Information Resources by Age

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

Table 32: Information Resources Used by Age

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

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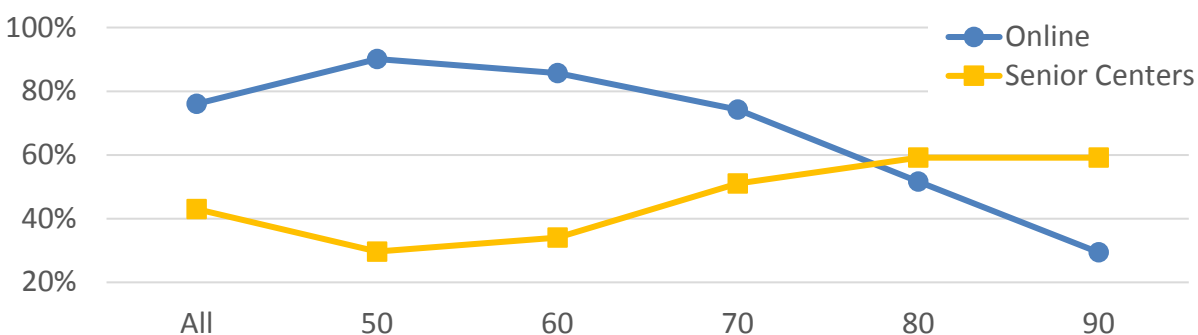
Awareness of Services Provided

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

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

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

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

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

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

Legend: ■ Not Aware and Never Used ■ Aware ■ Have Used

(Categories top to bottom: State Independent Living Council, Disability Rights of Idaho, Centers for Independent Living, 2-1-1 Idaho Careline, Community Action Partnership, Idaho Commission on Aging, State Health Insurance (SHIBA), Idaho Legal Aid (non-profit), Idaho Division of Veterans, Area Agency on Aging, Idaho Department of Labor, IDHW / Medicaid, Senior Centers (non-profit))
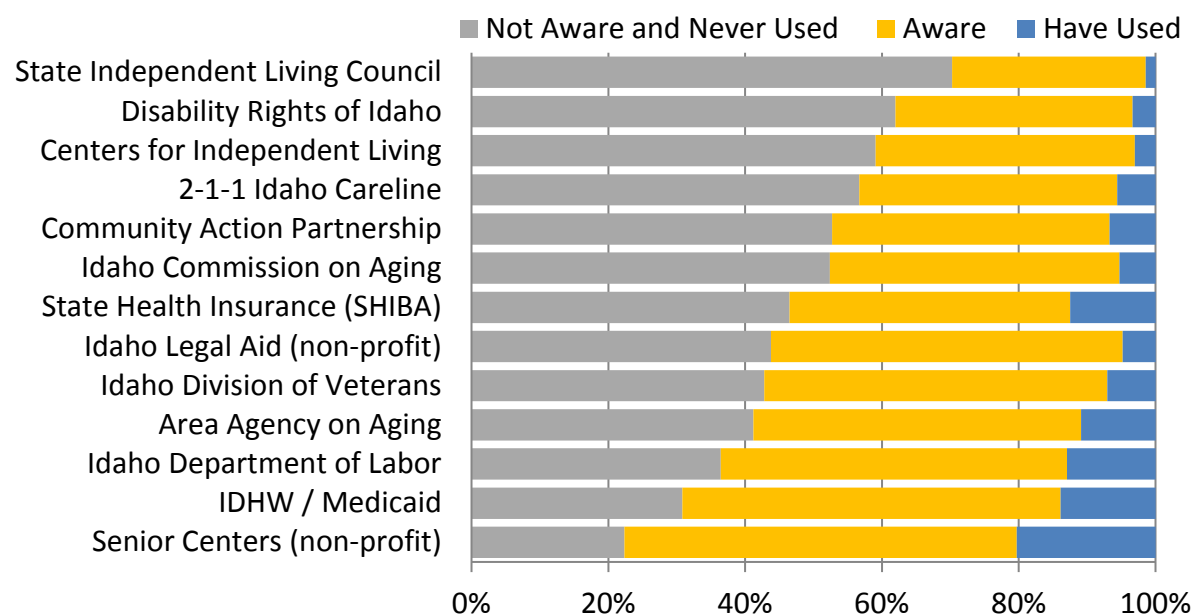
Results by AAA Region, as well as the statewide results shown in the above figure, are presented for each response option in the next three tables.

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

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

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

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

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

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

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

Congregate and Home Delivered Meals

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

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

Table 37: Nutrition Services: Home Delivered Meals

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

Table 38: Nutrition Services: Congregate Meals

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

Homemaker Services

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

Table 39: Formal Homemaker Services

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

Table 40: Informal Homemaker Services

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

Chore Services

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

Table 41: Formal Chore Services

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

Table 42: Informal Chore Services

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

Transportation

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

Table 43: Formal Transportation Services

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

Table 44: Informal Transportation Services

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

Legal Assistance

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

Table 45: Legal Assistance Services

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

Disease Prevention and Health Promotion Programs

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

Table 46: Disease Prevention and Health Promotion Programs

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

Caregiver Services

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

Table 47: Caregiver Services

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

Respite Services

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

Table 48: Formal Respite Services

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

Table 49: Informal Respite Services

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

Ombudsman Services

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

Table 50: Ombudsman Services

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

Adult Protection Services

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

Table 51: Adult Protection Services

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

Case Management Services

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

Table 52: Case Management Services

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

Comparison Across All Services

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

Table 53: Formal and Informal Services

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

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

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

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

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

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

Figure 12: Range of Responses Across All Service Areas
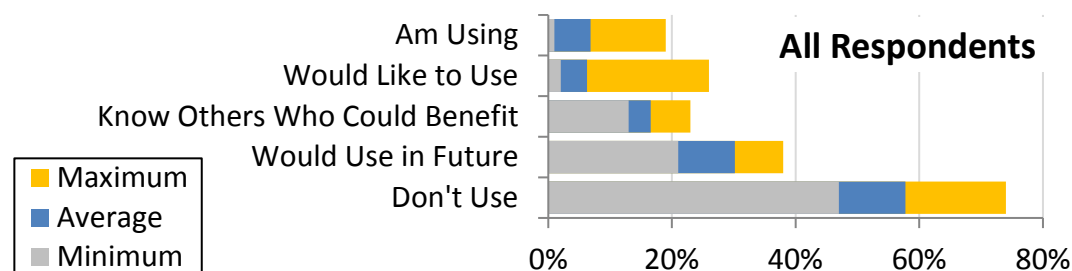
The maximum percentage for each response option, along with its respective service area, is shown in the figure below. These are the same values marked in orange in Table 54 above.

Figure 13: Service Area with Maximum for Each Response Option
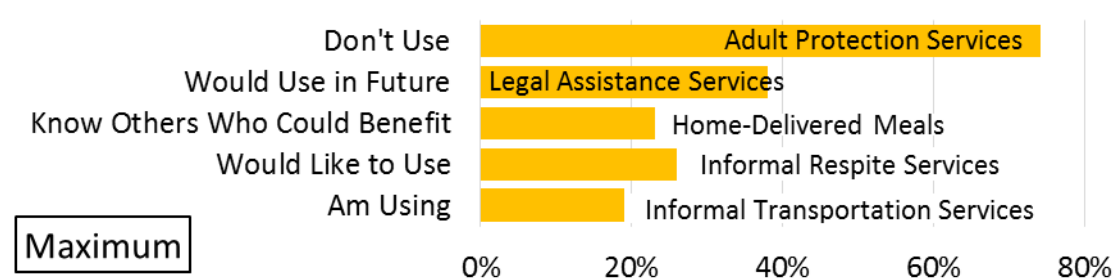
Comparison Across Services Areas by Age

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

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

Top Needs for Services

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

Current Needs

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

Figure 14: Top 3 Needs for Services, Today and in Future, sorted by Today's Need
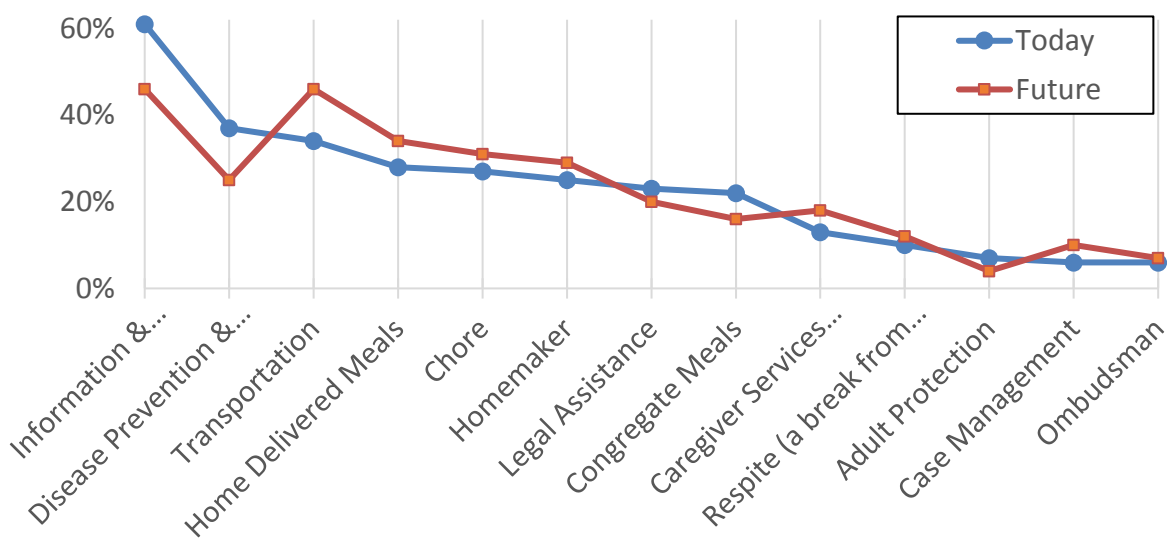
As shown in Table 55, the top three current needs selected most often were the same for all AAA regions except for the following:

- Region 4 reported that Home Delivered Meals are more important today than Disease Prevention & Health Promotion Programs (39% vs 30%).

- Region 6 reported that Legal Assistance is more important today and Transportation is less important (35% vs 26%).

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

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

Table 55: Top Three Services that You Think are Most Important to You <u>Today</u>

Top 3 Needs - Today	State (N=626)	Area 1 (N=137)	Area 2 (N=70)	Area 3 (N=138)	Area 4 (N=129)	Area 5 (N=118)	Area 6 (N=34)
Information & Assistance	**61%**	58%	59%	63%	52%	69%	65%
Congregate Meals	**22%**	26%	20%	11%	29%	27%	12%
Home Delivered Meals	**28%**	26%	21%	25%	39%	25%	29%
Homemaker	**25%**	22%	26%	27%	29%	19%	24%
Chore	**27%**	26%	33%	34%	22%	25%	29%
Transportation	**34%**	34%	39%	35%	37%	29%	26%
Legal Assistance	**23%**	25%	24%	21%	19%	25%	35%
Disease Prevention & Health Promotions Programs	**37%**	39%	36%	36%	30%	42%	47%
Caregiver Services (training/support group)	**13%**	12%	16%	15%	12%	10%	21%
Respite (break from caregiving)	**10%**	7%	7%	15%	16%	7%	6%
Ombudsman	**6%**	10%	7%	9%	2%	5%	0%
Adult Protection	**7%**	8%	3%	5%	6%	11%	3%
Case Management	**6%**	8%	10%	4%	6%	6%	3%

Future Needs

For future needs, Transportation and Information & Assistance were tied for first place (46%), and the third most important need was Home Delivered Meals (34%) as shown by the red bars in Figure 15. Respondents estimated that in the future they would need significantly less Information and Assistance and fewer Disease Prevention & Health Promotion Programs than they need today, but would need more Transportation and Home Delivered Meals. Home delivered meals were selected as a top need in the future more than twice as often as congregate meals (34% vs 16%).

Figure 15: Top 3 Needs for Services, Today and in Future, sorted by Future Need

Needs Assessment of Older Adults in Idaho, 2016
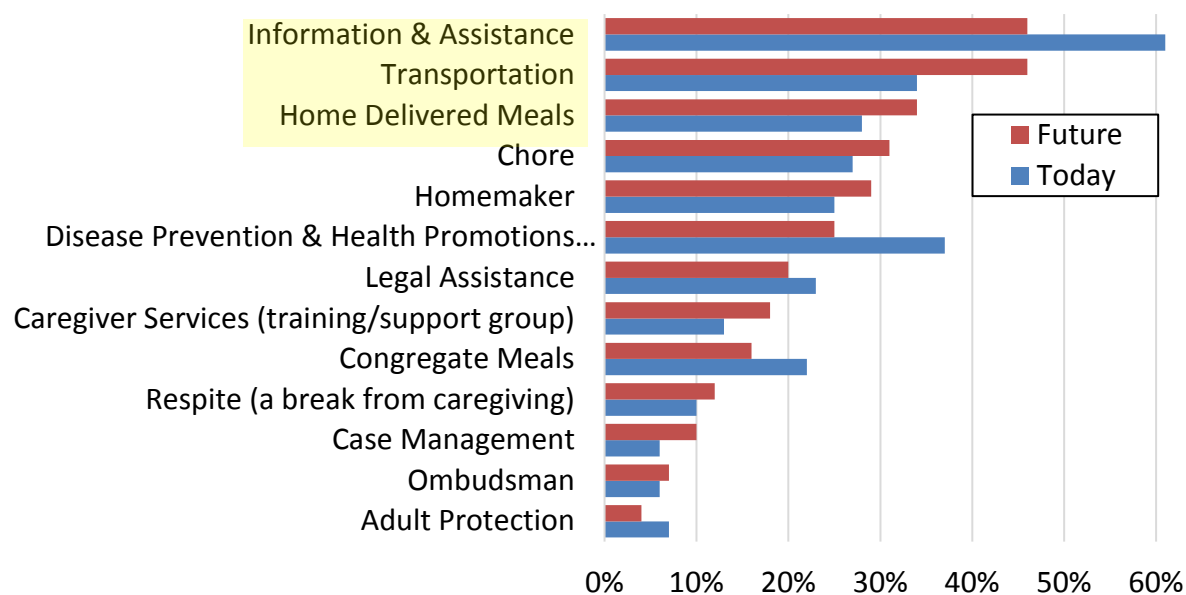
The top three future needs were similar for all regions except for the following:

- Regions 1 and 2 estimated that chore services would be more important to them in the future than home delivered meals (39% and 34% vs 31% and 21% for chore services and home delivered meals, respectively).

- Region 6 estimated that homemaker services would be more important to them in the future than either chore or home delivered meal services (41% vs 29% and 35%).

The biggest differences between AAA regions for the top three future needs were seen for Home Delivered Meals, Disease Prevention & Health Promotions Programs, and Homemaker Services. Each of these three service categories had a 15-20 percentage point spread across the regions. For example, 40% of Region 4 respondents identified home delivered meals as a top future need compared to only 21% of those in Region 2.

Table 56: Top Three Services that You Think are Most Important to You in the <u>Future</u>

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

Results by Respondent Source

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

Online Surveys

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

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

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

Figure 16: Problems in Last 12 Months, from Online Respondents
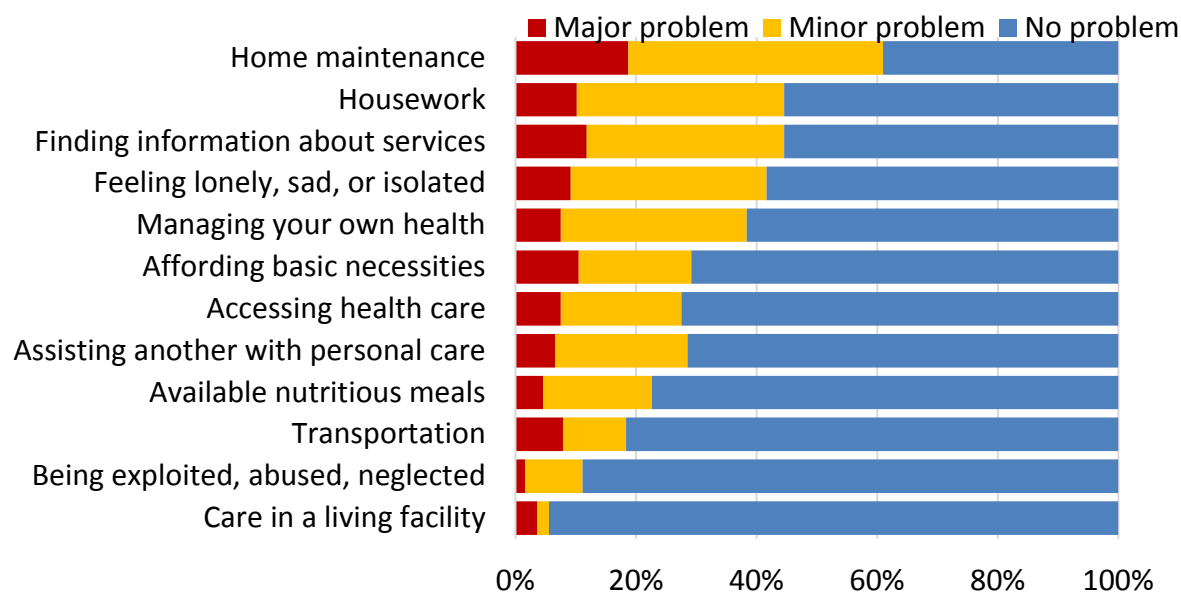
Overall, online survey respondents use slightly fewer services than all respondents.

Senior Center Surveys

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

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

Figure 17: Problems in Last 12 Months, from Senior Center Respondents
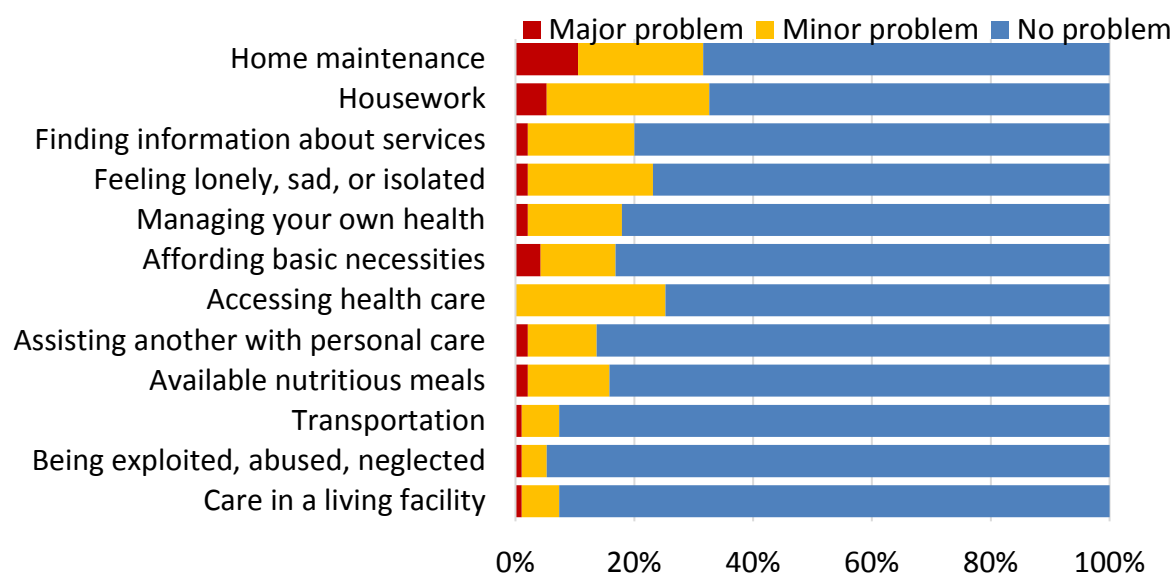
More Senior Center respondents reported using congregate meals by nearly a factor of six compared to the respondents from other sources (59% vs about 10%). However, only 11% would use congregate meals in future, compared to 24-29% of respondents from other sources. More respondents from Senior Centers are also using disease prevention and health promotion services (26% vs 15%), but 7% fewer use informal chore services or informal transportation. Overall, respondents from Senior Centers are using more services than all respondents, and reported only three service areas in which more respondents would like to use services than are currently using them (formal homemaker and chore services and legal assistance).

Targeted Mailed Surveys

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

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

Results for Respondents Who Live Alone

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

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

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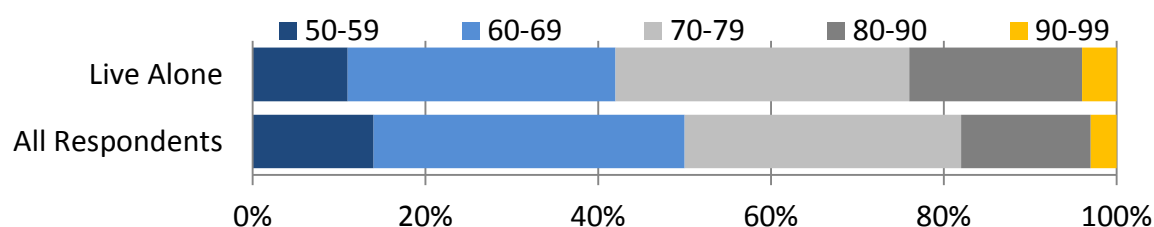
Of those respondents who live alone, 18% participated from a senior center, 37% participated via the online survey, and the remaining 46% participated through the targeted mailings. Looking at all respondents by source, one-third (33%) of online respondents live alone and about half of senior center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

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

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

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

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

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

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

Appendix A: ISU Press Releases Announcing Survey

Idaho State
UNIVERSITY

October 27, 2015

Released by Idaho State University, Marketing and Communications

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

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

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

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

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

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

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

###

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.

###

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 IV(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:

College of Southern Idaho Office on Aging (Area IV Agency on Aging)
P.O. Box 1238, 315 Falls Avenue
Twin Falls, Idaho 83303-1238
(208) 736-2122
Open 8:00 a.m. until 5:00 p.m. (closed noon until 1:00 for lunch)

A. Nondiscrimination Policy

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

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

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

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

B.   Specific Discriminatory Practices Prohibited

1. The AAA, and all subcontractors may not, under any program, directly or through contractual or other arrangements, on the grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:
    a) discharge, bar, or refuse to hire or promote any qualified individual;
    b) deny any qualified individual any service, financial aid, or other benefit;
    c) afford a qualified individual an opportunity to participate or benefit from aid or service that is *not equal to that afforded others;*
    d) provide a qualified individual with aid, benefits, or services that are *not as effective, or otherwise are inferior to, those provided to others;*
    e) provide different or separate benefits or services to a qualified individual or class of individuals *unless such action is necessary to provide such individuals with benefits or services that are as effective as those provided to others;*
    f) aid or perpetrate discrimination against an individual or class of individuals by providing assistance to an agency, organization, or person who discriminates against individuals or a class of individuals on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability;
    g) deny a qualified individual the opportunity to participate as a volunteer, consultant, conferee, or member of a planning or advisory board.

2. Neither the AAA, and all subcontractors may, directly or through contractual or other arrangements, use criteria or methods of administration which:
    a) have the effect of subjecting any individual or class of individuals to discrimination; or
    b) have the effect of defeating or of substantially impairing accomplishment of the program's objectives.

3. In determining a program site or location, contracting agencies and grantees may not select facilities that have the effect of excluding individuals or a class of individuals, thereby denying them the benefits of participation in the program/receipt of services, or subjecting them to discrimination.

4. The AAA, and all subcontractors shall establish measures to assure that recruitment and employment practices do not discriminate against any qualified individual.

5. The AAA and all subcontractors shall actively solicit representative participation from local minority communities, as well as voluntary participation by persons with disabilities, on advisory councils and policy making boards which are integral elements of program planning and service provision;

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

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

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

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

SECTION II: *Nondiscrimination Language in Contracts and Employment*

A. Contract Reference to "Nondiscrimination in Client Services"

1. The AAA requires a policy of nondiscrimination in services as an integral part of each contract.

2. Each contract shall contain an inclusion, by reference or attachment, the following clause pertaining to nondiscrimination in client services:

   Nondiscrimination in Client Services: The contractor and any sub-contracting party will not, on grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:

   a) deny a qualified individual any services or benefits provided under this agreement or any contracts awarded pursuant to this agreement;

   b) provide any services or other benefits to a qualified individual which are different, or are provided in a manner differing from that provided to others under this agreement, or any contract awards pursuant to this agreement;

   c) subject an individual to segregation or separate treatment in any manner in receipt of any service(s) or other benefit(s) provided to others under this agreement;

   d) deny any qualified individual the opportunity to participate in any program(s) provided by this agreement, or any contracts awarded pursuant to this agreement for the provision of services, or otherwise afford an opportunity to do so which is different from that afforded others.

   e) Contractors will not use criteria or methods of administration which have the effect of defeating or substantially impairing accomplishment of the objectives of this agreement with respect to individuals of a particular race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.

B. Nondiscrimination in Employment

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

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

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

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

b) **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 84), to the end that, in accordance with Section 504 of the Act and the Regulation, no otherwise qualified disabled individual in the United States shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the AAA receives Federal

financial assistance from the Department.

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

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

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

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

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

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

A. **AAA** *PROCEDURES:*

1. **Identifying Limited English Proficiency (LEP) persons and their language:** The AAA will identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with consumers or family members, the language used to communicate with the LEP person will be included as part of the record.

2. **Obtaining a qualified interpreter:** The AAA is responsible for:
(a) Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff;
(b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;
(c) Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person. Children and other clients/patients/residents will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. **Providing written translations:** When translation of documents is needed, the AAAwill submit documents for translation into frequently-encountered languages. Original documents being submitted for translation will be in final, approved form with updated and accurate information.

4. **Providing notice to LEP persons:** The AAA will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations.

5. **Monitoring language needs and implementation:** On an ongoing basis, the AAA will assess changes in demographics, types of services or other needs that may require reevaluation of this procedure. In addition, the AAA will regularly assess the efficacy of these procedures.

GOVERNING BODY
College of Southern Idaho
Jeff Harmon, Vice President of Administration

Signature: _____ Date: 6-20-17

AREA AGENCY ON AGING
College of Southern Idaho Office on Aging
Suzanne McCampbell, Director

Signature: _____ Date: 6/21/2017

ATTACHMENT M

PLANNING AND SERVICE AREA DEMOGRAPHICS

Overview

Growth of the 60+ Population Statewide, and by Planning Service Area
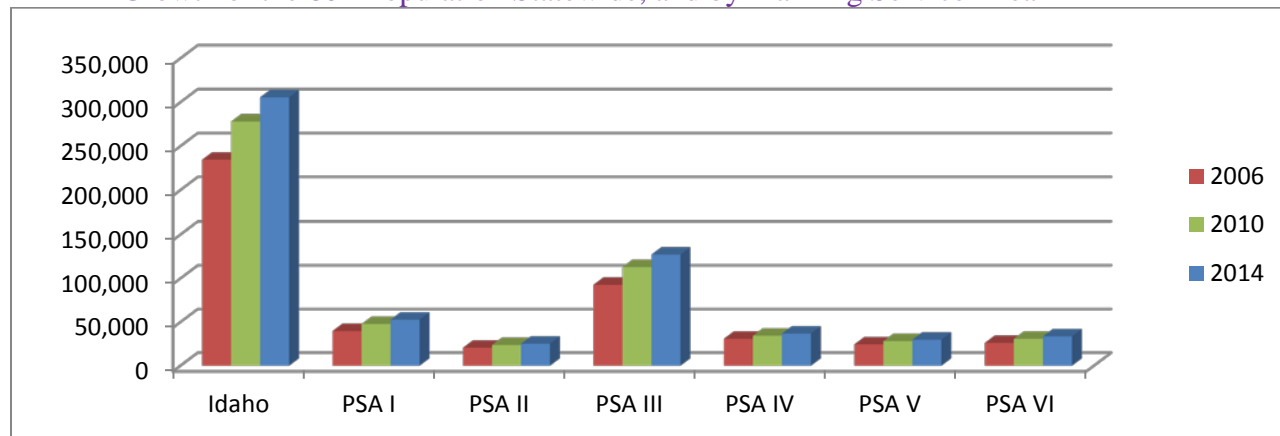
Prepared by the Idaho Commission on Aging from *Idaho Vital Statistics 2013*, Idaho Department of Health and Welfare, Division of Health, Bureau of Vital Records and Health Statistics, March 2014. U.S. Bureau of the Census, 2005-2013 American Community Survey 5-Year Estimates, December 2014, Table S0101

PSA IV

South Central Regional Area
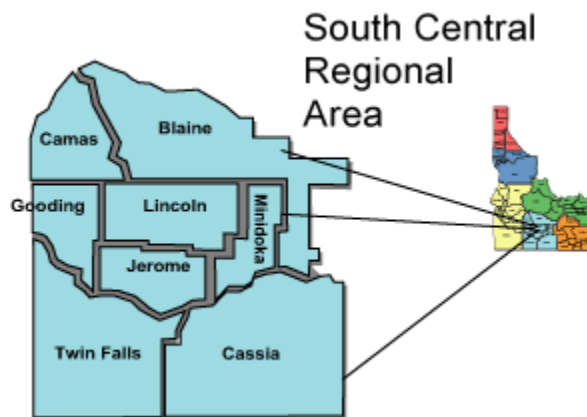
Geographic Information:
The region in PSA IV covers 11,509 square miles in eight counties (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls). The College of Southern Idaho, located in the city also named Twin Falls, is the parent organization for the area agency on aging which serves PSA IV. All eight counties contain a high percentage of protected federal land; several are only sparsely populated.

Demographic Information:
Based on the 2014 American Community Survey Estimates, the total population in PSA IV was 187,891 of which 36,834 (19.6%) individuals were over the age of 60. A population of 46,528 (25%) is concentrated in the city of Twin Falls. 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 48,647.

Urban growth there is enhanced by Idaho's second refugee resettlement project which in recent years has fueled emerging racial and cultural diversity. Cassia County is home to one of Idaho's largest Hispanic communities, made up of agricultural workers and former agricultural workers. AAA IV takes particular pride in its outreach efforts to elders in these minority ethnic communities; it has published informational materials in several languages.

There is evidence that Twin Falls may also follow northern Idaho and the Boise Metropolitan Statistical Area (MSA) in attracting new, affluent retirees. The rest of the region remains essentially rural. The region's centerpiece is world famous Sun Valley in Blaine County.

Exhibit 1A Idaho Growth Change and Demographics

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

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

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

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

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

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

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

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

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

Growth of the 60+ Population, Statewide and by Area
Prepared by the Idaho Commission on Aging from *Idaho Vital Statistics 2013*
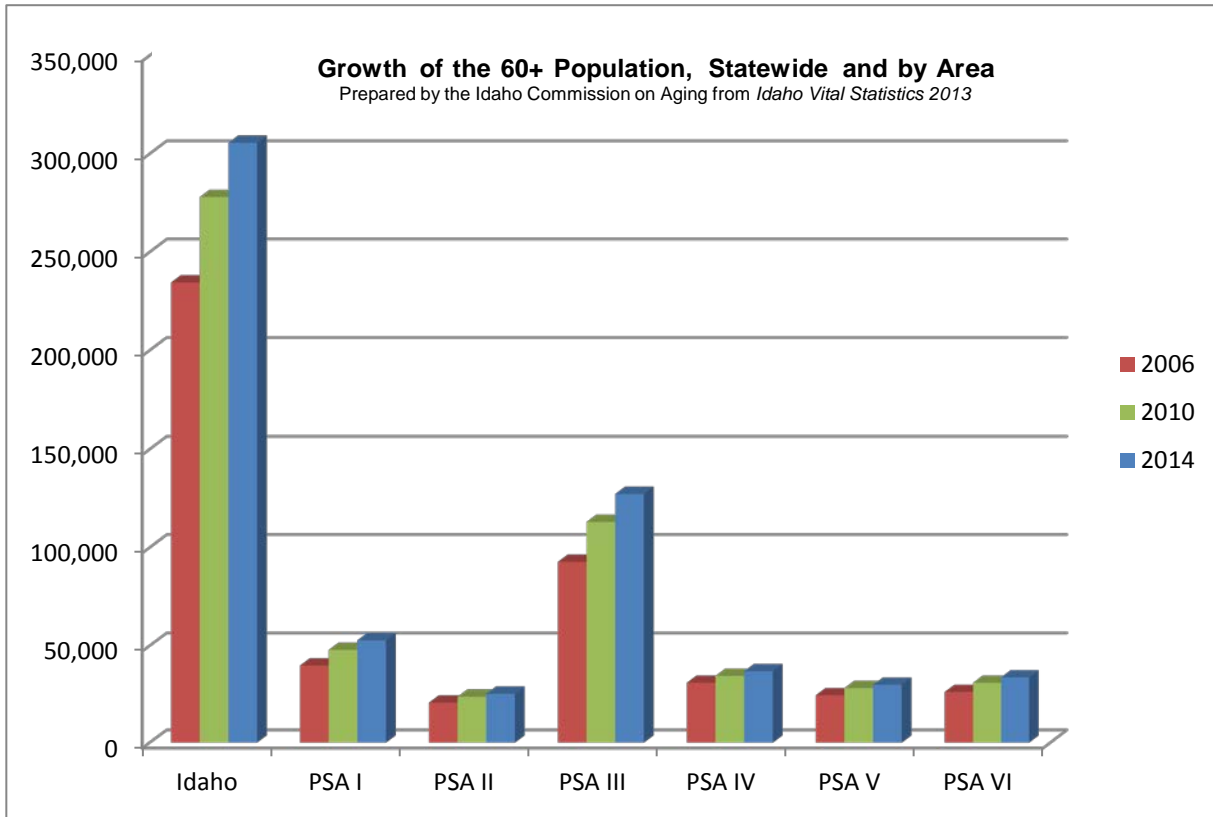
Idaho's highest percentage growth counties: April 1, 2010 to July 1, 2013 [1]

County	PSA	Percent Growth
Ada	III	6.1%
Canyon	III	5.3%
Kootenai	I	4.2%
Twin Falls	VI	3.5%

...and greatest loss counties:

County	PSA	Percent Decline
Clark	VI	-11.7%
Butte	VI	- 8.6%
Camas	IV	- 6.6%
Adams	III	- 3.7%

The state (overall):	Percent Growth	Number Added (all ages)
Idaho	2.8%	44,554

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

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

Idaho Resident Life expectancy 2013

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

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

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

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

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

[3] Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC),

National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, Vintage 2014

Older population by Age: 1900-2050   - 65+ and 85+
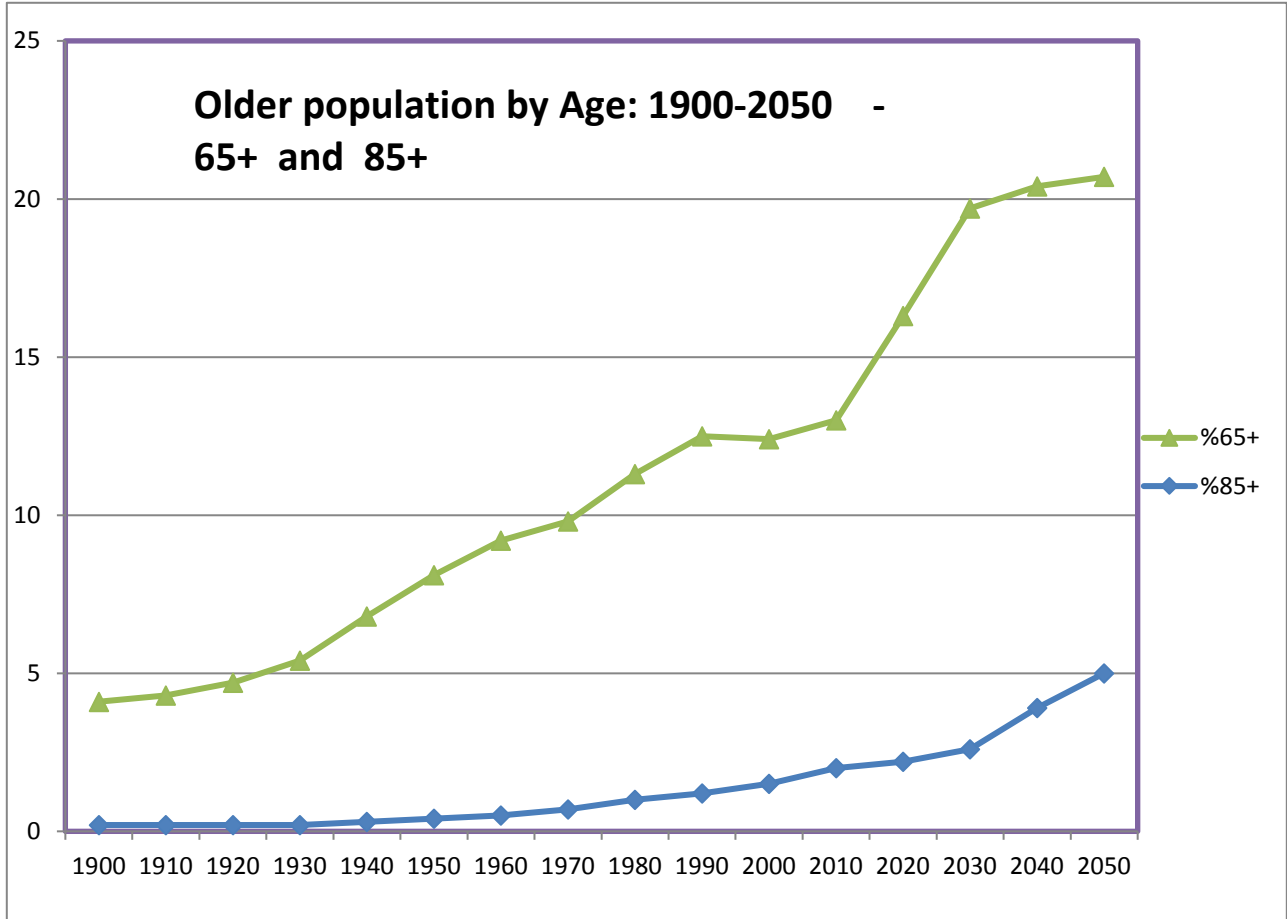
The growth of Idaho's older population reflects predicted growth in this population nationwide as a consequence of the aging of the Baby Boomer generation. The chart above depicts this anticipated growth in Idaho and in the US overall.

Idaho's Six Planning and Service Areas (PSAs)
Planning and Service Area I

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

*Data comes from the 2014 American Community Survey Estimates
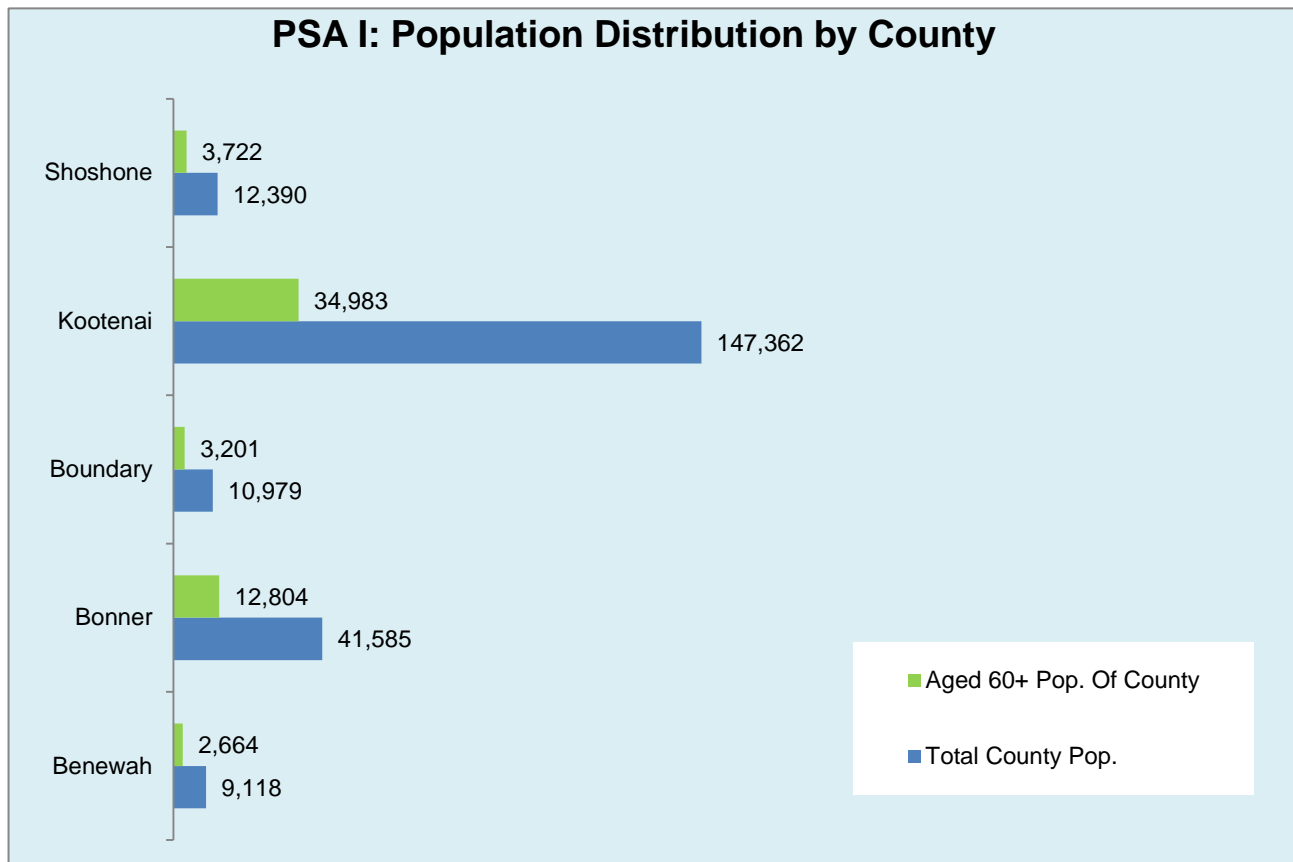
PSA I: Population Distribution by County

Shoshone
- 3,722
- 12,390

Kootenai
- 34,983
- 147,362

Boundary
- 3,201
- 10,979

Bonner
- 12,804
- 41,585

Benewah
- 2,664
- 9,118

Legend:
- Aged 60+ Pop. Of County
- Total County Pop.

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

Planning and Service Area II

PSA II: Population Growth Comparison			
Total Population in 2010	*Total Population in 2014	Total 60+ in 2010	*Total 60+ in 2014
105,310	**106,381**	**23,712**	**25,245**

*Data comes from the 2014 American Community Survey Estimates

PSA II: Population Distribution by County

Nez Perce — Aged 60+ Pop. Of County: 10,161; Total County Pop.: 40,007

Lewis — Aged 60+ Pop. Of County: 1,206; Total County Pop.: 3,838

Latah — Aged 60+ Pop. Of County: 6,536; Total County Pop.: 38,411

Idaho — Aged 60+ Pop. Of County: 5,384; Total County Pop.: 16,215

Clearwater — Aged 60+ Pop. Of County: 2,931; Total County Pop.: 8,562

Legend:
■ Aged 60+ Pop. Of County
■ Total County Pop.

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

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
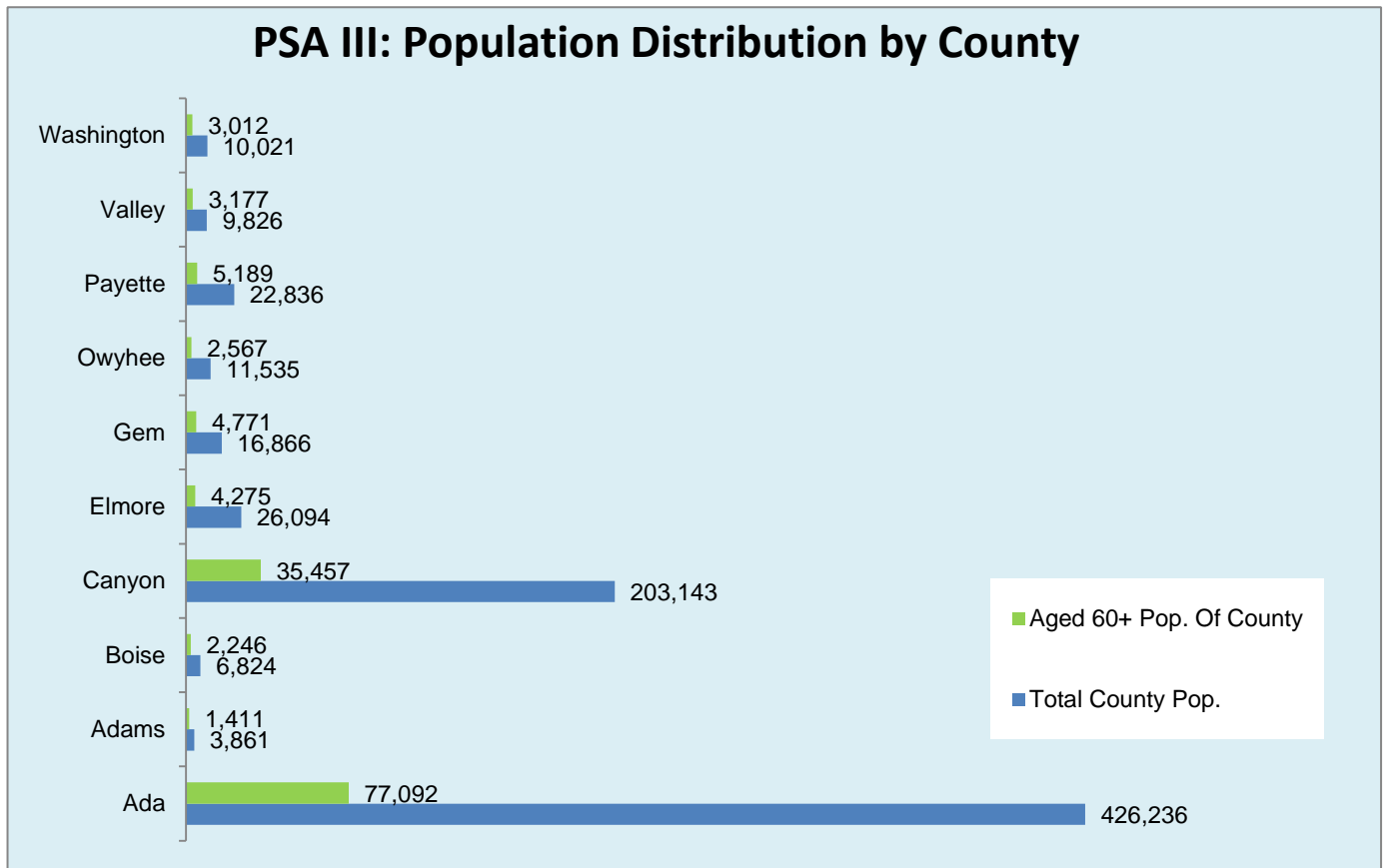
PSA III: Population Distribution by County

The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. Department of Health and Human Services, Bridged-Race Population Estimate, Vintage 2014

Planning and Service Area IV

PSA IV: Population Growth Comparison			
Total Population in 2010	*Total Population in 2014	Total 60+ in 2010	*Total 60+ in 2014
185,790	**187,891**	**34,419**	**36,834**

*Data comes from the 2014 American Community Survey Estimates

PSA IV: Population Distribution by County

Twin Falls
- 16,299
- 80,914

Minidoka
- 4,283
- 20,323

Lincoln
- 941
- 5,316

Jerome
- 3,961
- 22,818

Gooding
- 3,092
- 15,064

Cassia
- 4,361
- 23,540

Camas
- 273
- 1,039

Blaine
- 5,061
- 21,482
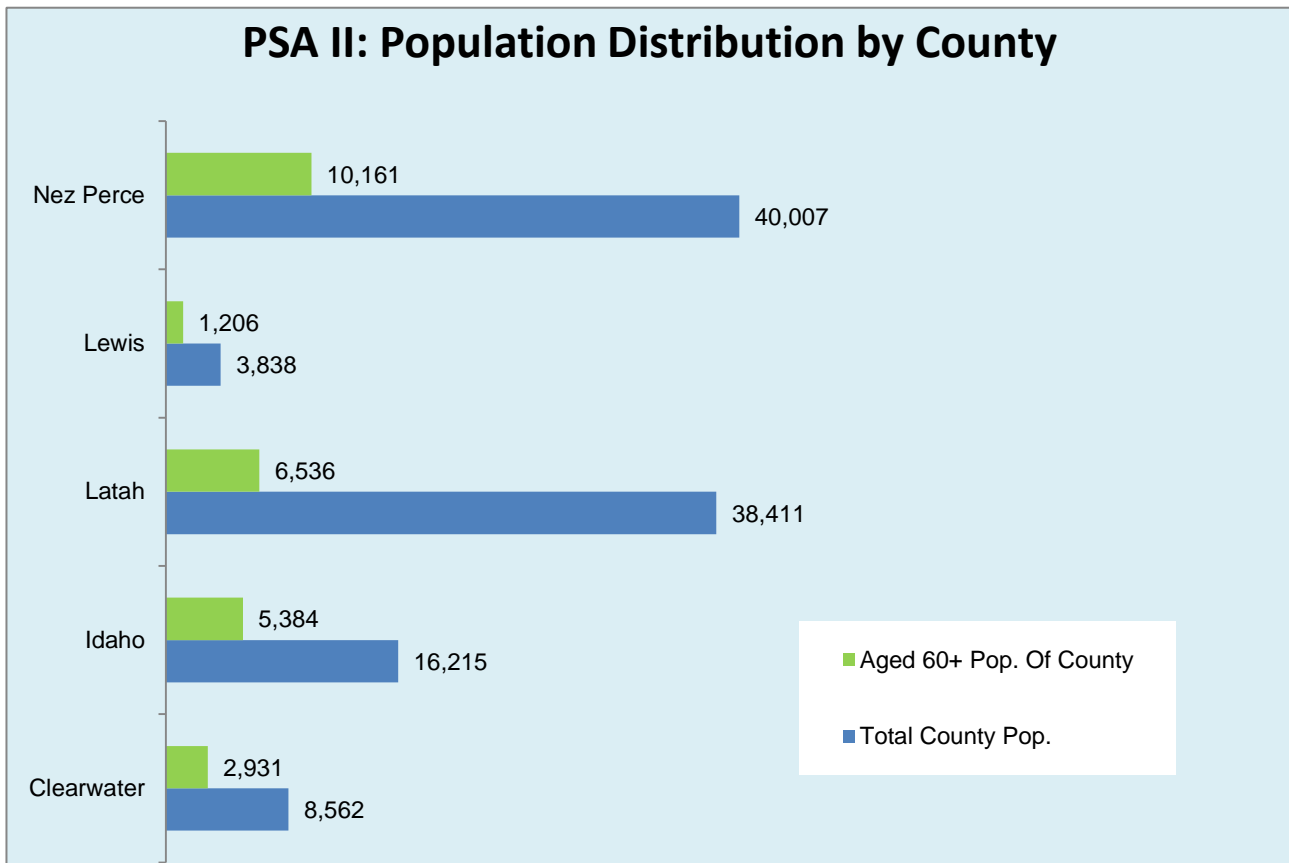
- Aged 60+ Pop. Of County
- Total County Pop.

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

Planning and Service Area V

PSA V: Population Growth Comparison			
Total Population in 2010	*Total Population in 2014	Total 60+ in 2010	*Total 60+ in 2014
166,284	**166,586**	**28,194**	**29,842**

*Data comes from the 2014 American Community Survey Estimates

PSA V: Population Distribution by County

| County	Aged 60+ Pop. Of County	Total County Pop.
Power	1,526	7,617
Oneida	1,091	4,184
Franklin	2,426	13,021
Caribou	1,575	6,837
Bingham	8,320	45,269
Bear Lake	1,563	5,957
Bannock	15,394	83,347

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

Planning and Service Area VI

PSA VI: Population Growth Comparison			
Total Population in 2010	*Total Population in 2014	Total 60+ in 2010	*Total 60+ in 2014
207,499	209,982	30,854	33,677

*Data comes from the 2014 American Community Survey Estimates
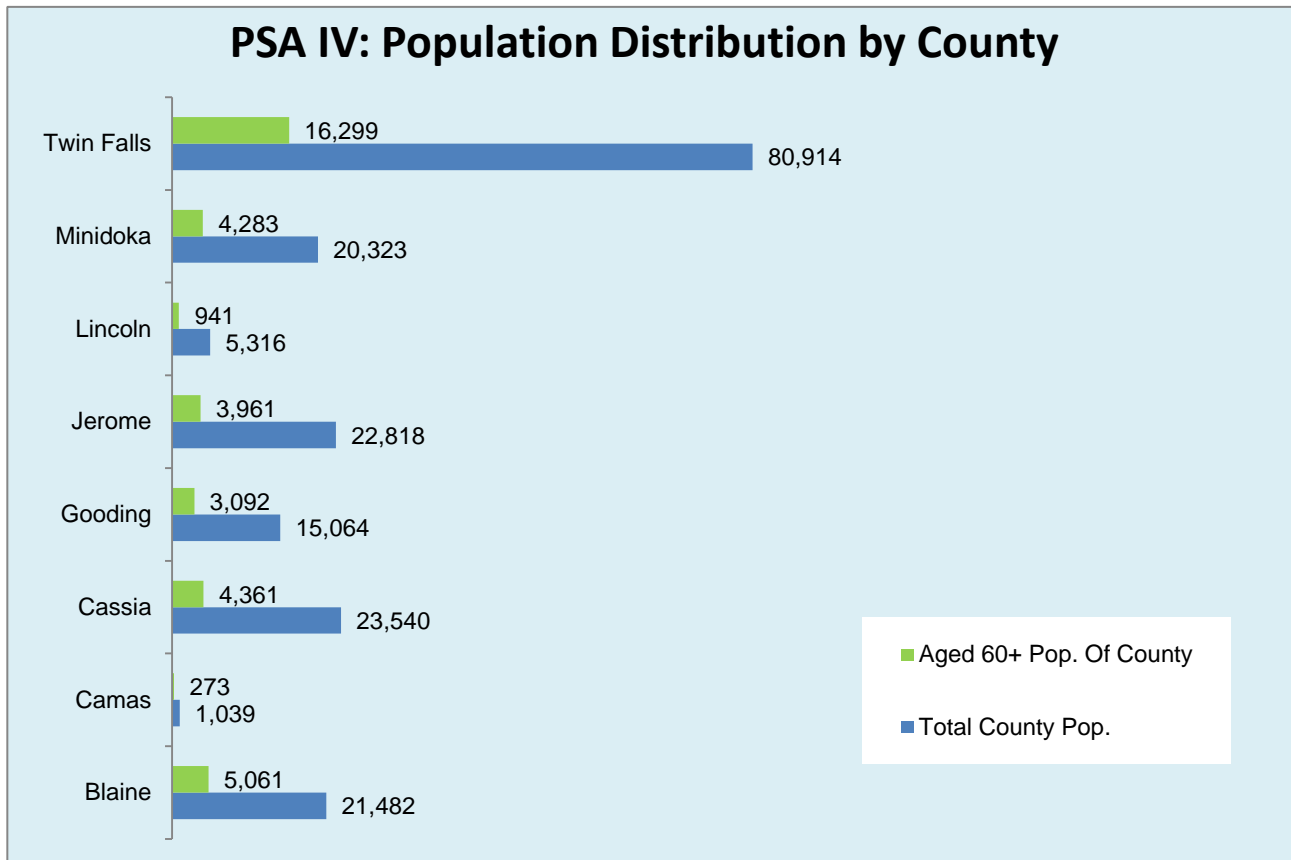
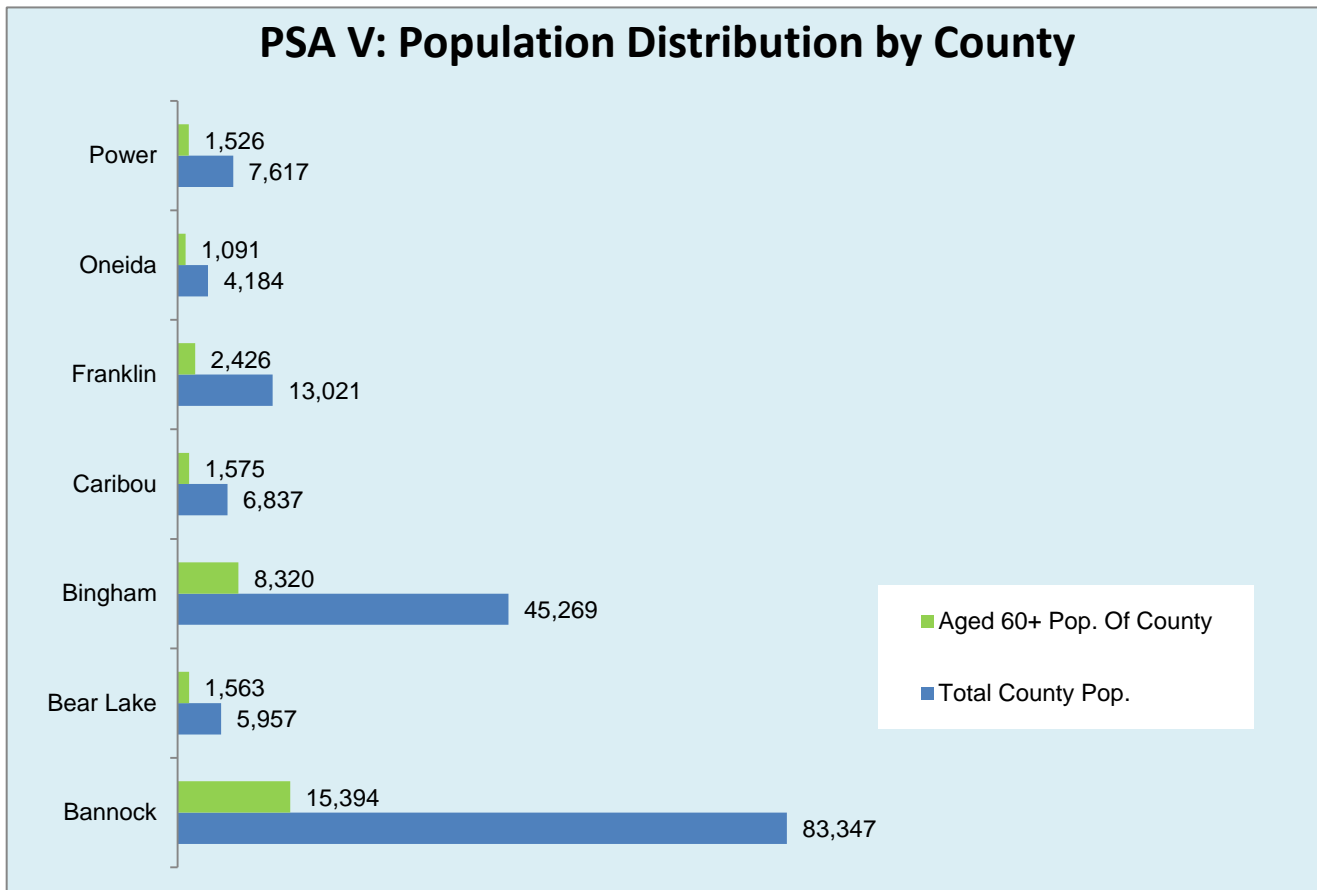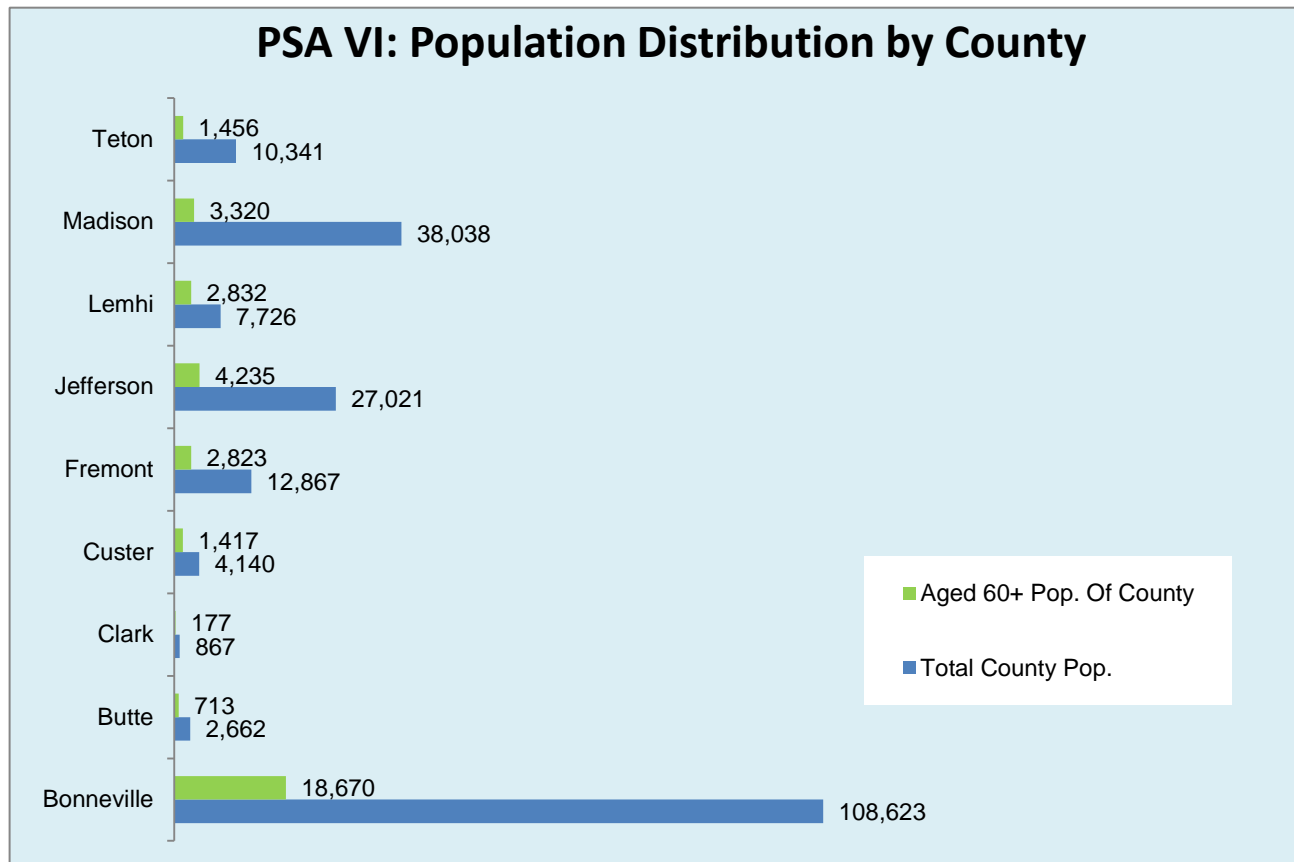## PSA VI: Population Distribution by County

The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. Department of Health and Human Services, Bridged-Race Population Estimate, Vintage 2014

ATTACHMENT N

AREA AGENCY ON AGING IV

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
Suzanne McCampbell	Director	(208) 736-2122 smccampbell@ooa.csi.edu

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

NAME (AAA STAFF)	TITLE/POSITION	TELEPHONE	EMERGENCY ASSIGNMENT
Sharon Underwood	Social Services Manager	736-2122	Assist with implementation and assure follow-through
Angel Jewell Mike Kestie Taenia Hudson Melissa Jones Cori Glauner	I&A staff	736-2122	Coordinate incoming calls and messages. Call down to CSI Office on Aging employees. Call down to non-senior center providers.
Linda Ness Cori Glauner	Adult Protection staff	736-2122	Call down to Residential Care Facility companies
Amanda Scott (Ombudsman volunteers)	Ombudsman	736-2122	Call down to long term care facilities (ALF and NH)
Shawna Wasko	Public Information/ Contracts Manager	736-2122	Call down to senior centers.

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

LOCATION NAME AND ADDRESS	TELEPHONE / OTHER CONTACT NUMBERS
South Central Community Action Partnership, 550 Washington Street S., Twin Falls, ID 83301	(208) 733-9351

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

The CSI Office on Aging will have prepared Fact Sheets with educational information regarding what to have on hand in an emergency and where emergency shelters are located. This information will be available to consumers contacting the CSI Office on Aging, at health fairs, community events, trainings, and mailings sent to consumers.

5.   Local Emergency coordinators and Red Cross coordinators in EACH county or city with whom the AAA coordinates emergency planning for the needs of older citizens, and will collaborate during an emergency or disaster situation:

AGENCY NAME AND ADDRESS	COUNTY/ OTHER JURISDICTION	CONTACT NAME	PHONE / E-MAIL
Chris Corwin	GIS Analyst/Disaster Services Coordinator	208-788-5508	Blaine County
Dave Sanders	Emergency Coordinator	208-764-2261	Camas County
Jay Heward	Disaster Services Coordinator	208-878-9323	Cassia County
Missy Shurtz	Office of Emergency Management, Coordinator	208-934-5958 208-316-2364	Gooding County
Sherriff Doug McFall	Office of Emergency Management, Coordinator	208-595-3300	Jerome County
Payson Reese	Disaster Services Coordinator	208-410-1738	Lincoln County
Kim Vega	Disaster Services Coordinator	208-436-8155	Minidoka County
Jackie Frey	Office of Emergency Management, Coordinator	208-736-4234 208-731-6835 cell	Twin Falls, County
Rusty Devereaux	Red Cross, Program Manager	800-853-2570 X 302 208-220-7311 cell	Idaho/Montana Region
Troy Cook	Salvation Army, Twin Falls	208-733-8720 ext. 113	South Central Idaho

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

> The following clause is a part of every contract with service providers for the CSI Office on Aging: "The Service Provider agrees that it shall, to t23he reasonable best of its ability, perform such activities and services, as requested, prior, during and after any declared emergency or disaster, with local, state and federal emergency response agencies, relief organization, local, state and federal governments, and any other institutions (including local emergency preparedness committees and the CSI Office on Aging) that have responsibility for disaster relief service delivery."

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

SERVICE PROVIDER NAME AND ADDRESS	COUNTY/ OTHER JURISDICTION	CONTACT NAME	PHONE / E-MAIL
Trans IV 496 Madrona Twin Falls, ID 83303-1238	Twin Falls County, Jerome	Lynn Baird	(208) 736-2133 transiv@cableone.net
LINC 1182 Eastland Dr. N. Suite C Twin Falls, ID 83301	Burley, Rupert, and Twin Falls	Melva Heinrich	(208) 733-1712 mheinrich@lincidaho.org
Accomplishments In-Home 344 N. Blue Lakes Blvd. Twin Falls, ID 83303	Burley, Rupert, Paul, Heyburn, Jerome, Buhl, Twin Falls, Possibly Hazelton, Eden, Hansen	Diana Hobbs Joyce Yingst	(208) 324-8409 accomplishments2@ cableone.net
Addus Health Care 164 River Vista Pl. Twin Falls, ID 83301	Burley, Rupert, Heyburn, Paul, Jerome, Hazelton, Hansen, Murtaugh, Twin Falls	Jennifer Healsey	(208) 733-9100 jheasley@addus.com
An Angels Touch 430 Nicole Drive Jerome, ID 83338	Gooding, Wendell, Buhl, Jerome,	Crystal Rubink Megan McNeil Tori Edwards	(208) 324-5605 angels.touch@ hotmail.com

	Shoshone, Hansen, Kimberly, Twin Falls Possibly Eden		
Jewel's Home Care 1201 Falls Ave E STE 36 Twin Falls, ID 83301	Burley, Rupert, Paul, Heyburn, Gooding, Wendell, Hazelton, Eden, Jerome, Hansen, Castleford, Murtaugh, Twin Falls	Julie Mills	(208) 733-6849 jewelshomecare@ hotmail.com
Julie's Premier HC 1201 Falls Ave E STE 36 Twin Falls, ID 83301	Burley, Rupert, Paul, Heyburn, Gooding, Wendell, Hazelton, Eden, Jerome, Hansen, Castleford, Murtaugh, Twin Falls	Julie Mills	(208) 280-0324 juliespremierhomecare@gmail.com
Loving Hands 560 Filer Ave STE D Twin Falls, ID 83301	Twin Falls, Kimberly, Possibly Buhl, Jerome, Filer	Armen Gyurdzhiyants	(208) 734-3001 lovinghandsidaho@ yahoo.com
Minidoka Memorial Home Care 1218 9th St. STE #4, Rupert, ID 83350	Burley, Rupert, Paul, Declo, Acequa, Heyburn	Joye Simpson Brandy Lewis	(208) 436-9019 joye@minidoka memorial.com
MJ Home Care 1186 E 3700 N Buhl, ID 83316	Twin Falls, Castleford, Hansen, Jerome, Kimberly, Buhl	Jackie Luby	(208) 420-6202 llcattle@msn.com

Safe Haven, Gooding Now Havenwood 1186 E 3700 N Buhl, ID 83316	Gooding, Hagerman, Wendell, Jerome, Dietrich, Richfield, Shoshone, Paul, Heyburn, Rupert, Buhl, Hansen, Kimberly, Twin Falls, Possibly Burley	Danielle Link Sue Chance John Okeeffe, Owner	(208) 221-9137 dlink@havenwood homecare. com
Vision Home Care 1770 Park View Twin Falls, ID 83301	Twin Falls, Filer, Kimberly, Possibly Buhl, Jerome	Tammie Harr Johanna Lloyd	(208) 732-8100 vhc@visionshomecare.com
Lorna Reeder Senior Center 400 West Market Albion, ID. 83311	Albion	Marla Radeke	(208) 673-6210 marlaaffleck@aim.com
West end Senior Citizens Center 1010 Main Buhl, ID 83316	Buhl	Lynnette Butler	(208) 543-4577 buhlseniors@cableone.net
Golden Heritage Senior Center 2421 Overland Burley, ID 83318	Burley	Catherine Walcroft	(208) 878-8646 seniorcenter@pmt.org
Silver & Gold Senior Center 210 Wilson Eden, ID 83325	Eden, Hazelton	Pat Bruning	(208) 825-5662 bruningpat@gmail.com
Camas County Senior Center 129 West Willow Fairfield, ID 83327	Camas County	Shannon Harris	(208) 764-2226 camasseniors@gmail.com
Filer Senior Haven 222 Main Filer, ID 83328	Filer	Russell Sheridan	(208) 326-4608 filerseniors@filertel.com
Gooding Senior Center 308 Senior Ave.	Gooding	Lynne Corbett	(208) 934-5504 goodingseniors@live.com

Gooding, ID 83330			
Hagerman Valley Senior Center 140 East Lake Hagerman, ID 83332	Hagerman	Neva Reedy (Nan)	(208) 837-6120 hvcscenter@gmail.com
The Senior Connection 721 Third Ave. S. Hailey, ID 83333	Blaine County	Teresa Lipman	(208) 788-3468 outreach@blainecountyseniors.org
Jerome Senior Citizens Center 520 North Lincoln Jerome, ID 83338	Jerome	Gillian Minter	(208) 324-5642 jeromeseniorcenter@aol.com
Ageless Senior Citizens 310 Main St. North Kimberly, ID 83341	Kimberly	Bonnie Peter	(208) 423-4338 asci2bp@gmail.com
Oakley Valley Senior Citizens 104 N. Church Oakley, Idaho 83346	Oakley	Nicki Mickelsen	(208) 862-3350 oakleysencen@gmail.com
Minidoka County Senior Center 702 11th Street Rupert, Idaho 83350	Rupert, Minidoka County	Penny Schell	(208) 436-9107 mcsrctr@pmt.org
Golden Years Senior Center 218 N. Rail W. Shoshone, ID 83352	Shoshone	Larry Strolberg	(208) 886-2369 goldenyr@qwestoffice.net
Twin Falls Senior Citizens Federation 530 Shoshone St. W. Twin Falls, ID 83303	Twin Falls	Jeanette Roe	(208) 734-5084 jroe@tfseniorcenter.com
Wendell Senior Center 380 1st Ave. E. Wendell, ID 83355	Wendell	Gary Cox	(208) 358-3056 seniorcenterwendell@outlook.com

South Central Public Health District	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties		(208) 734-5900

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

> The CSI Office on Aging, as part of the intake process for regular consumer services, will document any homebound, frail, disabled, isolated and/or vulnerable consumer's response to the following question in the GetCare database:
>
> **In the event of an emergency, can the consumer get out of the home safely?** [No ▼];
>
> In the event of an emergency, the CSI Office on Aging will prepare a listing of consumers who have indicated that they cannot get out of their home safely in the question listed above to provide to emergency responders when requested.
>
> The CSI Office on Aging will also maintain a list of residential habilitation facilities that house disabled and vulnerable adults.

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

> See #2 for personnel assignments for call downs when an emergency situation exists. Personnel assigned to call providers, facilities, and residents will regularly maintain an updated provider contact information in case of emergency. When an emergency situation arises, CSI Office on Aging personnel will call all providers to check on their emergency status and welfare during an emergency.   Each provider must have an emergency preparedness plan in place as required by their contract with the CSI Office on Aging.   The CSI Office on Aging will offer assistance to the providers when it is needed during a disaster.

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

> The CSI Office on Aging Information and Assistance specialists will respond to incoming calls and record information regarding the disaster related needs of older individuals, perform intake processing and service authorizations as required, and refer individuals to other resources when necessary.   The consumer's file will be marked within the GetCare database for follow-up during the recovery period and periodically afterwards. We will work with ICOA to further develop the follow-up capabilities of the GetCare program.

11. 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 case of emergency, the CSI Office on Aging personnel will distribute the form below for all employees and providers to keep track of any disaster related expense in the event that reimbursement may be authorized.   At the time of the disaster, information will be distributed regarding timeframes and requirements for reimbursement.

Authorized Peron's Name: _____

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

12. Describe activities the AAA will undertake during the contract period to expand emergency preparedness of the Aging Network within the PSA (i.e. attend LEPC meetings, work with local emergency management officials to advocate for inclusion of older citizens' needs in emergency planning, establish CERT Training in senior centers, make 72-hour kits available for homebound clients, establish "call-down' lists and procedures to be used during emergencies, include emergency preparedness activities in contracts with providers, etc.)

The CSI Office on Aging will continue to attend Local Emergency Preparedness Committee monthly meetings and work with local emergency management officials as required. We also attend the South Central Healthcare Preparedness Coalition meetings which are coordinated through the South Central Public Health Department. The CSI Office on Aging has call-down procedures to be used in case of declared emergencies. We have had the Twin Falls County Office of Emergency Management Coordinator speak to our entire staff concerning emergency preparedness. Emergency and disaster clauses will continue to be used in provider contracts.

Emergency Preparedness for Idahoans

Idaho is a state with a large area. Idaho's most noteworthy natural disasters are flooding, wildfires and earthquakes, according to a report released by the Idaho Bureau of Homeland Security. Being prepared for any disaster could save time and lives.

Stocking up now on emergency supplies can add to your safety and comfort during and after any natural disaster. Store enough supplies for at least 72 hours.

Emergency Supply Checklist:

Survival

- ❖ Water-2 quarts to I gallon per person per day
- ❖ First aid kit, freshly stocked
- ❖ Food {packaged, canned, no-cook and baby food and food for special diets)
- ❖ Blankets or sleeping bags
- ❖ Portable radio flashlight and spare batteries
- ❖ Essential medication and glasses
- ❖ Fire extinguisher
- ❖ Money

Sanitation Supplies

- ❖ Soap and liquid detergent
- ❖ Toothpaste and toothbrushes
- ❖ Feminine and infant supplies
- ❖ Toilet paper
- ❖ Household bleach

Personal

- ❖ ID
- ❖ Will
- ❖ Insurance
- ❖ Credit cards
- ❖ Passport
- ❖ Green card
- ❖ Family records

Safety and Comfort

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

Cooking & Tools

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

Emergency Supplies to Be Stored:

After a major earthquake, electricity, water and gas may be out of service. Emergency aid may not reach you for several days. Make sure you have the following items in your home, at your office or in your car.
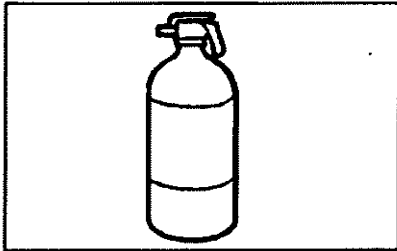
Fire extinguisher

Your fire extinguisher should be suit-able for all types of fires and should be easily accessible.
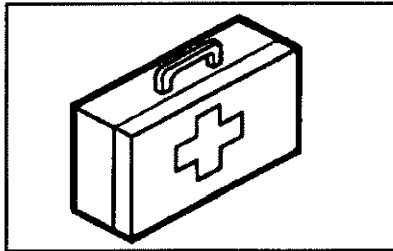
First aid kit

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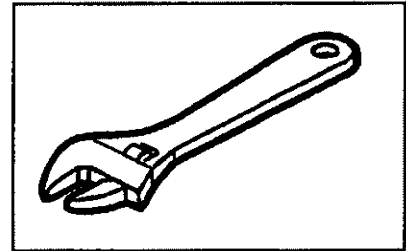
Wrench

Have crescent or pipe wrench to turnoff gas and water valves if necessary.
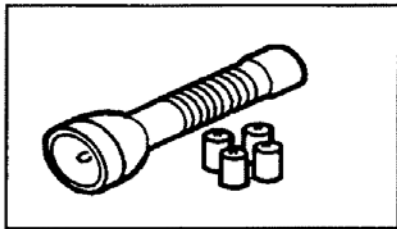
Flashlight and extra batteries: Keep flashlights in several locations in case of a power failure. Extra batteries last longer if you keep them in the refrigerator.
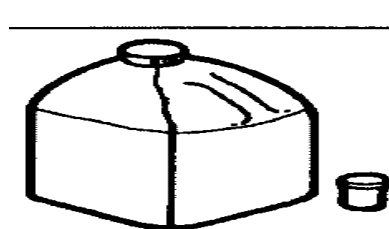
Water and disinfectant Store several gallons of water for each person. Keep a disinfectant such as iodine tablets or chlorine bleach to purify water if necessary.
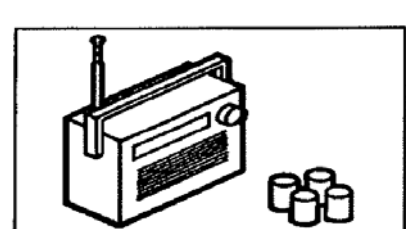
Radio and extra batteries Transistor radios will be useful for receiving emergency broadcasts and current disaster information.
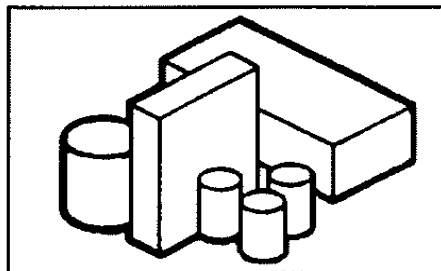
Dry or canned food

Store a one-week supply of food for each person. It is preferable to store food that does not require cooking.
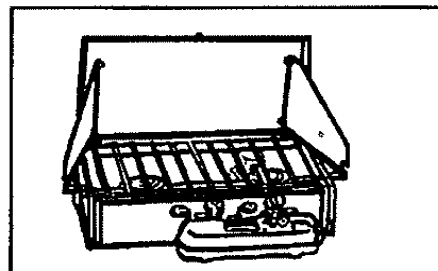
Alternate cooking source Store fuels and appliances and matches for cooking in case utilities are out of service.
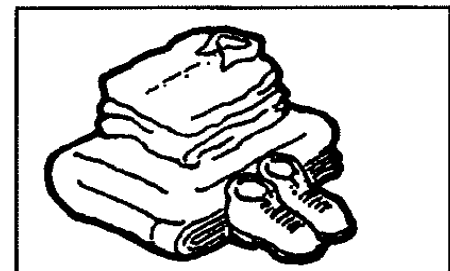
Blankets, clothes and shoes Extra blankets and clothing may be required to keep warm. Have shoes suitable for walking through debris.
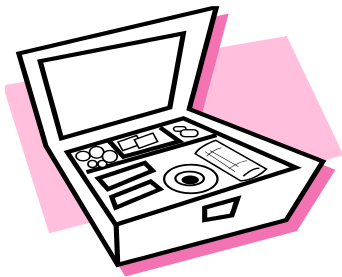
Recommended Items to Include in a Basic Emergency Supply Kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation.
- Food, at least a three-day supply of non-perishable food.
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both.
- Flashlight and extra batteries.
- Rain proved matches and a candle.
- First aid kit.
- Whistle to signal for help.
- Moist towelettes, garbage bags.
- Wrench or pliers to turn off utilities.
- Cell phone with solar charger or Spot unit.

Additional Items to Consider Adding to an Emergency Supply Kit:

- Prescription medications and glasses.
- Infant formula and diapers.
- Pet food and extra water for your pet.
- Sleeping bag or warm blanket for each person.
- Household chlorine bleach and medicine dropper- When diluted nine parts water to one ppart part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.

Pandemic Influenza &Emergency Preparedness:

Pandemic Flu

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

Plan for a Pandemic:

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

Make a Pet Disaster Supply Kit:

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

Pet Emergency Supplies:

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

Pet First Aid:

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

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

Hearing Aides

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

Batteries

- Store extra batteries for hearing aids and implants. If available, store and extra hearing aid with your emergency supplies.
- Maintain TTY batteries. Consult your manual for information.
- Store extra batteries for your TTY and light phone signaler. Check the owner's manual for proper battery maintenance.

Communication

- Determine how you will communicate with emergency personnel if there is no interpreter or if you don't have your hearing aids. Store paper and pens for this purpose.
- Consider carrying a pre-printed copy of important messages with you , such as: "I

  Speak American Sign Language (ASL) and need an ASL interpreter.
- If possible obtain a battery-operated television that has a decoder chip for access to signed or captioned emergency reports.
- Determine which broad casting systems will be accessible in terms of continuous news that will be captioned and/or signed. Advocate so that television stations have a plan to secure emergency interpreters for on-camera emergency duty.

Special Considerations for Those with a Disability:

- Find two friends or family members that would be willing to help you in the event of evacuation and know how to operate equipment you might need.
- Learn what to do in case of power outages and personal injuries. Know how to connect or start a back-up power supply for essential medical equipment.
- Learn your community's evacuation routes.
- Listen to battery-operated radio for emergency information.

Disaster Supply Kit:

- In addition to the general supply kit listed above persons with disabilities might want to include:
- Extra wheelchair batteries, oxygen, medication, catheters, food for guide or service dogs, or other special equipment you might need.
- A stock of non-perishable food items that may be necessary for diet restrictions.
- A list of the style and serial numbers of medical devices such as pacemakers.
- Store back-up equipment, such as a manual wheelchair, at your neighbor's home, school, or your workplace.
- If preparation is done ahead of time the following are suggestions on how you can prepare for an evacuation easier in regards to special consideration when caring for persons with disabilities and elderly caring for those with special needs:

Special Checklist Considerations:

- Remember your special needs family member or friend is under stress and may be preoccupied during the event of an evacuation and may not pack everything they need. Following is a checklist of important items to remember in an evacuation in addition to the checklist stated above.
- Have a list of all prescription medications; times they are to be take, and an extra supply of this medication.
- Have the names and phone numbers of their doctors, pharmacy and home health agency.
- Pack all of their personal hygiene articles, including denture cleansers and adhesives.

When Do You Get Involved?

Citizen Corps actively involves citizens in making our communities and our nation safer, stronger, and better prepared. We all have a role to play in keeping our hometowns secure from emergencies of all kinds. Citizen Corps works hard to help people prepare, train, and volunteer in their communities. **What role will you play?** Being ready starts with you, but it also takes everyone working together to make our communities safer. Citizen Corps provides a variety of opportunities for you to get involved. You can provide valuable assistance to local fire stations, law enforcement, emergency medical services, and emergency management. Get connected to disaster volunteer groups through your local Citizen Corps Council, so that when something happens, you can help in an organized manner. Citizen Corps programs build on the successful efforts that are in place in many communities around the country to prevent crime and respond to emergencies. You can join the Citizen Corps community by:

- Volunteering for local law enforcement agencies through the Volunteers in Police Service (VIPS) Program.

- Being part of a Community Emergency Response Team (CERT) to help people immediately after a disaster and to assist emergency responders.

For further information go to:

www.citizencorps.gov

www.fema.gov

www.bhs.gov

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

Emergency Checklist:

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

Create an Emergency Plan:

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

Attachment O

Planning for Long-Term Care
Information on Types of Help

OFFICE ON AGING

315 Falls Ave., PO BOX 1238
Twin Falls, ID 83303-1238
Phone: (208) 736-2122
Fax: (208) 736-2126

As we grow older and our health needs increase, we prefer services in our homes. Fortunately, more and more services are now available. Below is a list of services that include: a brief description of each service and some groups or organizations that can provide the service. Please not that some services may have a fee, while other services are free or encourage donations. **Some fees may be paid for by Medicare, private insurance, Medicaid, or private pay.** Please contact your local Area Agency on Aging for more information: **Area IV CSI Office on Aging: 208-736-2122 or 1-800-574-8656.**

When planning for care in the home you should always keep in mind the importance of **informal supports**, such as, family, friends, church affiliations, and **volunteer programs and organizations**. Most **formal (paid) service providers** require at least one emergency contact for you that is aware of your comings and goings and how best to get a hold of you.

Emergency Telephone Service Connection: A special telephone line connected to a call center to call identified friends or relatives in cases of emergency. A personal response service.
Provided by: 1. Private providers: Walmart, LifeAlert, AssureLink, Phillips Lifeline, etc. (private pay, Medicaid/HCBS if eligible)
Or 2. Private Telephone Services set up (e.g. Cell phone providers) (private pay)

Assisted Technology: Devices used to increase, maintain, or improve the functional capabilities of individuals with disabilities.
Provided by: 1. Idaho Assistive Technology Project, equipment exchanges/partners with LINC
2. Private organizations or businesses

Homemaker: A program 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.
Provided by: 1. CSI Office on Aging (sliding fee scale)
2. Private individuals/organizations (private pay, Medicaid/HCBS, VA)

Chore Service: A program to improve the individual's safety at home or t enhance the client's use of existing facilities in the home. Chore includes helping 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.

Provided by: 1. Interlink Volunteer Caregivers (free)
                 2. Local service organizations/groups (Rotary, Lions, school groups, etc.)
                 3. Private individuals/organizations (private pay, Medicaid/HCBS)

Minor Home Modifications: A program to facilitate the ability of the older individuals to remain safely at home. Types of modifications may include: bathroom grab bars, handrails or outdoor steps, materials to help build wheelchair ramps, etc.

Provided by: 1. CSI Office on Aging with Interlink Volunteer Caregivers (free)
                 2. Private individuals/organizations (private pay, Medicaid/HCBS)

Home Delivered Meals: A program to provide meals five or more days a week (except in a rural area where such frequency in not feasible) and at least one meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods.

Provided by: 1. Local Senior Center (donation, Medicaid/HCBS)
                 2. Private companies/restaurants/people (private pay)

Respite & Adult Day Care: A program that gives family members who are caring for an ill parent or spouse a needed break so they can rest or di other things. Respite provides a care giver in the home. Adult day care requires the ill person to go to an appropriate care facility.

Provided by: 1. CSI Office on Aging (free)
                 2. Senior Companion Program (free)
                 3. Private individuals/organizations (private pay, Medicaid/HCBS, VA)

Case Management: A program 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.

Provided by: 1. CSI Office on Aging with Interlink Volunteer Caregivers (free)
                 2. Private individuals/organizations (private pay, Medicaid/HCBS, VA)

Home Health: A program that provides skilled nursing care; physical, occupational, or speech therapies; may also include bathing and /or dressing assistance, Home health is offered by various private organizations offering home health care programs. Each program has different requirements and offers different services. (The program may be paid for by Medicare, Medicaid, private insurance, or private pay.)

Medicare is the health insurance program administered by the Federal government that may pay for this program in full, if you meet all the requirements. Home Health requirements include:

1. A doctor's order
2. The need for skilled medical need (e.g. skilled nurse, physical therapy, diabetic education, etc.);
3. The skilled need must be ordered for a limited time; and
4. You must be homebound

Private health insurance may cover certain parts of home health. Check your policy.

Medicaid is the health insurance administered by the State of Idaho. Medicaid may pay for Personal Care Services if you already have a Medicaid Card or if you need a combination of the above services to prevent you from going into a nursing home. This Medicaid program is called the Home and Community Based Services (HCBS) Program. This program allows aged or disabled individuals to receive services in their home, preventing nursing home placement. The program requirements include: (1) need for care, (2) a limited individual monthly income and (3) limited resources. This program has other names such as: an alternative to nursing home care, custodial care, chronic care, or the Medicaid Aged and Disabled "Waiver Program". Please be aware that there are special rules for couples, if only on spouse needs care. Also, be aware that certain resources are exempt such as the house you live in, your car, and certain irrevocable burial plans. Contact your local Health & Welfare Office at (208) 736-2110 for information and an application.

Private Insurance may cover certain portions of personal care service. Check your policy.

Veterans Administration has a special program called "Aid and Attendance". If you are a veteran or your spouse was a veteran contact your local Veterans Affairs Office to see if you are eligible.

Private Pay: Once all other options are exhausted most of these services are available through private pay.

Hospice: This is a team approach to care for a terminally ill person and their family. These services are offered by Home Health and Hospice Agencies. Services are available in homes, assisted living centers and skilled nursing facilities, (Medicare, Medicaid, insurance and/or donation.)

ATTACHMENT P

**List of Public and Private Long-term Care Programs, Options,
Service Providers and Resources**

Assisted Living Facilities

City	Facility Name	Address	Telephone
Bellevue	Bell Mt. Village	620 N. 6th	(208) 788-7180
Bellevue	Safe Haven of Bellevue	314 South 7th	(208) 788-9698
Buhl	Applegate Retirement	1541 E 4250 N	(208) 543-4020
Buhl	Evergreen Place Assisted Living	1043 Burley Ave	(208) 543-2800
Buhl	River Rock Assisted Living	1063 Burley Ave	(208) 543-5161
Buhl	Woodland Retirement	19937-C US Hwy #30	(208) 543-9050
Burley	Highland Estates	2050 Highland Ave	(208) 678-4411
Burley	Rosetta Hiland	1919 Hiland	(208) 677-5451
Burley	Diamond Peak	1703 Almo Ave	(208) 678-2955
Burley	Pomerelle	1301 Bennett St.	(208) 677-8212
Filer	Cedar Draw Living	4094 N 2100 E	(208) 326-3342
Gooding	DeSano Place-Gooding	545 Nevada St.	(208) 934-4623
Gooding	Diamond Peak	745 California	(208) 934-5506
Hagerman	Stone Bridge Assisted Living	110 River Rock Place	(208) 837-4153
Jerome	Ashley Manor-Jerome	101 15th Ave E	(208) 324-1354
Jerome	Creekside Care Center	222 6th Ave W	(208) 324-4941
Jerome	DeSano Place Lodge	1015 E. K Ave Bldg B	(208) 324-2675
Jerome	DeSano Village Memory Care	1015 East K Ave Bldg A	(208) 595-1589
Kimberly	Alpine Manor II	100 Polk St E	(208) 423-5417
Kimberly	Ashley Manor-Kimberly	1012 Buttercup Trail	(208) 423-5971
Rupert	Autumn Haven Inc	924 Christian Way	(208) 436-3200
Shoshone	DeSano Place-Shoshone	218 West B St.	(208) 886-7665
Twin Falls	Alpine Manor	1135 Imperial St.	(208) 734-1794
Twin Falls	Ashley Manor-Twin Falls #I	1818 Parkview Drive	(208) 933-4404
Twin Falls	Ashley Manor-Twin Falls #II	1814 Parkview Drive	(208) 933-4406
Twin Falls	Birchwood Retirement	641 Rim View Drive	(208) 734-4445
Twin Falls	Bridgeview Assisted Living	1828 Bridgeview Drive	(208) 736-3933
Twin Falls	Brookdale	1367 Locust St. N.	(208) 735-0700
Twin Falls	Canyons Retirement	1215 Cheney Dr. W	(208) 358-9624
Twin Falls	Cenoma House	1930 Heyburn Ave E.	(208) 736-7471
Twin Falls	Chardonnay (2 buildings)	1045 Carriage Lane	(208) 736-4808
Twin Falls	Country Cottage	3656 N 2500 E	(208) 736-1856
Twin Falls	Desert Rose	983 Gallup Drive	(208) 734-1866

Twin Falls	Grace Assisted Living/Independent	1803 Parkview Drive	(208) 736-0808
Twin Falls	Heritage Retirement	622 Filer Ave W.	(208) 733-9064
Twin Falls	Northern Lights	964 Blake St. N.	(208) 734-3537
Twin Falls	Rosetta Eastridge	1177 Eastridge Circle	(208) 734-9422
Twin Falls	Stoney Creek Living Center	2538 H E. 3800 N.	(208) 736-5705
Twin Falls	Syringa Place	1880 Harrison St. N.	(208) 733-7511
Twin Falls	Willowbrook Assisted Living	1871 Julie Lane	(208) 736-3727
Twin Falls	Woodstone Assisted Living	491 Caswell Ave W	(208) 734-6062
Wendell	Safe Haven-Magic Valley Manor	210 N. Idaho St.	(208) 536-6623
Wendell	Stone Bridge Assisted Living	465 Shoshone	(208) 536-9953

Skilled Nursing Facilities

City	Facility Name	Address	Telephone
Buhl	Desert View Care Center	820 Sprague Ave	(208) 543-6401
Burley	Mini-Cassia Care Center	1729 Miller Ave	(208) 678-9474
Burley	Parke View Rehabilitation & Care Center	2303 Parke Ave	(208) 677-3073
Gooding	Bennett Hills	1220 Montana	(208) 934-5601
Bellevue	Bell Mountain Village (2 Buildings)	620 North 6th Street	(208) 788-7180
Kimberly	Oak Creek Rehabilitation	500 E. Polk St.	(208) 423-5591
Rupert	Countryside	1224 8th St.	(208) 436-0481
Shoshone	Lincoln Country Care	511 East 4th St.	(208) 886-2228
Twin Falls	Bridgeview Estates	1828 Bridgeview Blvd	(208) 736-3933
Twin Falls	Twin Falls Care Center	674 Eastland Drive	(208) 734-4264

IN-HOME SERVICE PROVIDERS

HH = Home Health
HOSP = Hospice
IR = Intensive Respite
HMK = Homemaker

City	Agency Name	HH	HOSP	IR	HMK	Address	Service Areas	Telephone
Buhl	Idaho Home Health & Hospice (Buhl)	x	x			1007 Main St.		(208) 543-2273
Buhl	MJ Home Care			x	x	419 Fruitland Ave, #29		(208) 420-6202
Burley	Abigail's In-home Care				x	1711 Overland Ave, Suite C	Mini-Cassia area	(208) 878-7777
Burley	Horizon Home Health Hospice (Burley)	x	x		x	2311 Park Ave #10		(208) 678-8500
Burley	Intermountain Home Care	x			x	2303 Parke Ave		(208) 678-8844
Gooding	Havenwood Home Care			x	x	745 California	Magic Valley	(208) 358-4772
Hailey	Blaine County Senior Connection			x	x	721 3rd Ave S	Blaine & Lincoln Counties	(208) 788-3468
Hailey	Idaho Home Health & Hospice (Hailey)	x	x			141 Citation Way, Suite #2		(208) 788-6030
Jerome	An Angel's Touch In-home Care			x	x	430 Nicole Drive		(208) 324-5605
Rupert	Comfort Keepers				X	529 F St. Ste D		(208) 434-8888
Rupert	Idaho Home Health & Hospice (Rupert)	x	x			418 Oneida	Mini-Cassia area	(208) 436-5855
Rupert	Minidoka Memorial Home Care			x	x	1218 9th St.		(208) 436-9019
Rupert	Minidoka Memorial Home Health	x				1218 9th St. Suite 4		(208) 436-9019
Twin Falls	A Caring Hand			x	x	1031 Eastland Dr. Ste #2		(208) 736-4903
Twin Falls	Accomplishments In-home Services			x	x	844 N. Washington St, Ste 200		(208) 324-8409
Twin Falls	Addus Health Care			x	x	164 River Vista Place		(208) 733-9100
Twin Falls	Alliance Home Health & Hospice	x	x			218 Falls Ave, Suite A		(208) 733-2234
Twin Falls	Brightstar				x	131 Main Ave E, Suite 1		(208) 733-8000
Twin Falls	Comfort Keepers			x	x	257 4th Ave. N		(208) 733-8988

County	Provider					Address	Region	Phone
Twin Falls	Encompass Home Health	x			x	1411 Falls Ave E.	Magic Valley	(208) 733-8600
Twin Falls	Horizon Home Health Hospice	x	x		x	1411 Fals Ave E		(208) 733-2840
Twin Falls	Hospice Visions		x			1770 Park View Drive	Magic Valley	(208) 735-0121
Twin Falls	Idaho Home Health & Hospice (Twin Falls)	x	x			826 Eastland Drive		(208) 734-4061
Twin Falls	Jewel's Home Care			x	x	1201 Falls Ave E, Ste 36		(208) 733-6849
Twin Falls	Julie's Premier Home Care			x	x	527 Woodland Drive		(208) 280-0324
Twin Falls	LINC			x	x	1182 Eastland Dr N, Ste C		(208) 733-1712
Twin Falls	Loving Hands			x	x	628 Madison Circle		(208) 734-3001
Twin Falls	St. Lukes Magic Valley HomeCare & Hospice	x	x			601 Poleline Rd.		(208) 814-7600
Twin Falls	Visions Home Care			x	x	1770 Park View Drive		(208) 732-8100
Twin Falls	Visions Home Health	x			x	1770 Park View Drive		(208) 732-5365

Senior Only Housing

City	Complex Name	Address	Office Hours	Pets Possible	Phone
Buhl	Lincoln Court Apts	1310 Main Street	9-5 M-F	Yes	(208) 543-6171
Buhl	Sawtooth Manor	315 8th Ave N	9-12 M-F	Yes	(208) 543-0904
Buhl	Sawtooth Villa	556 Sawtooth	9-12 M-F	Yes	(208) 543-0904
Burley	Goose Creek Manor	733 22nd Street	8-5 M-F	Yes	(208) 678-9429
Burley	Poplar Grove Apts	2233 Almo Ave	9-5 M-F	Yes	(208) 678-9429
Filer	Sunset Manor #1	617 Main Street	8-5 M-F	Yes	(208) 326-4053
Gooding	Alturus Courts	335 3rd Ave E	9-5 M-F	Yes	(208) 934-8050
Gooding	Garden Courts	209 3rd Ave W	9-5 M-F	Yes	(208) 934-8050
Gooding	Sunrise Apts	401 Idaho Street	9-5 M-F	Yes	(208) 934-8050
Gooding	Gracehill Apts	1447 Idaho Street	8-11:30 M-F	Yes	(208) 934-4986
Hailey	Summit A	1555 W Galena	9-2 MTR 9-11:30 WF	Yes	(208) 788-2134
Hailey	Summit B	251 Carbonet Dr	9-2 MTR 9-11:30 WF	Yes	(208) 788-2134
Hazelton	Syringa Estates	380 5th Street	8:30-1pm M-F	Yes	(208) 829-4206
Heyburn	Mountain View East Apts	461 14th Street	9-5 M-F	Yes	(208) 678-9141
Kimberly	Kimberly Sunset Manor	125 Spruce Street	8-5 T & R	Yes	(208) 423-5122
Rupert	C Street Manor	410 C Street	9-3 M-F	Yes	(208) 436-3763
Rupert	Sunset Manor VI	210 15th Street	8-12 M-F	Yes	(208) 436-1380
Twin Falls	Devon Apartments	1338 N College Rd	9-1:30 M-F	Yes	(208) 735-2224
Twin Falls	Gleneagles Apts	1846 Harrison St N	9-2 M-R	Yes	(208) 735-0308
Twin Falls	Pioneer Square Apts	200 2nd Street S	8:30-4 M-R 8:30-11 Fri	Yes	(208) 733-5765
Twin Falls	Sunnyview Apts	1779 Addison Ave E	8:30-4 M-R 8:30-11 Fri	Yes	(208) 733-5765
Twin Falls	Valley Vista Village	653 Rose Street N	7-5:30 M-F	Yes	(208) 733-3500
Wendell	Autumn Lane Apts	105 1st Ave E	9-4 M & R or 1-4 Weds	Yes	(208) 536-2730

Low-Income Housing

City	Complex Name	Address	Office Hours	Pets Possible	Phone
Buhl	Meadow Brook Apts	315 Clear Lakes Rd	1-5 M-F	Yes	(208) 543-8833
Burley	Sawtooth Village	1220 E 16th Street	8-5 M-F	Yes	(208) 678-9429
Fairfield	D&G Apartments	228 W Menard Ave	9-5 M-F	Yes	(208) 764-2534
Filer	Casa Grande	409 Hwy 30	8-5 M-F	Yes	(208) 326-4053
Gooding	Evergreen Village Apts	2150 Main Street	8-5 M-F	Yes	(208) 934-8141
Gooding	Parkview Court	337 2nd Ave	9-5 M-F	Yes	(208) 934-8050
Hailey	Sunnyside Apts I	620 Willow Drive	8-4:30 M-F	Yes	(208) 788-9021
Hailey	Snow Mountain Apts	2011 Woodside Blvd	7-5:30 M-R	Yes	(208) 788-2395
Hailey	Sunnyside Apts II	1661 Woodside Blvd	8-4:30 M-F	Yes	(208) 788-9021
Hailey	Baldy View Apartments I	1771 Woodside Blve	8-5 M-F	Yes	(208) 788-5737
Hailey	Baldy View Apartments II	731 Red Ash Drive	8-5 M-F	Yes	(208) 788-5737
Hailey	Tanglewood Apts	2781 Winterhaven Drive	8-12 M-F	Yes	(208) 578-7820
Hailey	Valley View Apts	800 2nd Ave N	10-11am M-F	Yes	(208) 788-3883
Jerome	Prestwick Apartments	1285 S Lincoln	9-5 M-F	Yes	(208) 324-0572
Jerome	Windwood	921 Davis Street	8-5 MWF	Yes	(208) 324-4929
Richfield	Sawtooth Lodges	285 W Kootnai Ave	9-5 M-F	Yes	(208) 544-2424
Rupert	Colonial Townhouse Apts	1724 D Street	9-12 M-F	Yes	(208) 436-0249
Rupert	Valley Park Apts	309 Pashermakay Ct	9-5 M-F	Yes	(208) 436-5882
Shoshone	Riverside Estates	504 E 5th Street	9-5 M-F	Yes	(208) 544-2424
Twin Falls	Honey Locust Apts	797 Honey Locust Lane	9-5 M-R or 9-12 F	Yes	(208) 734-4334
Twin Falls	Carriage Lane Apts	2510 Whispering Pine Dr	7:30-2:30 MTRF or 11-6 W	Yes	(208) 735-2111
Twin Falls	Cherrywood Apts	2026 Elizabeth Blvd	9-5 MW or 1-5 W	Yes	(208) 734-7421
Twin Falls	South Meadows Apts	475 Caswell Ave W	8-3 M-F	Yes	(208) 734-7237
Twin Falls	Twin Falls Housing	200 N Elm Street	8:30-4 M-R 8:30-11 Fri	Yes	(208) 733-5765
Twin Falls	Fawnbrook Apts	647 Fawnbrook Ave	9-5 M-F	Yes	(208) 734-1600
Twin Falls	Heritage Apartments	100 N Fillmore	8:30-4 M-R 8:30-11 Fri	Yes	(208) 733-5765
Twin Falls	Elizabeth Courts	1940 Elizabeth Blvd	8:30-4 M-R 8:30-11 Fri	Yes	(208) 733-5765
Twin Falls	Terry Courts	240 N Maurice	8:30-4 M-R 8:30-11 Fri	Yes	(208) 733-5765
Twin Falls	Washington Courts	200 N Elm Street	8:30-4 M-R 8:30-11 Fri	Yes	(208) 733-5765
Twin Falls	Washington Park Apts	1354 S Washington	8-5 M-F	No Pets	(208) 544-2430
Twin Falls	Willswood Apartments	534 Harrison Street	9-5 T&R or 1-5 F	Yes	(208) 544-2431

ATTACHMENT Q

APPEALS PROCESS FOR DENIAL AND TERMINATION

CSI Office on Aging Policy: Appeals and Fair Hearing Process

Clients and/or their representatives have the right to appeal denial and/or termination of a service as determined by the CSI Office on Aging. Allowable reasons for denial or termination of services are found in the Idaho Administrative Code (IDAPA 15.01.027 and 028.)

The process for clients to appeal decisions made by the CSI Office on Aging is as follows:

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.

Sample Letter for Denial of Service:
Date

315 Falls Ave
PO Box 1238
Twin Falls, ID 83303-1238

Name
Address

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.

PSA IV - College of Southern Idaho
315 Falls Ave
PO Box 1238
Twin Falls, ID, 83303-1238
208-736-2122

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

Sample Letter for Termination of Service:

Date

PSA IV - College of Southern Idaho
315 Falls Ave
PO Box 1238
Twin Falls, ID 83303-1238

Name
Address

Dear Applicant,

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

If you disagree with this decision, please submit a written appeal's letter to the AAA Director requesting reconsideration within 30 days of receiving the denial notification. The AAA Director will review the appeal and all related documentation and make a decision within 10 business days of receiving the letter.

If the dispute remains unresolved, you may file your appeal with the Idaho Commission on Aging (ICOA) within 30 days following the AAA Director's decision. ICOA will establish a complaint file containing all participant case information: the appeals statement, chronological log of events, relevant correspondence, and a record of the resolution attempted. Depending on the nature of the complaint, the ICOA Administrator will render a final determination.

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315 Falls Ave PO Box 1238 Twin Falls , ID, 83303-1238
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COLLEGE OF
SOUTHERN
IDAHO

Area IV Agency on Aging Community Needs Assessment

We appreciate your responses to the following questions so we can best determine how to allocate funding for services to help seniors in the eight counties of South Central Idaho.

1. What city and county do you live in?

   City _____ County _____

2. What is your gender? Male _____   Female _____

3. What is your age? _____

4. Are you a veteran? Yes _____ No _____

5. Are you the spouse of a veteran? Yes _____ No _____

6. Are you: (Please circle one)
   a. Widowed
   b. Divorced
   c. Single
   d. Married

7. Is your income: (Please check one.)
   Below $990 per month   _____

   Between $991 and $1,237 per month   _____

   Between $1,238 and $1,485 per month   _____

   Over $1,485 per month   _____

8. How many people, including yourself, live in your household? _____

9. Who lives with you? (Check all that apply)

_____ Spouse (wife/husband)   _____ Other relative(s)

_____ Significant other   _____ Unrelated adults/friends

_____ At least one child   _____ Grandchildren/Great-grandchildren

_____ Child(ren) and his/her/their family   _____ Parents

_____ Other_____

10. Are you retired?   Yes _____   No _____

11. Do you have ongoing, adequate access to food?   Yes _____   No _____

12. Do you or someone in your household need help with any of the following activities?
    (mark all that apply)

___ Personal care such as bathing, dressing, toileting

___ Transportation

___ Housekeeping

___ Meal Preparation

___ Shopping

___ Emotional Support

___ Financial Assistance (do not have enough money to pay for the necessities)

___ Money Management (unable to decide what to pay or need help writing checks)

___ Companionship

___ Chore or yard care

___ Medicare, Medicaid, or other Insurance issues

___ Assistance with medications

___ Legal assistance

___ Dental, Vision or Hearing

___ Housing

___ Other _____

13. If you or someone in your household need help with any of the above activities that you currently DO NOT receive help with, is it because: (Mark all that apply)

____ I do not know what is available in our community

____ I do not have family, friends, neighbors, or church support available

____ I do not want to ask for help

____ I am afraid to ask for help because someone may say I should be in a facility

____ I do not have enough money to pay for help

____ I do not want to pay for help

____ The help I need is not available in our area.

    Please explain: _____

____ Other _____

14. If you needed assistance, is there someone you could call for help?

____ No   ____ Yes, a family member
            ____ Yes, a friend or neighbor
            ____ Yes, other

15. Do you provide unpaid care for one or more family members or friends on a regular basis?

Yes _____   No _____

16. Whom do you provide care for and about how many hours per week do you spend providing care for this person or these persons? (Please list relationship and # of hours below)

17. Do you have a family member whose behavior is not being managed well at home?

Yes _____   No _____

18. What kinds of help could you use more of in your caregiving role? (check all that apply)

___ Organized support group

___ Formal advice or emotional support (from a therapist, counselor, psychologist, psychiatrist or

primary care physician) on issues such as caring for grandchildren and other caregiving issues

___ Services such as respite (a temporary break from caregiving)

___ Communication tips for people with reduced mental function (i.e. dementia,

Alzheimer's)

___ Physical care information (lifting, diapering, transporting, cleaning)

___ Equipment (such as assistive devices, ramps, rails, etc.)

___ Home Modifications for safety (wheelchair ramp, grab bars, railings, etc.)

___ Medication Management

19. How do you find out about community activities, events, and resources? (Mark all that apply)

___ TV News

___ TV Advertisements

___ Newspaper

___ Radio

___ Internet

___ Senior Publications

___ Family, Friends, Neighbors, Church

___ Other _____

20. For most of your trips, how do you travel? (select one)

___ Drive myself

___ Ride with a family member or friend

___ Walk

___ Use a volunteer service or program

___ Take a taxi, van, minibus

___ Not Applicable – never leave the house

21. How often has it been difficult for you to arrange transportation for each of the following activities?

	Frequently	Sometimes	Never
a. Medical trips	_____	_____	_____
b. Shopping	_____	_____	_____
c. Personal errands	_____	_____	_____
d. Recreational or social trips	_____	_____	_____

22. When you have trouble getting the transportation you need, what would you say are the reasons? (check all that apply)

___ I have to rely on others

___ Weather

___ Not available when I need to go

___ Car doesn't work/problems with vehicle

___ Transportation does not go where I need to go

___ Can't afford it

___ Don't know who to call

___ Disability or health related reasons

___ Not available in my community

___ Too far/ Distance related

___ Have trouble getting around without someone to help

___ Other _____

23. Do you use a computer at home? Yes _____   No _____

24. Do you send and receive email?   Yes _____   No _____

25. Do you search the internet for information? Yes _____   No _____

26. Do you go to your local Senior Center for meals or activities?

Yes _____   No _____

27. If so, what do you like about the Senior Center?

28. If you do not go to the local Senior Center, why not?

29. Other comments you would like to make:

CSI Office on Aging
2016 Needs Assessment Results

Number of Respondents		489			
	Gender		Blank	1	0.20%
			Female	335	68.51%
			Male	153	31.29%
	Veterans		Veteran	92	18.81%
			Spouse	147	30.06%
	Average Age			73.91	
	Median Age			76	
	Marital Status		Married	199	40.70%
			Divorced	71	14.52%
			Single	43	8.79%
			Widowed	173	35.38%
			Blank	3	0.61%
Income	Income per month		Below $990	92	18.81%
			Between $991 and $1,237	96	19.63%
			Between $1,238 and $1,485	70	14.31%
			Over $1,485	216	44.17%
			Blanks	15	3.07%
Living Arrangements	# in Household		Average	1.75	
	Lives Alone			228	46.63%
	Spouse			188	38.45%
	Significant other			14	2.86%
	At least one child			45	9.20%
	Child and family			18	3.68%
	Other relatives			12	2.45%
	Unrelated adults/friends			5	1.02%
	Grandchildren/Great-grandchildren			12	2.45%

	Parents			13	2.66%
	Other (Specify)		pets	5	1.02%
	Retired			408	83.44%
	Adequate Access to Food			442	90.39%
Needs Help with:	Personal care			32	6.54%
	Transportation			75	15.34%
	Housekeeping			98	20.04%
	Meal Preparation			56	11.45%
	Shopping			70	14.31%
	Emotional Support			65	13.29%
	Financial Assistance			27	5.52%
	Money Management			23	4.70%
	Companionship			46	9.41%
	Chore or yard care			132	26.99%
	Insurance issues			52	10.63%
	Assist with medications			30	6.13%
	Legal assistance			22	4.50%
	Dental, Vision or Hearing			100	20.45%
	Housing			14	2.86%
	Other - Specify		Alzheimer's Care	1	
			Guardian to Disabled husband	1	
			New roof to stay dry	1	
			medical alert device	1	
			My son has a TBI	1	
			Not yet but would like information on resources	1	
			Respite care	1	
If need help and don't have help, is it because:	Don't know what is available			50	10.22%
	Don't have support available			18	3.68%
	Don't want to ask for help			35	7.16%
	Afraid to ask may say should be in facility			15	3.07%
	Not enough money to pay			41	8.38%

	Don't want to pay for help			10	2.04%
	Help needed Not available - explain			0	0.00%
	Other - specify	Don't need help			
Someone to call for help?	Yes, a family member			342	69.94%
	Yes, a friend or neighbor			153	31.29%
	Yes, other			48	9.82%
	No			68	13.91%
	Are you an unpaid caregiver?			69	14.11%
	Family member behavior not managed well			14	2.86%
Help needed in Caregiver	Organized support group	Of those identifying as caregiver		17	24.64%
role	Advice or emotional support			19	27.54%
	Respite			27	39.13%
	Communication tips			41	59.42%
	Physical care			19	27.54%
	Equipment			16	23.19%
	Home Modifications			20	28.99%
	Medication Management			8	11.59%
	Other			0	
How do you find out about community events, resources	TV News			256	52.35%
	TV Ads			125	25.56%
	Newspaper			259	52.97%
	Radio			85	17.38%
	Internet			93	19.02%
	Senior Publications			163	33.33%
	Family, Friends, Neighbors, Church			274	56.03%
	Other Specify			0	0.00%
For most trips, how do you travel?	Drive myself			348	71.17%

	Ride with a family member or friend			144	29.45%
	Walk			29	5.93%
	Use a volunteer service			4	0.82%
	Take a taxi, van, minibus			13	2.66%
	Never leave the house			2	0.41%
How often is it difficult to arrange transportation?	Medical trips			51	10.43%
	Shopping			33	6.75%
	Personal errands			33	6.75%
	Recreational or social trips			32	6.54%
When have trouble arranging transportation, what are the reasons?	Rely on others			66	13.50%
	Weather			45	9.20%
	Not available when I need to go			27	5.52%
	Problems with vehicle			27	5.52%
	Doesn't go where I need			11	2.25%
	Can't afford it			24	4.91%
	Don't know who to call			18	3.68%
	Disability or health related reasons			26	5.32%
	Not available			10	2.04%
	Distance related			22	4.50%
	Need someone to help			26	5.32%
	Other - Specify				
	Use a computer at home?		Yes	267	54.60%
	Use email?		Yes	248	50.72%
	Search the internet?		Yes	233	47.65%
	Go to Senior Center?		Yes	324	66.26%