

Area Agency on Aging V
Planning and Service Area V
Southeast Idaho Council of Governments

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 V, the Area Agency on Aging V 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

Southeast Idaho Council of Governments
David Doran-Executive Director

Signature: 

Date: 10-11-2017

AREA V ADVISORY COUNCIL CHAIRPERSON-Interim

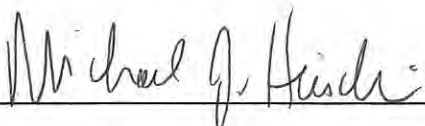
Lucetta Holt

Signature: 

Date: 9-28-17

AREA AGENCY ON AGING

Area Agency on Aging V
Michael Hirschi-Director

Signature: 

Date: 10-11-2017

Table of Contents

Executive Summary:	Page 1
Summary of Planning Process:	Page 3
Focus Area A: Older Americans Act (OAA) Core Programs:	
1. Transportation	Page 9
2. Outreach	Page 10
3. Information and Assistance	Page 12
4. Case Management	Page 13
5. Homemaker	Page 14
6. Chore	Page 17
7. Minor Home Modification	Page 18
8. Legal Assistance	Page 19
9. Congregate Meals	Page 21
10. Home Delivered Meals	Page 23
11. Disease Prevention and Health Promotions	Page 25
12. National Family Caregiver Support Program	Page 27
Focus Area B: Older Americans Act (OAA) Discretionary Programs:	
1. Senior Medicare Patrol (SMP)	Page 30
2. Medicare Improvements for Patients and Providers Act (MIPPA)	Page 31
Focus Area C: Older Americans Act (OAA)	
Participant-Directed/Person-Centered Planning:	Page 33
Focus Area D: Elder Justice:	
1. Ombudsman	Page 34
2. State Adult Protection	Page 36
Attachments:	
Attachment A: Area Agency on Aging Plan Assurance and Required Activities	Page 38
Attachment B: FY2016 State Plan Intrastate Funding Formula (IFF)	Page 70
Attachment C: Budget Parameters	Page 72
Attachment D: Area Agency on Aging Organizational Chart	Page 74
Attachment E: Sliding Fee Scale	Page 75
Attachment F: Poverty Guidelines	Page 76
Attachment G: Area Plan Steering Committee	Page 77
Attachment H: Advisory Council Profile	Page 78
Attachment I: Area Plan Development Schedule	Page 82
Attachment J: Comments received on Area Plan	Page 83

Attachments Continued:

Attachment K: Idaho State University Statewide Needs Assessment	Page	90
Attachment L: Civil Rights	Page	136
Attachment M: Planning and Service Area Demographics	Page	143
Attachment N: AAA Disaster and Emergency Preparedness Plan	Page	150
Attachment N1: Emergency Plan Checklist	Page	160
Attachment O: Appeals Notification for denial and termination of service	Page	170

Other Attachments:

Attachment P: Need to plan in advance for long-term care	Page	173
Attachment Q: List of Public and Private Long-term Care Programs, Options, Service Providers and Resources	Page	175
Attachment R: Area V Agency on Aging Community Needs Assessment	Page	178

Executive Summary:

Every four years, with annual updates thereafter, the Area Agency on Aging V (AAA) submits an Area Plan to the Idaho Commission on Aging (ICOA) for approval. This Area Plan is required to continue to receive federal and state funding allocations through ICOA. The Area Plan establishes a “Single Access Point” for all consumers to access aging and disability resources and services available to Idahoans over the age of 60, their families, and vulnerable adults aged 18 and older living in the seven counties of Planning and Service Area (PSA) V: Bannock, Bear Lake, Bingham, Caribou, Franklin, Power and Oneida counties. It provides opportunities for individuals to choose between private and public pay, long-term care services and other resources.

In developing the Area Plan, the AAA utilized ICOA’s statewide goals and objectives approved by the Administration for Community Living (ACL). The Area V Plan serves as a road map for the AAA in its Planning and Service Area (PSA). Area plans must include measurable objectives that address all of the focus areas, A-D, below. In developing objectives, consider the role these areas serve in optimizing the state’s long-term services and supports system (LTSS) for older adults and their caregivers.

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

The seven counties of southeast Idaho encompass 9,491 square miles and is comprised of a diverse landscape of mountain ranges, foothills, lava fields, ranches, irrigated farms, and small cities. The region is part of two major watersheds. The southern portion in Bear Lake, Franklin, Oneida, and Caribou counties is drained by the Bear River which enters Idaho heading north, but loops around the Bear River Range and leaves the state flowing south toward the Great Salt Lake. The Malad River which drains much of Oneida County is a tributary of the Bear River. The northern part of the region which includes Bannock, Bingham, Power, and part of Caribou counties, is in the Snake River watershed. The Snake flows west into the Columbia River and the Pacific Ocean.

The landscape of the Bear River watershed is composed of alternating, northwest-southeast trending mountains and valleys. Most of its mountainous grazing lands are in the Caribou National Forest. Foothill areas are used for grazing and dry land grain farming. The valley floors are irrigated where water is available. The Snake River watershed has a more varied landscape. The Portneuf and Blackfoot Rivers and smaller tributaries flow north and west toward the Snake River from mountainous divides with the Bear River watershed. The landscapes drained by these tributaries are similar to those on the south side of the divide, but the northwestern part of the region, in Bannock, Bingham, and Power counties, is on the relatively level Snake River Plain, where extensive irrigated croplands are interspersed with lava fields, and the horizon is punctuated by occasional volcanic buttes.

The economy of southeast Idaho reflects its landscape. The counties in the Bear River watershed, Bear Lake, Franklin, and Oneida, are predominantly agricultural. None has less than 25 percent of its total employment in agriculture and all have strong trade ties with Northern Utah. Caribou County, which is divided between the watersheds, also occupies an intermediate position in the regional economy. It has significant agricultural employment and an industrial base in phosphate mining and processing. The northwestern counties of Area V ~ Bannock, Bingham, and Power, have more cropland and food processing area used than the area used by the major industrial employers. The Chubbuck-Pocatello urban area is the trade center of Bannock, Caribou, and Power counties and much of Bingham County. The northern parts of Bingham County area are included in the Idaho Falls trade area.

Public ownership of land is predominant in the area with approximately 37 percent of the land administered by the Federal government. Agencies involved include the Bureau of Land Management (BLM), U.S. Forest Service, the Bureau of Reclamation, and the Department of Energy (DOE/Idaho National Engineering and Environmental laboratory). The State of Idaho owns roughly 6.5 percent of the area’s land. Another portion of land is held in trust for the Shoshone-Bannock Tribes and the Fort Hall Reservation.

Area V’s Population 2016: (Idaho Department of Health and Welfare-Vital Records and Health Statistics-2015) (Published December 2016)

	<u>Total Population</u>	<u>Aging Population (60+)</u>
Bannock County	84,377	15,840
Bear Lake County	5,945	1,608
Bingham County	45,201	8,449
Caribou County	6,887	1,602
Franklin County	13,406	2,456
Oneida County	4,343	1,109
Power County	7,654	1,546

AAA Vision

To safeguard the independence of elderly in southeast Idaho and provide them with a choice of services for their long-term needs.

AAA Mission

To provide the growing aging and disabled adult populations and their caregivers with access to a system of services with options that promotes well-being and independence and embodies the values of dignity and choice.

AAA Funding

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

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

Summary of Planning Process:

In developing the Area Plan, the AAA utilized ICOA's statewide goals and objectives approved by the Administration for Community Living (ACL). The Area V Plan serves as a road map for the AAA in its Planning and Service Area (PSA). Area plans must include measurable objectives that address all of the focus areas, A-D, below. In developing objectives, consider the role these areas serve in optimizing the state's long-term services and supports system (LTSS) for older adults and their caregivers.

The Area Agency on Aging V coordinated and collaborated with ICOA, consumers, caregivers and other stakeholders to develop assessments, reports and statewide plans. Each of these planning activities involved stakeholder, consumer and public input. Additional involvement included the development of an Area Agency on Aging 4 Year Plan Steering Committee (Attachment G), input and approval from the AAA V Aging Advisory Council (Attachment H), and public meetings held around our seven county region. The Area plan was available online or at the AAA V offices from May 24, 2017-June 15, 2017 to provide an opportunity for the general public and other interested parties to review and comment on in preparation by AAA V's submission for approval to the Idaho Commission on Aging. The comments received are provided in Attachment J.

This section summarizes issues identified and provides a reference to the four areas identified in the State Plan along with the corresponding Objectives. This data is primarily derived from assessments that were coordinated by ICOA and outlined in the Senior Services State Plan for Idaho 10/1/2016-9/30/2020.

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

1. **Caregiver Needs & Respite Capacity Report (Final Report, December 2014)**: In 2014 the Idaho Caregiver Alliance conducted a statewide assessment to describe the demographic characteristics and needs of primary caregivers and identify available respite services. The caregiver survey was completed by 261 individuals.
 - **Identified issues:**
 - 69.5% of respondents did not know where to find respite services and 57.7% indicated they would need assistance with making arrangements for respite. **Focus Areas: A.** Objectives 3. Information and Assistance (I&A), and 12. National Family Caregiver Support Program (NFCSP). **Area B.** Objective 2. The Aging and Disability Resource Center (ADRC).
 - Caregivers are not empowered to make informed decisions about providers and the type of services needed. **Focus Areas: A.** Objectives 3. I&A, and 12. NFCSP. **Area B.** Objective 2. ADRC. **Area C.** Objective 1. Person Centered Planning.
 - Access points for information and services are needed. **Focus Area: A.** Objectives 3. I&A, 12. NFCSP and **Area B.** Objective 2. ADRC.
 - Many caregivers in Idaho are full-time or part-time employees, but employers and policies don't support caregivers needs. **Focus Area: B.** Objective 2. ADRC
 - Previous respite use did not meet the needs of most caregivers. **Focus Areas: A.** Objective 12. NFCSP, **Area B.** Objective 2. ADRC and **Area C.** Objective 1. Person Centered Planning.

2. **Aging and Disability Resource Center (ADRC) No Wrong Door (NWD) Assessment (Final Report, April 2015)**: This report presents the findings from a two-part needs assessment of Idaho's system of long-term services and supports. The first part gathered feedback from stakeholders. The second part surveyed 2,605 individuals over 60 and between the age of 18 and 60 with disabilities.
 - **Identified Issues:**
 - Long-term services and supports information was not reaching the people who needed it. **Focus Areas: A.** Objective 12. NFCSP, **Area B.** Objective 2. ADRC.
 - Senior Centers are not being used as information hubs to the extent possible. **Focus Areas: A.** Objectives 2. Outreach and 11. Disease Prevention and Health Promotions, **Area B.** Objective 1. Senior Medicare Patrol (SMP).
 - Organizations operate in silos. **Focus Area: B.** Objective 2. ADRC.
 - ADRC is an unfinished product. **Focus Area: B.** Objective 2. ADRC.
 - The pressure on the long-term care system will continue to grow. **Focus Area: B.** Objective 2. ADRC.
 - The transformation of practice within the primary care system includes the prospect of enhancing the health care community's awareness and understanding of person-centered counseling practice. It also provides the possibility of creating linkages at the regional and local level among public health districts, behavioral health boards, long-term service providers, AAAs, CILs, and others. **Focus Areas: B.** Objective 2. ADRC, **Area C.** Objective 1. Participating-Directed/Person-Centered Planning.

- Streamlining access to care requires collaboration and innovation. **Focus Areas: A.** Objective 3. I&A, and **Area B.** Objective 2. ADRC.
- Increased need for public outreach, coordinated applications for service, staff training, and service plan management (including quality assurance) **Focus Areas: A.** Objectives 2. Outreach, **Area B.** Objective 2. ADRC.
- People are open and interested in the ADRC, but know there are costs, benefits and challenges to change the existing system, so there needs to be a clear direction. **Focus Area: B.** Objective 2. ADRC.

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

- **Identified Issues:**

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

Administration for Community Living. **Focus Area: D.** Objectives 1. Legal Service Developer and 3. Elder Rights.

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

- **Identified Issues:**

- Need to equip and expand a network of individuals who assist family caregivers to understand, access, and arrange complex services. **Focus Areas: A.** Objectives 2. Outreach, 12. NFCSP, **Area B.** Objective 2. ADRC and **Area C:** Objective 1. Person Centered Planning.
- Provide access to training for caregivers on fundamental care responsibilities and self-care strategies. **Focus Areas: A.** Objective 12. NFCSP, and **Area C.** Objective 1. Person Centered Planning.
- Increase public awareness about caregiving including helping people identify as caregivers. **Focus Area: A.** Objectives 2. Outreach and 12. NFCSP.
- Influence health care providers to recognize family caregivers as integral members of the health care team. **Focus Areas: A.** Objective 12. NFCSP, **Area B.** Objective 2. ADRC.
- Build community resources within the medical-health neighborhood to support those in a family caregiver role, through the State Health Innovation Plan (SHIP). **Focus Areas: A.** Objective 12. NFCSP, **Area B.** Objective 2. ADRC.
- Integrate the needs and contributions of unpaid family caregivers in other system transformation efforts. **Focus Areas: A.** Objective 12. NFCSP, **Area B.** Objective 2. ADRC.

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

- **Identified Issues:**

- The top three current needs most often identified were Information and Assistance (61%), Disease Prevention & Health Promotion Programs (37%), and Transportation (34%). **Focus Areas: A.** Objectives 1. Transportation, 3. I&A, and 11. Disease Prevention & Health Promotions, **Area B.** Objective 2. ADRC.

- When asked about specific long-term care services and supports, the need identified was formal Chore services (11%), Disease Prevention & Health Promotion (10%) and Legal Assistance (8%). **Focus Area: A.** Objectives 6. Chore, 8. Legal Assistance and, 11. Disease Prevention & Health Promotions.
- Respondents had the most problems, both major and minor, with home maintenance (52%), housework (42%), and finding information about services (39%). Feeling lonely, sad, or isolated was also a problem for more than a third of respondents (37%). **Focus Areas: A.** Objectives 2. Outreach, 3. I&A, 6. Chore, 7. Minor Home Modification, **Area B.** Objective 2. ADRC.
- For future needs, Information & Assistance (I&A) (46%), Transportation (46%) and Home Delivered Meals (34%) were identified as most needed.
- 47% of respondents were not aware of services provided by the listed agencies and organizations. **Focus Areas: A.** Objectives 2. Outreach, 3. I&A, **Area B:** Objective 2. ADRC.

6. **Combined Workforce Investment Opportunity Act (WIOA) State Plan incorporated ICOA's Senior Community Services Employment Program (SCSEP) (Submitted to Employment and Training Administration (ETA) March 2016):** The Senior Community Service Employment Program (SCSEP) provides unemployed, low income, individuals 55 and older with part-time, work-based training opportunities. The SCSEP State Plan was submitted as part of the Idaho Department of Labor's Workforce Innovation and Opportunity Act Combined State Plan. Public Comment period closed on February 19, 2016.

- **Identified Issues:**

- Need MOU with one-stop partners outlining roles and responsibilities. **Focus Areas: A.** Objectives 2. Outreach and 3. I&A, **Area B.** Objective 2. ADRC, and 4. SCSEP.
- Coordinate employment resource sharing between SCSEP contractor, and the Centers for Independent Living with the Area Agencies on Aging's Information and Assistance service. **Focus Areas: A.** Objectives 2. Outreach and 3. I&A, **Area B.** Objective 2. ADRC. 4. SCSEP.
- Need for "On the Job Experience" policy to provide private entities an opportunity to participate in the program. **Focus Area: B.** Objective 4. SCSEP.
- Ensure rural and urban counties are served equitably. **Focus Area: B.** Objective 4. SCSEP.

7. **Area Agency on Aging V community needs assessment (January-March 2017):** The overall goal of initiating the community needs assessment was to enhance the information gathered from the **Idaho State University Needs Assessment** with specific emphasis on the current and future long-term care needs of the aging population living in Southeast Idaho. Distribution of the survey was based on target population demographics (greatest economic and social needs, rural). There were 529 respondents across Planning and Service Area V's

seven counties. The Area Agency on Aging staff distributed the survey to our community senior centers in all 7 counties as well as SEICAA/MOW which provides Home Delivered Meal services only. Additionally, the Aging staff relied on our partners to help spread the word about the community needs assessment including sharing the web link that hosted the survey on-line. The link to the needs assessment was posted on post cards as well as emailed out to our community partners that we collaborate with.

	Respondents	% of Total
Paper Form	470	89%
Online	59	11%
Total	529	100%

- **Identified Issues:**

- The top three current needs most often identified by respondents were housekeeping (24%), dental (21%) and chore or yard care (20%). **Focus Area A:** Objective 5: Homemaker, Objective 6: Chore, Objective 11: Disease Prevention and Health Promotion.
- 34% of respondents indicated they did not need any assistance. **Focus Area A:** Objective 5: Homemaker, Objective 6: Chore, Objective 11: Disease Prevention and Health Promotion.
- 19% of respondents reported that they have difficulty arranging transportation for their medical trips. **Focus Area A:** Objective 1: Transportation.
- 18% of respondents indicated that they have difficulty arranging transportation for their shopping needs. **Focus Area A:** Objective 1: Transportation.
- 57% of respondents to the survey reported they use a computer at home and 53% of respondents use the internet at home to search for information. **Focus Area C:** Objective 1: Participant-Directed/Person Centered Planning.
- 15% of respondents indicated that they are un-paid caregivers for a loved one. **Focus Area A:** Objective 12: National Family Caregiver Support Program (NFCSP).
- The top three needs identified by those reporting they are un-paid caregivers were formal advice or emotional support, Respite Care and Home Modifications. **Focus Area A:** Objective 12: National Family Caregiver Support Program (NFCSP), Objective 7: Minor Home Modifications.

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 to otherwise promote independent living. The funds should be used in conjunction with local transportation service providers, public transportation agencies, and other local government agencies, that result in increased service provision. Services provided include transportation to and from: congregate meal sites, supportive services (health services, programs that promote physical and mental well-being and shopping) as well as community facilities and resources for the purpose of applying for and receiving services, (typically includes comprehensive counseling and legal assistance.)

Service Eligibility: Individual 60 years of age or older.

Service Implemented by:

- Pocatello Regional Transit, (208) 234-2287, 5815 S. 5th Avenue Pocatello, Idaho 83204, Monday–Friday, 8am–7pm; Saturday, 9am–5:30pm
- Shoshone-Bannock Tribes Public Transit, (208) 478-4069, Monday-Friday, 6:00AM-6:00PM

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$30,900	\$34,745	\$65,645
SFY 2017 (July 2016 – June 2017) Actual	\$21,765	\$42,230	\$63,995
SFY 2018 (July 2017 – June 2018) Budget	\$11,700	\$24,925	\$36,625
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Transportation Service Delivery Strategy: Identify best practices in conjunction with local transportation service providers, public transportation agencies and/or private, not-for-profit community organizations that result in an increase in service provision in South East Idaho.

Performance Measure:

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

Baseline:			
<u>State Fiscal Year (SFY)</u>	<u>Annual Boardings</u>	<u>Average Cost per Boarding</u>	<u>Consumer Satisfaction %</u>
SFY 2016 (July 2015 – June 2016) Actual	10,898	\$6.02	Not Available
SFY 2017 (July 2016 – June 2017) Actual	9,400	\$6.81	Not Available
SFY 2018 (July 2017 – June 2018) Actual			
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

Benchmark: Meet or exceed 80% consumer satisfaction levels for transportation services they utilize by implementing the POMP survey to measure consumer satisfaction with transportation services. Increase annual boardings by 2% annually.

B. Transportation Coordination Strategy: Collaborate with Pocatello Regional Transit and local partnerships to improve access to senior transportation information and resources in the rural counties of AAA V.

Performance Measure: Transportation information access points for the disabled and senior populations throughout Area V.

Baseline:	
<u>County</u>	<u>Transportation Access Point</u>
Bannock	Lava Hot Springs Senior Center, Senior Activity Center(Pocatello), Marsh Valley Senior Center
Bear Lake	Grace Thiel Community Center
Bingham	Bingham County Senior Center, Aberdeen Senior Center, Shelley Senior Center
Caribou	Caribou County Senior Center
Franklin	Franklin County Senior Center
Oneida	Oneida County Senior Center, Curlew Valley Senior Center
Power	Power County Senior Center

Benchmark: Increase, by 10% annually, the access points to transportation information through ADRC/No Wrong Door partners in each county located in our service area.

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

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

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

Service Implemented by:

- Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$0	\$0
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$0	\$0
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$11,575	\$11,575
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Outreach Service Delivery Strategy: In an effort to increase participation in each OAA core services, AAA V outreach activities will emphasize reaching 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).

Performance Measure: Outreach units will be measured for each OAA core service.

Baseline: Outreach units are not tracked by specific OAA service.

Benchmark: Target outreach to specific OAA core services based on performance data. Outreach efforts of AAA staff will show a direct impact to the targeted specific OAA service.

B. Outreach Coordination Strategy: The AAA will coordinate efforts with partners in our service area to increase ‘access to’ and ‘participation in’ OAA core services for the target populations. The targeted populations, that the AAA will meet or exceed the census % based on the % of the registered consumers for the core services are: (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).

Performance Measure: Increase in participation in OAA core services including nutrition, homemaker and national family caregiver support program including respite and support groups.

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>One-to-one Contacts</u>
SFY 2016 (July 2015 – June 2016) Actual	1,216
SFY 2017 (July 2016 – June 2017) Actual	1,298
SFY 2018 (July 2017 – June 2018) Actual	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark: Consumer participation in OAA core services of will increase in nutrition, homemaker and national family caregiver support program including respite and support group.

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

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

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

Service Implemented by:

- Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$110,162	\$110,162
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$88,210	\$88,210
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$82,314	\$82,314
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. I&A Service Delivery Strategy: Use data collection system to evaluate performance I&A staff service delivery. Assure that consumers receive the necessary services and supports within their communities emphasizing focus on those older individuals with the greatest social need; older individuals with the greatest economic need; and older individuals at risk for institutional placement.

Performance Measure:

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

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Total Annual Contacts</u>	<u>Average Cost per Contact</u>	<u>Allocated Number of I&A Staff</u>	<u>Average Monthly Contact per I&A Staff</u>
SFY 2016 (July 2015 – June 2016) Actual	2,113	\$52.14	2.5	70
SFY 2017 (July 2016 – June 2017) Actual	2,571	\$34.31	2.15	100
SFY 2018 (July 2017 – June 2018) Actual			1.68	
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Average cost per I & A contact will decrease; and the average number of annual contacts per FTE in the I & A department will increase.

B. I&A Coordination Strategy: Coordinate with local community partners to increase awareness of I&A services that are available to link older individuals to long-term care supports, services and opportunities that are available in our service area.

Performance Measure: Track local community partners that coordinate with the AAA.

Baseline: Number of local coordinating agencies/partners					
	SFY 2016 (July 2015-June 2016) Local Community Partners	SFY 2017 (July 2016-June 2017) Local Community Partners	SFY 2018 (July 2017-June 2018) Local Community Partners	SFY 2019 (July 2018-June 2019) Local Community Partners	SFY 2020 (July 2019-June 2020) Local Community Partners
Bannock	N/A	N/A			
Bear Lake	N/A	N/A			
Bingham	N/A	N/A			
Caribou	N/A	N/A			
Franklin	N/A	N/A			
Oneida	N/A	N/A			
Power	N/A	N/A			

Benchmark: Increase and maintain I&A partnerships in our service area.

4: Case Management Objective: To provide statewide access to Case Management service for older individuals who need an optimum package of long-term care services.																								
Service Description: Case Management funds are used for eligible older individuals and disabled adults, at the direction of the older individual or a family member of the older individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs. Activities of case management include: comprehensive assessment of the older individual; development and implementation of a service plan with the individual to mobilize formal and informal resources and services; coordination and monitoring of formal and informal service delivery; and periodic reassessment.																								
Service Eligibility: Individuals 60 years of age or older who cannot manage services on their own.																								
Service Implemented by: <ul style="list-style-type: none"> Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12 Life, Inc. 208-232-2747 640 Pershing, Suite A Pocatello, ID 83204, M-F 8-5 																								
Funding Source: (Actual expenditures for completed year and Budget for current year.)																								
<table border="1"> <thead> <tr> <th><u>State Fiscal Year (SFY)</u></th> <th><u>State</u></th> <th><u>Federal</u></th> <th><u>Total</u></th> </tr> </thead> <tbody> <tr> <td>SFY 2016 (July 2015 – June 2016) Actual</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>SFY 2017 (July 2016 – June 2017) Actual</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>SFY 2018 (July 2017 – June 2018) Budget</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>SFY 2019 (July 2018 – June 2019)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SFY 2020 (July 2019 – June 2020)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>	SFY 2016 (July 2015 – June 2016) Actual	\$0	\$0	\$0	SFY 2017 (July 2016 – June 2017) Actual	\$0	\$0	\$0	SFY 2018 (July 2017 – June 2018) Budget	\$0	\$0	\$0	SFY 2019 (July 2018 – June 2019)				SFY 2020 (July 2019 – June 2020)			
<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>																					
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$0	\$0																					
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$0	\$0																					
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$0	\$0																					
SFY 2019 (July 2018 – June 2019)																								
SFY 2020 (July 2019 – June 2020)																								
A. Case Management Service Delivery Strategy: Utilize AAA staff for those cased where no other Case Management service is available and an individual is unable to manage multiple services for his or her self. If Case Management is needed, cost and corresponding units of service will be accounted for under Case Management.																								
Performance Measure: <ul style="list-style-type: none"> Efficiencies = Cost per consumer, average cost per unit. Effectiveness = Total consumers, total costs, total unit hours. 																								

Baseline:				
<u>State Fiscal Year (SFY)</u>	<u>Total Unduplicated Clients Served</u>	<u>Average Cost per Client</u>	<u>Total Annual Units (hrs.)</u>	<u>Average cost per Unit (hr.)</u>
SFY 2016 (July 2015 – June 2016) Actual	0	N/A	0	N/A
SFY 2017 (July 2016 – June 2017) Actual	0	N/A	0	N/A
SFY 2018 (July 2017 – June 2018) Actual				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Account for Case Management costs and units provided by the AAA if Case Management service is provided.

B. Case Management Coordination Strategy: Coordinate a standardized referral protocol between case management providers who serve the following: dual eligible (care coordinators), veterans (care advisors), Health and Welfare families (navigators), facility residents (transition managers), people with disabilities (independent living specialists), and seniors who are unable to manage multiple services (AAAs).

Performance Measure: Standardized MOU that includes case management protocols.

Baseline: AAA MOUs with Life, Inc., Community Partners of Idaho, Veteran Service Officers, Idaho Department of Health and Welfare, Idaho Home Choice Program.

Benchmark: Referral protocol in place with each No Wrong Door partner.

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

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

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

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

Service Implemented by:

<u>Provider Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Service Hours</u>
Bear Lake Memorial Home Care	164 S. 5 th Montpelier ID 83254	(208) 847-4454	Monday—Friday 8:00-5:00
Care Connection of Idaho	215 N. 9 th St. Suite F Pocatello, ID 83201	(208) 240-5535	Monday—Thursday 8:00-2:00
Caring Hearts In-Home Care	2601 Poleline Road Pocatello, ID 83201	(208) 269-7150	Monday—Friday 8:00-5:00
Franklin County Medical Center Home Care	44 N. 100 East Preston, ID 83263	(208) 852-1937	Monday—Friday 8:00-5:00
Friends and Family Home Care	4922 Yellowstone Suite B PO Box 2706 Chubbuck, ID 83202	(208) 244-4136	Monday—Friday 8:00-5:00
Heartwork Connections Personal Care Services	1443 Parkway Drive Suite 2 Blackfoot, ID 83221	(208) 782-1088	Monday—Friday 8:00-5:00
Home Helpers	353 E. Lander St Pocatello, ID 83204	(208) 234-2380	Monday--Friday 8:00-5:00
Oneida County Hospital Home Care	150 N. 200 W Malad, ID 83252	(208) 766-5805	Monday—Friday 8:00-5:00
PCS Helping Hands	2785 Bannock Hwy Pocatello, ID 83204	(208) 232-2009	Monday—Thursday 8:00-4:00 Friday 8:00-12:00
Quality Home Care	258 McKinley Pocatello, ID 83201	(208) 235-4677	Monday—Thursday 9:00-4:00
Senior Care	28 S. 1100 E. Suite C American Fork, UT 84003	1-(801)-642-2665 1-(888)-571-6771	Monday—Friday 8:00-5:00

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$83,104	\$0	\$83,104
SFY 2017 (July 2016 – June 2017) Actual	\$125,368	\$0	\$125,368
SFY 2018 (July 2017 – June 2018) Budget	\$128,045	\$0	\$128,045
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

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

A. Homemaker Service Delivery Strategy: Standardize Homemaker services by utilizing data that shows the efficiency, effectiveness and quality.

Performance Measure:

- Efficiencies = Cost per consumer, average units per consumer.
- Effectiveness = Total consumers, total unit hours, total costs, and registered consumers by at risk factor.
- Quality=Consumer Satisfaction

Baseline:					
<u>State Fiscal Year (SFY)</u>	<u>Total Unduplicated Clients Served</u>	<u>Total Annual Units (hrs.)</u>	<u>Average cost per Unit (hr.)</u>	<u>Annual Units (hrs.) per Client</u>	<u>Annual Expense per Client</u>
SFY 2016 (July 2015 – June 2016) Actual	109	5,498	\$15	50	\$762.42
SFY 2017 (July 2016 – June 2017) Actual	133	8,454	\$15	64	\$942.61
SFY 2018 (July 2017 – June 2018) Actual					
SFY 2019 (July 2018 – June 2019)					
SFY 2020 (July 2019 – June 2020)					

Demographic Baseline:

<u>Homemaker State Fiscal Year (SFY)</u>	<u>Census Data: % of Population Living in Rural Areas</u>	<u>% of Registered Consumers living in Rural Areas</u>	<u>Census Data: % of Population in *Greatest Economic Need</u>	<u>% of Registered Consumers with Greatest Economic Need</u>	<u>Census Data: % of Population in **Greatest Social Need</u>	<u>% of Registered Consumers with Greatest Social Need</u>
SFY 2016 (July 2015 – June 2016)	15,748/29,842 =53%	39/109 =36%	1,416/29,842 =5%	19/109 =18%	5,432/29,842 =19%	83/109 =77%
SFY 2017 (July 2016 – June 2017)	15,748/29,842 =53%	50/133 =38%	1,416/29,842 =5%	32/133 =24%	5,432/29,842 =19%	99/133 =74%
SFY 2018 (July 2017 – June 2018)						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

*Greatest Economic Need: 65 or older living in Poverty

**Greatest Social Need: 65 or older living alone

Benchmark:

- Maintain a standardized number of units per consumer.
- Increase the number of total consumers by 5% per year.
- Maintain consumer satisfaction scores above 90%.

B. Homemaker Coordination Strategy: Establish standardized service units and cost-sharing parameters through coordination and collaboration with AAA V partners.

Performance Measure: Establish standard service unit and cost-sharing standards in coordination with ICOA.

Baseline:

- No standard service units.
- Current cost-share starts at 100% of poverty.

Benchmark:

- Implement ICOA approved service units.
- Implement ICOA approved cost-sharing standards.

6: Chore Objective: To expand chore services statewide.

Service Description: Chore funds are used to improve the client’s or older individual’s safety at home or to enhance the client’s use of existing facilities in the home. These objectives shall be accomplished by providing one-time or intermittent services to the client. Services can include 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:

- Consumer is encouraged to utilize informal supports such as family, friends and church members.
- Idaho Department of Health and Welfare, 1070 Hilina Pocatello, Id 83201, 1-(877)-456-1233, M-F 8-5.

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

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

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

A. Chore Service Delivery Strategy: Expand Chore Service to include use of informal supports.

Performance Measure:

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

Baseline:

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

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

Benchmark: The number of referrals to volunteer based chore organizations.

B. Chore Coordination Strategy: Coordinate with community partners to meet the need of chore services for consumers through volunteer groups.

Performance Measure: The number of identified volunteer based chore providers.

Baseline:

<u>SFY16: State Fiscal Year, July 1, 2015 – June 30, 2016</u>	<u>SFY17: State Fiscal Year, July 1, 2016 – June 30, 2017</u>	<u>SFY18: State Fiscal Year, July 1, 2017 – June 30, 2018</u>	<u>SFY19: State Fiscal Year, July 1, 2018 – June 30, 2019</u>	<u>SFY20: State Fiscal Year, July 1, 2019 – June 30, 2020</u>
Number=5	Number=5			
Justserve.org	Justserve.org			
Knights of Columbus	Knights of Columbus			
Boy Scouts	Boy Scouts			
Rotary club	Rotary club			
Elks club	Elks club			

Benchmark: Increase the number of volunteer chore providers by 1 annually.

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

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

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

Name	Contact Information	Area Served	Hours of Operation
US Dept. of Agriculture Rural Division	98 E. 800 N. Preston, ID 83263 (208) 852-0482 ext.116	Bear Lake, Caribou, & Franklin, Oneida	M-F 8-5
	725 Jensen Grove Dr. #1 Blackfoot, ID (208) 785-5840 ext.4	Bannock, Bingham, Power	M-F 8-5
SEICAA	825 E. Bridger Pocatello, ID (208) 233-7348	Bannock County	M-Th 7-5
	175 S. 300 E. Malad, ID (208) 766-2737	Oneida County	M-Th 7-5
	505 N. Oregon Trail American Falls, ID (208) 226-7330	Power County	M-Th 7-5
	206 S. Spruce Blackfoot, ID (208) 785-1583	Bingham County	M-Th 7-5
	159 E. 2nd S. Soda Springs, ID (208) 547-4257	Caribou County	M-Th 7-5
	680 4th N. Suite #3 Montpelier, ID (208) 847-1462	Bear Lake County	M-Th 7-5

SEICAA (Cont.)	16 S. 1st Street Preston, ID (208) 852-1515	Franklin County	M-Th 7-5
Neighbor Works	206 N. Arthur Pocatello, ID 83201 (208) 232-9468	Pocatello in Bannock County	M-F 8-5
Gateway Habitat for Humanity	P.O. Box 6156 Pocatello, ID 83205 Tel: (208) 233-9081	Pocatello in Bannock County	M-F 8-5

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

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

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

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

Performance Measure:

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

Baseline:

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

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

Benchmark: The number of referrals to volunteer based chore organizations.

B. Minor Home Modification Coordination Strategy: Coordinate with community partners to meet the need of minor home modifications.

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

Baseline:

- SEICAA
- Neighbor Works
- United States Department of Agriculture Rural Division (USDA)

Benchmark: Increase the number of minor home modification providers by 1 annually.

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

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

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

- **Idaho Legal Aid**, 150 S Arthur #203, Pocatello, ID 83204, (208) 233-0079, M-F 8:30-5
Service Counties: Bannock, Bear Lake, Caribou, Franklin, Oneida, and Power
- **Idaho Legal Aid**, 482 Constitution Way Ste. 101, Idaho Falls, ID 83402, (208) 524-3660, M-F 8:30-5
Service County: Bingham

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$5,194	\$5,194
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$5,005	\$5,005
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$5,250	\$5,250
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Legal Assistance Service Delivery Strategy: Track reported cases and analyze service delivery to maximize access to legal services.

Performance Measure:

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

<u>Older Americans Act Service Priority</u>	<u>SFY16 Cases</u>	<u>SFY17Cases</u>	<u>SFY18 Cases</u>	<u>SFY19 Cases</u>	<u>SFY20 Cases</u>
Income	4	5			
Health Care	9	3			
Long-term care	4	1			
Nutrition	0	0			
Housing	2	8			
Utilities	0	0			
Protective Services	1	0			
Defense of Guardianship	0	0			
Abuse	0	0			
Neglect	0	0			
Age Discrimination	0	0			
Total	20	27	0	0	0

Baseline:					
Older Americans Act Service Priority	SFY16 Hours	SFY17 Hours	SFY18 Hours	SFY19 Hours	SFY20 Hours
Income	22.5	40.4			
Health Care	26	5.8			
Long-term care	11.2	3.2			
Nutrition	0	0			
Housing	16.1	34.7			
Utilities	0	0			
Protective Services	0.2	0			
Defense of Guardianship	0	0			
Abuse	0	0			
Neglect	0	0			
Age Discrimination	0	0			
Total	74.20	71.5	0	0	0

Benchmark: Analyze billed service categories for service delivery compliance.

B. Legal Assistance Coordination Strategy: Educate AAA staff on the 11 priority areas to make referrals to Idaho Legal Aid.

Performance Measure: Legal Assistance Referrals by AAA staff.

Baseline: N/A.

Benchmark: First set baseline. Second, third and fourth years increase AAA staff referrals to Idaho Legal Aid by 3% annually.

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

Service Description: Congregate Meal program funds are used to prepare and serve meals in a congregate setting (mostly at Senior Centers) and 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, as well as promote socialization and the health and well-being of older individuals in Idaho. This service assists seniors to gain access to nutrition, disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

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

Service Implemented by:

Provider Name	Address	Phone Number	Service Hours
Aberdeen Senior Center	42 W. Washington St. Aberdeen, ID 83210	(208)-397-4349	8-5 Monday – Friday
Grace Thiel Community Center (Bear Lake County Senior Center)	300 Hospital Plaza Montpelier, ID 83254	(208)-847-3141	9-2 Tuesday – Friday
Bingham County Senior Center	20 E. Pacific St. P.O. Box 849 Blackfoot, ID 83221	(208)-785-4714	8-4 Monday—Friday
Caribou County Senior Center	60 S. Main St. Soda Springs, ID 83276	(208)-547-3007	8-4 Mon, Wednesday & Friday

Curlew Valley Senior Center	10808 S. 2300 W. Stone, ID 83280	(208)-698-3585	7:30-4:30 Monday – Thursday
Franklin County Senior Center	64 W. 1 st S. Preston, ID 83263	(208)-852-2844	7-2:30 Monday, Wednesday & Friday
Senior Activity Center	427 N. 6 th Ave Pocatello, ID 83201	(208)-233-1212	8-5 Monday – Friday
Lava Hot Springs Senior Center	150 N. Center St. P.O. Box 46 Lava Hot Springs, ID 83246	(208)-776-5569	8-2 Monday, Wednesday & Friday
Marsh Valley Senior Center	21 S. Main St. P.O. Box 60 Downey, ID 83234	(208)-897-5351	7-3 Monday – Thursday
Oneida County Senior Center	26 N. Main St P.O. Box 214 Malad, ID 83252	(208)-766-2250	8-3 Wednesday & Friday
Power County Senior Center	180 Idaho St American Falls, ID 83211	(208)-226-2794	8-2 Monday, Wednesday & Friday
Shelley Senior Center	193 W. Pine St P.O. Box 393 Shelley, ID 83274	(208)-357-3621	9-2:30 Tuesday –Friday

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$208,124	\$208,124
SFY 2017 (July 2016 – June 2017) Actual	\$32,556	\$170,506	\$203,062
SFY 2018 (July 2017 – June 2018) Budget	\$40,455	\$177,121	\$217,576
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Congregate Meal Service Delivery Strategy: Implementing best practices to increase participation at meal sites, to aid in reducing hunger, and promote socialization as well as health and well-being.

Performance Measure:

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

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Total Unduplicated Clients Served</u>	<u>Total Congregate Meals</u>	<u>*Average cost per Congregate Meal</u>	<u>AAA Contracted Meal Reimbursement Rate</u>
SFY 2016 (July 2015 – June 2016) Actual	1,768	66,168	\$3.15	\$3.00
SFY 2017 (July 2016 – June 2017) Actual	1,906	63,495	\$3.20	\$3.00
SFY 2018 (July 2017 – June 2018) Actual				\$3.00
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

*Cost includes AAA wages, nutritionist and provider reimbursement.

Benchmark: Increase participation at congregate meal sites.

B. Congregate Meal Coordination Strategy: Coordinate with meal sites to determine barriers to participation.				
Performance Measure: Unduplicated consumer count and total eligible meals served.				
Baseline:				
<u>State Fiscal Year (SFY)</u>	<u>Total Registered Consumers</u>	<u>Total Registered Consumer Meals</u>	<u>Total Eligible Visitor Meals</u>	<u>Total Eligible Meals</u>
SFY 2016 (July 2015 – June 2016) Actual	1,768	N/A	N/A	66,168
SFY 2017 (July 2016 – June 2017) Actual	1,906	N/A	N/A	63,495
SFY 2018 (July 2017 – June 2018) Actual				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				
Benchmark: Increase consumers and meals served at each congregate meal site.				

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:

<u>Provider Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Service Hours</u>
Aberdeen Senior Center	42 W. Washington St. P.O. Box 817 Aberdeen, ID 83210	(208)-397-4349	8-5 Monday – Friday
Grace Thiel Community Center (Bear Lake County Senior Center)	300 Hospital Plaza Montpelier, ID 83254	(208)-847-3141	9-2 Tuesday – Friday
Bingham County Senior Center	20 E. Pacific St. P.O. Box 849 Blackfoot, ID 83221	(208)-785-4714	8-4 Monday—Friday
Caribou County Senior Center	60 S. Main St. Soda Springs, ID 83276	(208)-547-3007	8-4 Mon, Wednesday & Friday
Curlew Valley Senior Center	10808 S. 2300 W. Stone, ID 83280	(208)-698-3585	7:30-4:30 Monday – Thursday
Franklin County Senior Center	64 W. 1 st S. Preston, ID 83263	(208)-852-2844	7-2:30 Monday, Wednesday & Friday
Lava Hot Springs Senior Center	150 N. Center St. P.O. Box 46 Lava Hot Springs, ID 83246	(208)-776-5569	8-2 Monday, Wednesday & Friday
Marsh Valley Senior Center	21 S. Main St. P.O. Box 60 Downey, ID 83234	(208)-897-5351	7-3 Monday – Thursday

Oneida County Senior Center	26 N. Main St Malad, ID 83252	(208)-766-2250	8-3 Wednesday & Friday
Power County Senior Center	180 Idaho St American Falls, ID 83211	(208)-226-2794	8-2 Monday, Wednesday & Friday
Shelley Senior Center	193 W. Pine St Shelley, ID 83274	(208)-357-3621	9-2:30 Tuesday –Friday
SEICAA/MOW	825 E. Bridger 641 N. 8 th St. Pocatello, ID 83201	(208)-232-1114 Ext. 140	8-4:30 Monday— Thursday

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$98,990	\$113,531	\$212,521
SFY 2017 (July 2016 – June 2017) Actual	\$69,256	\$180,404	\$249,660
SFY 2018 (July 2017 – June 2018) Budget	\$42,757	\$176,292	\$219,049
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Home Delivered Meal Service Delivery Strategy: Identify best practice for managing contractors to ensure all eligible consumers are served to prevent hunger and food insecurity with no waiting lists.

Performance Measure:

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

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Total Unduplicated Clients Served</u>	<u>Total Home Delivered Meals</u>	<u>*Average cost per Home Delivered Meal</u>	<u>AAA Contracted HDM Reimbursement Rate</u>
SFY 2016 (July 2015 – June 2016) Actual	430	48,835	\$4.35	\$3.25
SFY 2017 (July 2016 – June 2017) Actual	549	62,679	\$3.98	\$3.75
SFY 2018 (July 2017 – June 2018) Actual				\$3.75
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

*Cost includes AAA wages, nutritionist and provider reimbursement.

Demographic Baseline:

<u>Home Delivered Meals State Fiscal Year (SFY)</u>	<u>Census Data: % of Population Living in Rural Areas</u>	<u>% of Registered Consumers living in Rural Areas</u>	<u>Census Data: % of Population in *Greatest Economic Need</u>	<u>% of Registered Consumers with Greatest Economic Need</u>	<u>Census Data: % of Population in **Greatest Social Need</u>	<u>% of Registered Consumers with Greatest Social Need</u>
SFY 2016 (July 2015 – June 2016)	15,748/29,842 = 53%	222/373 = 60%	1,416/29,842 = 5%	83/373 = 23%	5,432/29,842 = 19%	207/373 = 56%
SFY 2017 (July 2016 – June 2017)	15,748/29,842 = 53%	318/549 =58%	1,416/29,842 = 5%	181/549 =33%	5,432/29,842 = 19%	278/549 =51%
SFY 2018 (July 2017 – June 2018)						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

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

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

Benchmark: Ensure that there are no waiting lists and all eligible consumers are served.

B. Home Delivered Meal Coordination Strategy: Coordinate training with agencies and organizations that can help reach the focus areas of: (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).

Performance Measure: Number of coordinated trainings with organizations.

Baseline: Coordinated trainings with agencies and organizations

<u>SFY16: State Fiscal Year, July 1, 2015 – June 30, 2016</u>	<u>SFY17: State Fiscal Year, July 1, 2016 – June 30, 2017</u>	<u>SFY18: State Fiscal Year, July 1, 2017 – June 30, 2018</u>	<u>SFY19: State Fiscal Year, July 1, 2018 – June 30, 2019</u>	<u>SFY20: State Fiscal Year, July 1, 2019 – June 30, 2020</u>
N/A	N/A			

Benchmark: Increase coordinated training/collaboration with agencies/organizations to help reach those who meet one of the six focus areas.

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, 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:

- Bingham County Senior Center, 20 E. Pacific St. Mailing: P.O. Box 849 Blackfoot, ID 83221, 208-785-4714

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$7,999	\$7,999
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$20,546	\$20,546
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$9,679	\$9,679
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Disease Prevention and Health Promotion Service Delivery Strategy: Enhance the current evidence based programs in Area V Agency on Aging service area that support healthy lifestyles and promotes healthy behaviors as well as reduce the need for more costly interventions by following the federal guidelines of evidence based criteria set forth by ACL.

Performance Measure:

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

Baseline:

Diabetes Self-Management Program

<u>State Fiscal Year (SFY)</u>	<u>Evidence Based Program Expense</u>	<u>Total Unduplicated Clients</u>	<u>Average cost per Client</u>
SFY 2016 (July 2015 – June 2016) Actual	\$7,999	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	\$20,546	Not Available	Not Available
SFY 2018 (July 2017 – June 2018) Budget	\$9,679		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

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

B. Disease Prevention and Health Promotion Coordination Strategy: The AAA V will coordinate with community partners, particularly those that provide services in the rural communities of planning and service area V, to promote and enhance the participation of the older adult population in the chronic disease self-management programs that are offered.

Performance Measure:

- Number of rural sites hosting the program.

Baseline: Sites that are hosting the Diabetes self-management program.

County	SFY16: Classes in Rural Counties	SFY17: Classes in Rural Counties	SFY18: Classes in Rural Counties	SFY19: Classes in Rural Counties	SFY20: Classes in Rural Counties
Bear Lake	N/A	N/A			
Bingham	N/A	N/A			
Caribou	N/A	N/A			
Franklin	N/A	N/A			
Oneida	N/A	N/A			
Power	N/A	N/A			

Benchmark: First year set baseline. Each additional year provide classes in areas where classes have not previously been held.

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

Service Description: NFCSP funds must be used to support and train caregivers to make decisions, resolve problems, and develop skills to carry out their caregiving responsibilities:

1. Caregiver information (large group presentations, printed materials, media).
2. Caregiver access assistance (assisting caregiver to access resources).
3. Caregiver counseling including caregiver support groups and training.
4. Respite provides a brief period of relief to a full-time caregiver. The care recipient must have physical or cognitive impairments that require 24 hour care or supervision.
5. Supplemental Services.

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

Service Implemented by:

- Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12
- Contracted nutrition providers (See table listed under home delivered meal section)
- Contracted In-home providers (See table listed under homemaker section)
- **Idaho Legal Aid**, 150 S Arthur #203, Pocatello, ID 83204, (208) 233-0079, M-F 8:30-5
Service Counties: Bannock, Bear Lake, Caribou, Franklin, Oneida, and Power
- **Idaho Legal Aid**, 482 Constitution Way Ste. 101, Idaho Falls, ID 83402, (208) 524-3660, M-F 8:30-5
Service County: Bingham

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$27,759	\$41,996	\$69,755
SFY 2017 (July 2016 – June 2017) Actual	\$9,152	\$91,555	\$100,707
SFY 2018 (July 2017 – June 2018) Budget	\$18,801	\$73,433	\$92,234
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

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

A. National Family Caregiver Support Program (NFCSP) Service Delivery Strategy: Identify best practices to increase cost efficiencies, effectiveness and quality of the Title III Caregiver Program

Performance Measure:

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

1. Caregiver Information Services

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>	<u>Number of Activities</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	Not Available
SFY 2017 (July 2016 – June 2017) Actual	\$16,138	Not Available
SFY 2018 (July 2017 – June 2018) Budget	\$12,721	Not Available
SFY 2019 (July 2018 – June 2019)		
SFY 2020 (July 2019 – June 2020)		

2. Access Assistance(I&A)

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>	<u>Number of Contacts</u>	<u>Program Expense per Contact</u>
SFY 2016 (July 2015 – June 2016) Actual	\$18,920	116	\$163.10
SFY 2017 (July 2016 – June 2017) Actual	\$19,777	126	\$156.96
SFY 2018 (July 2017 – June 2018) Budget	\$12,886		
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

3. Caregiver Counseling and Group Programs

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>	<u>Number of Unduplicated Clients Served</u>	<u>Number of Sessions</u>	<u>Program Expense per Client</u>
SFY 2016 (July 2015 – June 2016) Actual	\$0	Not Available	Not Available	Not Available
SFY 2017 (July 2016 – June 2017) Actual	\$409	Not Available	Not Available	Not Available
SFY 2018 (July 2017 – June 2018) Budget	\$14,089			
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

4. Respite

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>	<u>Number of Unduplicated Clients Served</u>	<u>Number of Hours</u>	<u>Program Expense per Hour</u>
SFY 2016 (July 2015 – June 2016) Actual	\$27,759	52	1,911	\$14.53
SFY 2017 (July 2016 – June 2017) Actual	\$64,383	57	4,100	\$15.70
SFY 2018 (July 2017 – June 2018) Budget	\$50,436			
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

5. Supplemental Service (Limited Basis)-Supplemental Caregiver Legal Assistance

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>
SFY 2016 (July 2015 – June 2016) Actual	\$1,340
SFY 2017 (July 2016 – June 2017) Actual	\$0
SFY 2018 (July 2017 – June 2018) Budget	\$2,100
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Supplemental Caregiver Nutrition

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Annual Expense</u>
SFY 2016 (July 2015 – June 2016) Actual	\$21,735

Additional Supplemental: Powerful Tools for Caregivers workshop

Baseline:

	<u>Number of Sessions</u>	<u>Total Consumers Served</u>	<u>Total Program Cost</u>	<u>Cost Per Consumer</u>
SFY 2016 (July 2015 – June 2016)	N/A	N/A	N/A	N/A
SFY 2017 (July 2016 – June 2017)	2	21	\$1,819.00	\$86.62
SFY 2018 (July 2017 – June 2018)			\$	\$
SFY 2019 (July 2018 – June 2019)			\$	\$
SFY 2020 (July 2019 – June 2020)			\$	\$

B. NCFSP Coordination Strategy: Utilize the initiatives of the Idaho Caregiver Alliance and the Alzheimer’s grant to strengthen the activities of supporting and training caregivers.

Performance Measure: Activity Units: Information services/presentations and counseling,

Baseline: Identify performance measures.

Number of Service Units per Activity:

<u>State Fiscal Year (SFY)</u>	<u>Activity 1- Information Services</u>	<u>Activity 3- Counseling</u>
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: First year establish baselines. Second, third and fourth years increase caregiver presentations and caregiver counseling by 5% annually.

Focus Area B:

Older Americans Act (OAA) Discretionary Programs

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

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

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

Service Eligibility: Medicare beneficiaries and their Caregivers.

Service Implemented by:

- Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12

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	\$26,000	\$26,000
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$28,500	\$28,500
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$26,000	\$26,000
SFY 2019 (July 2018 – June 2019)	\$0		
SFY 2020 (July 2019 – June 2020)			

A. SMP Service Delivery Strategy: Expand the efficiency of the SMP program by increasing the number of volunteers, group presentations, community events, and one-to-one counseling sessions.

Performance Measure:

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

Baseline:

State Fiscal Year (SFY)	Volunteers	Group Presentations	Community Events	One-to-one Counseling
SFY 2016 (July 2015 – June 2016) Actual	2	23	25	501
SFY 2017 (July 2016 – June 2017) Actual	3	10	27	455
SFY 2018 (July 2017 – June 2018) Actual				
SFY 2019 (July 2018 – June 2019)				
SFY 2020 (July 2019 – June 2020)				

Benchmark: Meet or exceed the following:

- Recruit and retain 2 additional volunteer positions per year.
- 80 group presentations per year.
- Increase one-on-one counseling sessions by 5% per year.
- Increase community events by 2 each year.

B. SMP Coordination Strategy: Identify new area partners to collaborate with to present day-long community fraud events, which include education about Medicare fraud prevention, identity theft, and exploitation. Coordinate with the Senior Health Insurance Benefits Advisors (SHIBA) to train volunteers and staff to achieve efficient SMP program education about Medicare fraud prevention.
Performance Measure: Number of SMP partners, number of trained volunteers and consumer survey results from community fraud events.
Baseline: Current MOU's and community fraud event survey results.
Benchmark: <ul style="list-style-type: none"> Maintain 75% satisfaction or higher. Increase the number of area partners by 3 per year. Increase the number of volunteer hours by 10%.

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: <ul style="list-style-type: none"> Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12 																								
Funding Source: (Actual expenditures for completed year and Budget for current year.)																								
<table border="1"> <thead> <tr> <th><u>State Fiscal Year (SFY)</u></th> <th><u>State</u></th> <th><u>Federal</u></th> <th><u>Total</u></th> </tr> </thead> <tbody> <tr> <td>SFY 2016 (July 2015 – June 2016) Actual</td> <td>\$0</td> <td>\$13,650</td> <td>\$13,650</td> </tr> <tr> <td>SFY 2017 (July 2016 – June 2017) Actual</td> <td>\$0</td> <td>\$13,000</td> <td>\$13,000</td> </tr> <tr> <td>SFY 2018 (July 2017 – June 2018) Budget</td> <td>\$0</td> <td>\$10,800</td> <td>\$10,800</td> </tr> <tr> <td>SFY 2019 (July 2018 – June 2019)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SFY 2020 (July 2019 – June 2020)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>	SFY 2016 (July 2015 – June 2016) Actual	\$0	\$13,650	\$13,650	SFY 2017 (July 2016 – June 2017) Actual	\$0	\$13,000	\$13,000	SFY 2018 (July 2017 – June 2018) Budget	\$0	\$10,800	\$10,800	SFY 2019 (July 2018 – June 2019)				SFY 2020 (July 2019 – June 2020)			
<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>																					
SFY 2016 (July 2015 – June 2016) Actual	\$0	\$13,650	\$13,650																					
SFY 2017 (July 2016 – June 2017) Actual	\$0	\$13,000	\$13,000																					
SFY 2018 (July 2017 – June 2018) Budget	\$0	\$10,800	\$10,800																					
SFY 2019 (July 2018 – June 2019)																								
SFY 2020 (July 2019 – June 2020)																								

A. MIPPA Service Delivery Strategy: Expand the efficiency of the MIPPA program by increasing the number of host agencies.												
Performance Measure: <ul style="list-style-type: none"> Efficiencies = Average cost per participating agency. Effectiveness = Total Host Agency and total program cost. 												
Baseline: <table border="1"> <thead> <tr> <th><u>State Fiscal Year (SFY)</u></th> <th><u>Participating Host Agencies</u></th> </tr> </thead> <tbody> <tr> <td>SFY 2016 (July 2015 – June 2016) Actual</td> <td>17</td> </tr> <tr> <td>SFY 2017 (July 2016 – June 2017) Actual</td> <td>24</td> </tr> <tr> <td>SFY 2018 (July 2017 – June 2018) Actual</td> <td></td> </tr> <tr> <td>SFY 2019 (July 2018 – June 2019)</td> <td></td> </tr> <tr> <td>SFY 2020 (July 2019 – June 2020)</td> <td></td> </tr> </tbody> </table>	<u>State Fiscal Year (SFY)</u>	<u>Participating Host Agencies</u>	SFY 2016 (July 2015 – June 2016) Actual	17	SFY 2017 (July 2016 – June 2017) Actual	24	SFY 2018 (July 2017 – June 2018) Actual		SFY 2019 (July 2018 – June 2019)		SFY 2020 (July 2019 – June 2020)	
<u>State Fiscal Year (SFY)</u>	<u>Participating Host Agencies</u>											
SFY 2016 (July 2015 – June 2016) Actual	17											
SFY 2017 (July 2016 – June 2017) Actual	24											
SFY 2018 (July 2017 – June 2018) Actual												
SFY 2019 (July 2018 – June 2019)												
SFY 2020 (July 2019 – June 2020)												
Benchmark: Increase number of host agencies by at least 5 per year.												
B. MIPPA Coordination Strategy: Coordinate with ICOA and other state partners in helping develop public awareness materials and conducting a media campaign to increase MIPPA participation.												

Performance Measure: Increase in Applicants

Baseline:

Contract Year	Number of applicants
2016 (Sept. 2015 – Sept. 2016)	36
2017 (Sept. 2016 – Sept. 2017)	28
2018 (Sept. 2017 – Sept. 2018)	
2019 (Sept. 2018 – Sept. 2019)	
2020 (Sept. 2019 – Sept. 2020)	

Benchmark: Identify if the public awareness materials and the media campaign increase the number of applicants from the AAA V service area.

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: <ul style="list-style-type: none"> Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12
A. Participant-Directed/Person-Centered Planning Service Delivery Strategy: Identify best practices from organization/s that provide Person-Centered Planning to implement in AAA V service area.
Performance Measure: Best Practices.
Baseline: N/A
Benchmark: Implement Person-Centered- Planning standard practices in services provided by AAA including chore service, home modification, transportation, homemaker, respite, and meal preparation.
B. Participant-Directed/Person-Centered Planning Coordination Strategy: Coordinate with Life, Inc. to train AAA staff to work with individuals who have various types of disabilities.
Performance Measure: Number of AAA trained staff.
Baseline: No baseline.
Benchmark: First year establish baseline. Second year complete Person-Centered Planning for all AAA staff. Third and fourth year maintain training for all staff.

Focus Area D: Elder Justice

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

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

Service Description: The Ombudsman funds are used to:

- (A) identify, investigate, and resolve complaints that—(i) are made by, or on behalf of, residents; and (ii) relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of— (I) providers, or representatives of providers, of long-term care services; (II) public agencies; or (III) health and social service agencies;
- (B) provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;
- (C) inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A)(ii) or services described in subparagraph (B);
- (D) ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office of complaints;
- (E) represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
- (F) provide administrative and technical assistance to entities designated under paragraph (5) to assist the entities in participating in the program;
- (G)(i) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State; (ii) recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and (iii) facilitate public comment on the laws, regulations, policies, and actions;
- (H)(i) provide for training representatives of the Office; (ii) promote the development of citizen organizations, to participate in the program; and (iii) provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and
- (I) carry out such other activities as the Assistant Secretary determines to be appropriate.

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by:

- Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$56,629	\$10,196	\$66,825
SFY 2017 (July 2016 – June 2017) Actual	\$53,478	\$12,700	\$66,178
SFY 2018 (July 2017 – June 2018) Budget	\$60,393	\$7,998	\$68,391
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Ombudsman Service Delivery Strategy: Expand the efficiency of the Ombudsman program by tracking data to evaluate complaint trends; evaluate complaint trends on a quarterly basis; recruit and sustain volunteers to increase efficiencies and provide facility based in-service presentations that correlate with complaint trends.

Baseline:							
<u>State Fiscal Year (SFY)</u>	<u>Number of Ombudsman</u>	<u>Number of Skilled Nursing Facilities</u>	<u>Number of Assisted Living Facilities</u>	<u>Total Number of Beds</u>	<u>Average Bed Count per Ombudsman</u>	<u>Total Volunteer Ombudsman</u>	<u>Total Information and Education Presentation</u>
SFY 2016 (July 2015 – June 2016) Actual	1	Not Available	Not Available	1,575	1,575	1	4
SFY 2017 (July 2016 – June 2017) Actual	1	Not Available	Not Available	1,562	1,562	2	11
SFY 2018 (July 2017 – June 2018) Actual	1	12	42	1,581	1,581	2	
SFY 2019 (July 2018 – June 2019)							
SFY 2020 (July 2019 – June 2020)							

Five Most Frequent Complaint Areas and Corresponding Number of Complaints:

<u>SFY16</u>		<u>SFY17</u>		<u>SFY18</u>		<u>SFY19</u>		<u>SFY20</u>	
<u>Type of Complaint</u>	<u>Total Complaints</u>	<u>Type of Complaint</u>	<u>Total Complaints</u>	<u>Type of Complaint</u>	<u>Total Complaints</u>	<u>Type of Complaint</u>	<u>Total Complaints</u>	<u>Type of Complaint</u>	<u>Total Complaints</u>
Autonomy , Choice, Exercise of Rights, Privacy	40	Medication #44	11						
Care	35	Discharge/Eviction #19	8						
Access to Information	22	Dignity/Respect #26	7						
Environment	17	Assistive Devices #53	7						
Admission, transfer, discharge, eviction; Financial, Property (Excluding Exploitation); Dietary	12	Failure to Respond to Requests #41	6						

Benchmark: Use quarterly data to determine areas that need focus and to ensure on-going improvement; utilize statewide training materials to ensure area wide continuity of information; and increase Volunteer Ombudsman participation in Information and Education presentations to increase efficiencies with the program.

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

Performance Measure: Number of Information and Education Presentations.

Baseline: Most recent SFY of Information and Presentations provided.

Benchmark: Increase the number of Information and Education Presentations by 25% each year.

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

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

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

Service Eligibility: Vulnerable adults 18 years old and older.

Service Implemented by:

- Area Agency on Aging V APS, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 6AM-4PM

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

<u>State Fiscal Year (SFY)</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
SFY 2016 (July 2015 – June 2016) Actual	\$134,065	\$0	\$134,065
SFY 2017 (July 2016 – June 2017) Actual	\$128,340	\$0	\$128,340
SFY 2018 (July 2017 – June 2018) Budget	\$128,170	\$0	\$128,170
SFY 2019 (July 2018 – June 2019)			
SFY 2020 (July 2019 – June 2020)			

A. Adult Protection Service Delivery Strategy: Expand the efficiency of the Adult Protection Services program through implementation of statewide standardized training materials, user guides, presentation materials, reporting standards and IAPS Data Base usage.

Performance Measure:

- Presentations
- Reporting

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Abuse Allegations</u>	<u>Neglect Allegations</u>	<u>Self-Neglect Allegations</u>	<u>Exploitation Allegations</u>	<u>Reports to Law Enforcement</u>	<u>Total Information and Education Presentation</u>
SFY 2016 (July 2015 – June 2016) Actual	73	42	58	66	36	15
SFY 2017 (July 2016 – June 2017) Actual	89	69	81	87	30	14
SFY 2018 (July 2017 – June 2018) Actual						
SFY 2019 (July 2018 – June 2019)						
SFY 2020 (July 2019 – June 2020)						

Benchmark:

Meet or exceed the following:

- Increase presentations by 10% each year.
- To monitor effectiveness of presentations offered, increase reports to Area V AAA by 5% of alleged maltreatment towards a vulnerable adult to Area V AAA by 5% each year regarding.

B. Adult Protection Coordination Strategy: Effectively promote awareness, prevention and reporting of vulnerable adult abuse, neglect and exploitation. Identify new and current partners to participate in multi-disciplinary approaches and teams to better serve the needs of vulnerable victims.

Performance Measure:

- Provide and track Adult Protection actions specific to prevention of maltreatment of vulnerable adults.
- Develop and maintain one new Multi-Disciplinary team each year.

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Multi-Disciplinary team formed</u>
SFY 2016 (July 2015 – June 2016)	Not applicable
SFY 2017 (July 2016 – June 2017)	Not Applicable
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:

- Utilize standard presentations specific to prevention of maltreatment of vulnerable adults.
- Provide education to financial institutions regarding Adult Protection, the Gramm-Leach-Bliley Act and forms used.
- Utilize existing partners within Area V to form Multi-Discipline teams to assist in positive outcomes for vulnerable victims.
- Develop new partners to seek out and retain within Area V to join the Multi-Discipline teams to assist in positive outcomes for vulnerable victims.

ATTACHMENT A

AREA PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended April 19, 2016

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

AREA PLAN Section. 306.

Each Area Plan shall—

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

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

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

Area Agency on Aging V Assurance: The AAA staff prepares a comprehensive analysis of the aging network, utilization of services specific to our 7 county Planning Service Area, and develops draft recommendations for service delivery, procurement, and budget. At least quarterly, the AAA V advisory council works with AAA V to make service, budget and budget parameter recommendations to the AAA's umbrella agency's Southeast Idaho Council of Governments (SICOG) Board of Directors. The Area V Director keeps the Executive Director of SICOG and the SICOG board informed of the progress at least quarterly with reports to the Board. The AAA V Advisory Council submits final recommendations to the Area V Director, who then presents the recommendations to the SICOG board at their quarterly meeting which is generally held in June. The SICOG board approves these at their June meeting prior to submitting the full budget to Idaho Commission On Aging. During the area plan development year the budget parameters are provided to the public and stakeholders for comment, which are considered during the advisory council recommendation to the Area V Director, and subsequently to the SICOG board.

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

Area Agency on Aging V Assurance: The budget parameters for in-home services (Homemaker, Respite, Chore and Home Delivered Meals) are identified in attachment C Budget Parameters. Annually the AAA V advisory council makes a recommendation to the SICOG board in the first part of June. The board approves the budget parameters at their June meeting prior to the submission of the full budget to ICOA. During the area plan development year the budget parameters are provided to the public and stakeholders for comment, which are considered during the advisory council recommendation to the board.

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded; (**Reference: #8 Legal Services in Area Plan Strategies**)

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

Area Agency on Aging V Assurance: Each of the senior centers in our PSA are designated by the AAA V as a focal point for their respective community. This designation became effective 7/1/2014. AAA V staff has also engaged community partners in addition to our contracted providers (listed below) to act as focal points for comprehensive service delivery to provide seniors access to multiple long term care service and support resources.

List the AAA designated focal points:

<u>Name of Focal Point</u>	<u>County</u>	<u>Address</u>	<u>Contact</u>	<u>Telephone #</u>
Senior Activity Center	Bannock	427 N. 6 th Ave. Pocatello, ID 83201	Anita Valladolid	(208)233-1212
Aberdeen Senior Center	Power	42 W. Washington St. Aberdeen ID 83221	Amy Sidell	(208)397-4349
Grace Thiel Community Center	Bear Lake	300 Hospital Plaza Montpelier, ID 83254	Jackie Price	(208)847-3141
Bingham County Senior Center	Bingham	20 E. Pacific St. Blackfoot, ID 83221	Pam Beus	(208)785-4714
Caribou County Senior Center	Caribou	60 S. Main St. Soda Springs, ID 83276	Stacie Watkins	(208)547-3007
Curlew Valley Senior Center	Oneida	10808 S. 2300 W. Stone, ID 83280	Tami Velasco	(208)698-3585
Franklin County Senior Center	Franklin	64 W. 1 st S. Preston, ID 83263	Carol Parker	(208)852-2844
Lava Hot Springs Senior Center	Bannock	150 N. Center St. Lava Hot Springs, ID 83246	Rosie Scott	(208)776-5569
Marsh Valley Senior Center	Bannock	21 S. Main St. Downey, ID 83234	Marsha Elmore	208)897-5351
Oneida County Senior Center	Oneida	26 N. Main St. Malad, ID 83252	Cindy Jordan	(208)766-2250
Power County Senior Center	Power	180 Idaho St. American Falls, ID 83211	Kathleen Ulrich	(208)226-2794
Shelley Senior Center	Bingham	193 W. Pine St. Shelley, ID 83274	Denine Wong	(208)357-3621
Pocatello Regional Transit	Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida and Power	5815 South 5th Avenue Pocatello, Idaho 83204	Dave Hunt	(208)234-2287
LIFE, Inc.	Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida and Power	640 Pershing, Suite A Pocatello, ID 83204	Mickey Palmer	(208)232-2747

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

The following is language that is currently located in the AAA V congregate nutrition provider contracts:

b. Congregate nutrition provider also will be the focal point for their service area. Focal point is defined as a visible point of contact where anyone can go or call for help on any aging issue. Aging and Adult Services Information and Assistance program will be the referral source for issues the provider is unable to quickly resolve. Focal point activities also include monitoring, evaluating and commenting upon policies, programs, hearings, levies and community actions which will affect older individuals.

This language will be included in subsequent contracts or agreements with all designated focal points for AAA V that provide local communities in Planning and Service area V with access to multiple long term care service and support resources.

- (4)(A)(i) (I) provide assurances that the area agency on aging will—
- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

AAA V: Data comes from FY2016 Intrastate funding formula: Total Population 60+ in PSA = **29,842**. Those “Living in Poverty” **1,416**: those “Living Alone” **5,432**: those “75 and Over” **9,179**: and those “Living in Rural County” **15,748**. The Census data for “Low Income, 60+ Minority Population” and “60+ Limited English Population” are not available. The percentage of these is the BASELINE below:

<u>Description</u>	<u>Economic Need (Poverty)</u>	<u>Social Need (Lives alone)</u>	<u>Institutional Placement: 75 and over</u>
BASELINE: % of population from the most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates	5%	19%	31%
% of register clients receiving Homemaker service	18%	77%	75%
If applicable, % of register clients receiving Chore service	N/A	N/A	N/A
If applicable, % of register clients receiving Minor Home Modification service	N/A	N/A	N/A
% of register clients receiving Congregate Meal service	15%	30%	62%
% of register clients receiving Home Delivered Meal service	23%	56%	77%
% of register clients receiving Respite service	15%	6%	54%
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:

<u>Service Description</u>	<u>Describe the Mechanism that is in place to meet or exceed Census population %</u>
Respite service	AAA will work with focal points and current Respite providers to help identify individuals that live in the rural communities of AAA V service area that may need Respite or NFSCP services. Respite services require that the caregiver lives with the individual that requires 24 hour care and/or supervision thus focus will emphasize those living in the rural areas of AAA V. The AAA will coordinate with community partners and our current service providers to increase the awareness and /or utilization of these services that are vital to caregivers.

(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

<u>Description</u>	<u>Low Income 60 + Minority Population</u>	<u>60 + Limited English Population</u>	<u>60 + Living in Rural Areas Population</u>
BASELINE: % of population from the most current U.S. Bureau of the Census, American Community Survey 5-Year Estimates	N/A	N/A	53%
% of register clients receiving Homemaker service	N/A	N/A	36%
% of register clients receiving Chore service	N/A	N/A	N/A
% of register clients receiving Minor Home Modification service	N/A	N/A	N/A
% of register clients receiving Congregate Meal service	N/A	N/A	73%
% of register clients receiving Home Delivered Meal service	N/A	N/A	60%
% of register clients receiving Respite service	N/A	N/A	40%
% 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:

<u>Service Description</u>	<u>Describe the Mechanism that is in place to meet or exceed Census population %</u>
Homemaker service	AAA will work with focal points and current Homemaker providers to help identify individuals that live in the rural communities of AAA V service area that may need Homemaker services. The AAA will coordinate with community partners and our current service providers to increase the awareness and /or utilization of Homemaker services that are vital to eligible consumers to help maintain their home in a clean and safe living environment.
Respite service	AAA will work with focal points and current Respite providers to help identify individuals that live in the rural communities of AAA V service area that may need Respite or NFSCP services. Respite services require that the caregiver lives with the individual that requires 24 hour care and/or supervision thus focus will emphasize those living in the rural areas of AAA V. The AAA will coordinate with community partners and our current service providers to increase the awareness and /or utilization of these services that are vital to caregivers.

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

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

Area V Agency on Aging Assurance: The following is verbiage from the Application Proposal portion of the contracts with AAA V Providers:

Outreach

How will your organization provide outreach to locate persons' in the community who are NOT participating in available programs or receiving services for which they qualify; identify their service needs; provide information about aging programs and services available; and assist them in accessing services when they need or want to participate?

What is your organization's plan for targeting and serving those individuals within the targeting population which have the greatest economic or social needs, particularly those who qualify for low-income or minority status?

The following language is in place in the contracts and/or statements of work of AAA V providers of Legal Assistance, Nutrition and Transportation:

Target Populations

Target Population and Strategies.

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

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

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

Area V Agency on Aging Assurance: The following language is in place in the Legal Assistance, Nutrition and Transportation services contracts. Compliance is identified above in subsection (I) in this section.

Target Population and Strategies.

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

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

Area V Agency on Aging Assurance: The AAA V uses demographic Census data for 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 meet the census percentage the AAA V 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 the Idaho Commission on Aging staff to identify the Census baseline. Currently, the AAA tracks non-English speakers, but will be working with ICOA to develop a method to track limited English speakers.

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

- (I) identify the number of low-income minority older individuals in the planning and service area; **(Reference Section: (4)(A)(i)(I)(bb) in this document)**
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and

Area V Agency on Aging Assurance: Methods and compliance are identified above in subsection (I) in this section.

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

Area V Agency on Aging Assurance: The AAA V exceeded the minimum benchmarks of the target population for Poverty, Institutional Placement, and. 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.

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

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

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

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

Area V Agency on Aging Assurance: Annually, AAA V staff review the demographics of the registered consumers and compare to the Census demographic percentage and if it is underserved then the staff will notify providers to assist in getting information out to those populations. Once demographic information of registered consumers are identified, a report is made to the AAA V Advisory council and SICOG Board to notify them of areas to improve in the upcoming year. Additionally the following is strategies focused specifically on outreach efforts to increase participation in OAA core services:

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

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

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

Service Implemented by:

- Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12

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

State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	N/A	N/A	N/A
SFY 2017 (July 2016 – June 2017) Budgeted	N/A	N/A	N/A
SFY 2018 (July 2017 – June 2018) Proposed	\$	\$11,575	\$11,575
SFY 2019 (July 2018 – June 2019)	\$	\$	\$
SFY 2020 (July 2019 – June 2020)	\$	\$	\$

A. Outreach Service Delivery Strategy: In an effort to increase participation in each OAA core services, AAA V outreach activities will emphasize reaching 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).

Performance Measure: Outreach units will be measured for each OAA core service.

Baseline: Outreach units are not tracked by specific OAA service.

Benchmark: Target outreach to specific OAA core services based on performance data. Outreach efforts of AAA staff will show a direct impact to the targeted specific OAA service.

B. Outreach Coordination Strategy: The AAA will coordinate efforts with partners in our service area to increase ‘access to’ and ‘participation in’ OAA core services for the target populations. The targeted populations, that the AAA will meet or exceed the census % based on the % of the registered consumers for the core services are: (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).

Performance Measure: Increase in participation in OAA core services including nutrition, homemaker and national family caregiver support program including respite and support groups.

Baseline: Number of consumers being served by OAA core services.

<u>State Fiscal Year</u>	<u>Congregate Meals</u>	<u>Home Delivered Meals</u>	<u>Homemaker</u>	<u>Respite Care</u>	<u>Support Groups</u>
SFY 2016 (July 2015 – June 2016)	1,768	430	109	52	N/A
SFY 2017 (July 2016 – June 2017)	1,906	549	133	57	N/A
SFY 2018 (July 2017 – June 2018)					
SFY 2019 (July 2018 – June 2019)					
SFY 2020 (July 2019 – June 2020)					

Benchmark: Consumer participation in OAA core services of will increase in nutrition, homemaker and national family caregiver support program including respite and support group.

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

Area V Agency on Aging Assurance: Annually, AAA V staff review the demographics of the registered consumers and compare to the Census demographic percentage and if it is underserved then the staff will notify providers to assist in getting information out to those populations. Once the demographic information of registered consumers is identified, a report is made to the AAA V Advisory council and SICO Board to notify them of areas to improve in the upcoming year.

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

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

The Performance Based Contract that ICOA has with AAA V also indicates the following as duties required of the AAA:

2. Duties.

- a. AAA: During the term of this Contract, the AAA shall:
 - i. Administer the approved AAA Area Plan within the geographic region delineated in the plan,
 - ii. Comply with all governing state and federal laws in the administration and management of the state and federal programs identified in the documents set forth in full text in Attachment A incorporated herein.
 - iii. Adhere to all requirements as set forth in the ICOA Review Toolkit as specified in Attachment A.
 - iv. 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;

Area Agency on Aging ,V Assurance: The AAA V is an Aging and Disability Resource Center (ADRC) which provides Idahoans living in Planning and Service Area V in our state the opportunity to access an array of public and private long-term care services and supports (LTSS), through single access points. AAA V has a great working relationship with the Regional Medicaid Unit, including the Developmental Disability Unit. We hold regular meetings to staff complex cases as well as discuss any general care concerns of consumers that may overlap services between the AAA and the different Department of Health & Welfare program units. Having these partners to collaborate with allows us the opportunity to work together to put supports and services in place for individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement. AAA V staff coordinates and consults with staff at Department of Health & Welfare Human Development Center, State Hospital South and the local community hospitals when needed. AAA V, particularly Adult Protective Service staff, has developed long-standing relationships with each of these entities and they are often relied upon when an individual with disabilities may be perceived to be at risk for abuse, neglect or exploitation. This provides an opportunity for brainstorming preventative measures and solutions to the identified concerns in an effort to keep the older individual with disabilities as independent and safe as possible in the environment of their choosing.

- (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;

Area Agency on Aging V Assurance: ICOA's Performance Based Contract with the AAA V notes the following:

- i. 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.

Older individuals have several different opportunities to comment, evaluate and review information that may affect them by participating in community forums conducted by AAA V, completing the community needs assessment when offered and by having individuals 60 and older participating on the AAA Advisory Council.

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

Area Agency on Aging V Assurance: The AAA V does not currently have any contracted providers in place that provide day care services to older individuals taking care for relatives who are children. AAA V does contract with several home care providers that provide respite care for families that qualify for the service after completing an assessment for services by AAA V staff. AAA V staff partners with Southeast Idaho Community Action Agency in referring older individuals to the Retired Senior and Volunteer Program (RSVP) so they may have an opportunity to aid and assist in supporting families taking care of relatives in their own home.

- (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

Not Applicable

- (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

Not Applicable

(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;

Area Agency on Aging V Assurance: AAA V provides individual's information about local volunteer opportunities that allows them to freely take part in providing support and direct services that are delivered to older individuals and individuals with disabilities. These organizations include United Way and RSVP at SEICAA. Referrals of volunteers are also made to local home health and hospice companies that provide direct services delivered to older individuals and individuals with disabilities needing such services in community service settings. AAA V also utilizes trained volunteers for the Ombudsman and SMP/MIPPA programs as noted in Focus Area A of the AAA V Area Plan.

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

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

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

Area Agency on Aging V Assurance: The Area Agency on Aging V Advisory Council functions by its bylaws, as well as our parent agencies governing board (SICOG) and its bylaws. To our knowledge, there are no other entities conducting programs that receive assistance under this Act within our planning and service area.

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

- (X) the Job Training Partnership Act or title I of the Workforce Investment Act of 1998,^[6] AAA V refers older individuals to Experience Works if appropriate.
- (X) title II of the Domestic Volunteer Service Act of 1973, AAA V refers older individuals to SEICAA/RSVP if appropriate.
- (X) sections 231 and 232 of the National Housing Act-- refers older individuals to SEICAA (Southeast Idaho Community Action Agency) if appropriate for low-income and disabled families and individuals, including seniors for assist with housing needs.
- (X) the United States Housing Act of 1937-- refers older individuals to SEICAA if appropriate for low-income and disabled families and individuals, including seniors for assist with housing needs.
- (X) section 202 of the Housing Act of 1959-- refers older individuals to SEICAA if appropriate for low-income and disabled families and individuals, including seniors for assist with housing needs.
- (X) title I of the Housing and Community Development Act of 1974-- refers older individuals to SEICAA if appropriate for low-income and disabled families and individuals, including seniors for assist with housing needs.
- (X) sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964—AAA V has a transportation contract with Pocatello Regional Transit (PRT). This contract provides older individuals aged 60+ transportation services for a donation if the consumer is able to pay.
- (X) the Low-Income Home Energy Assistance Act of 1981—AAA V staff refers individuals to SEICAA which is a Community Action Agency that receives funds to assist low-income families and individuals (including seniors) pay for their primary heat source during the winter months.
- (X) part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low income person—AAA V staff refers individuals to SEICAA is a Community Action Agency that receives funds to assist low-income families and individuals (including seniors) make necessary changes to their homes to make them more energy efficient.
- (X) demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code--The Area V AAA utilizes demographic statistics, provided to each AAA by the State Unit (ICOA), for the development of the area plan as well as to predict the need for future services and plan accordingly with the annual budget.
- (X) parts II and III of title 38, United States Code—AAA V coordinates the Veteran-Directed Home and Community Based Service Program for Veterans referred from the Salt Lake VA catchment area. VD-HCBS service coordination at AAA V encompasses Veterans living in AAA IV, AAA V and AAA VI.
- (X) sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004-- AAA V has an MOU in place with LIFE, Inc, a Center for Independent Living. LIFE Inc., receives referrals from the AAA for assistance and the AAA coordinates, staffs and provides services to older LIFE Inc., consumers in need of AAA provided services including their assistive technology needs.

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

Area Agency on Aging V Assurance: AAA V Adult Protection staff coordinates with county Boards of Guardians as an ex-officio member. Many of the referrals to the Boards of Guardians are diagnosed with a mental illness and cannot advocate on their own behalf. The AAA Adult Protection staff also collaborates with local law enforcement agencies, the local Assertive community treatment (ACT) group which is a team-based treatment model that provides multidisciplinary, flexible treatment and support to people with mental illness 24/7. ACT is based around the idea that people receive better care when their mental health care providers work together. The National Alliance on Mental Illness (NAMI) and the Suicide Prevention Action Network (SPAN) are organizations that the AAA utilizes when planning community health fairs in addition to when the need arises for public awareness about mental and behavioral health services. AAA V Adult Protection staff also participates on the regional Mental Health Task Force to become a resource with the other community partners that are represented including law enforcement and Department of Health & Welfare Mental Health workers.

(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

Area Agency on Aging V Assurance: AAA V is represented at semi-annual tribal Health Fairs in Fort Hall providing information and resources to attendees about services offered by the AAA including Medicare fraud and abuse prevention facts to the attendees. The AAA V staff plays a supportive role in coordinating with the Shoshone-Bannock Tribe Adult Protection staff annual Elder Abuse Conference. The AAA V Director participates on the Shoshone Bannock Elderly Nutrition Advisory Board that meets monthly. The Shoshone-Bannock Tribe is represented on the AAA V Advisory Council in an effort to ensure tribal members have access to increased knowledge of the programs and benefits provided by the services offered at the AAA. Native Americans living outside of the tribal unit boundaries are referred to the AAA for services when specific needs have been identified. AAA V staff participated in the Honor Elder Day events that were sponsored by the Elderly Nutrition Program in Fort Hall. This event is one of many that AAA V staff will continue to participate in to ensure the elders of the Shoshone-Bannock Tribe are informed of the availability of assistance they may be eligible for under this Act.

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

Area Agency on Aging V Assurance: Refer to Focus Area D-Section 2 State Adult Protection Objective with the specified Coordination Strategy, Performance Measure, and Baseline in Area Plan Strategies of the AAA V Area Plan.

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:

- Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12

B. Adult Protection Coordination Strategy: Effectively promote awareness, prevention and reporting of vulnerable adult abuse, neglect and exploitation. Identify new and current partners to participate in multi-disciplinary approaches and teams to better serve the needs of vulnerable victims.

Performance Measure:

- Provide and track Adult Protection actions specific to prevention of maltreatment of vulnerable adults.
- Develop and maintain one new Multi-Disciplinary team each year.

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Total AP Presentation focusing on Prevention of Maltreatment of Vulnerable Adults</u>
SFY 2016 (July 2015 – June 2016)	15
SFY 2017 (July 2016 – June 2017)	14
SFY 2018 (July 2017 – June 2018)	
SFY 2019 (July 2018 – June 2019)	
SFY 2020 (July 2019 – June 2020)	

Benchmark:

- Utilize standard presentations specific to prevention of maltreatment of vulnerable adults.
- Provide education to financial institutions regarding Adult Protection, the Gramm-Leach-Bliley Act and forms used.
- Utilize existing partners within Area V to form Multi-Discipline teams to assist in positive outcomes for vulnerable victims.
- Develop new partners to seek out and retain within Area V to join the Multi-Discipline teams to assist in positive outcomes for vulnerable victims.

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

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

-Describe what projects the AAA collaborates on: AAA V collaborates with The Idaho Commission on Aging to provide services to older individuals that are identified in the Older Americans Act and the Idaho Senior Services Act; LIFE, Inc. for case management supports and assistive technology; AAA IV and AAA VI with Veterans in their respective areas that are part of the Veteran-Directed Home and Community-Based Services program; Southeast Idaho Public Health for Fit and Fall Proof classes, dental and health care information and resources, Southeast Idaho Healthcare Coalition for emergency preparedness as well as the chronic disease coalition; the Idaho Caregiver Alliance for education and support for caregivers to persons of any age; Shoshone-Bannock Tribes community health fairs, Elder Abuse workshop and their Honor Elder's Day activities; The Blackfoot Mayor's Advisory Council for people with disabilities annual community health fair and annual event to recognize employers that make a difference in the lives by employing individuals with disabilities; Qualis Health and the Bingham County Senior Center for the Evidence-Based education for diabetes self-management classes; and local community Board of Guardians in each of the 7 counties that we serve.

-Describe how the AAA coordinates activities: AAA V coordinates educational opportunities at local senior centers, Idaho State University's New Knowledge Adventure program, low income housing complexes and hospitals in all of the communities that make up Planning and Service Area V. SHIBA staff and education about Medicare and Medicare Fraud at health fairs and local senior centers. AAA staff attends and often present at lunch and learn events in our communities; AAA staff are members of Leadership Pocatello and the Community Service Council which provides opportunities for the coordination of information sharing of the services that are provided. AAA V also has a website and Facebook page that can be used by community partners and the consumers we serve to keep them updated about current trends in health care or upcoming events in our communities.

-Describe who the AAA consults with: AAA staff consult with staff at local hospitals in each of our seven counties; Department of Health and Welfare programs including the Regional Medicaid Unit, Human Development Center, Act team, Developmental Disability Unit, Medicaid and Bureau of Long Term Care; AAA V Advisory Council; Southeast Idaho Council of Governments (SICOG) Board; AAA senior meal providers and home care providers meet at least quarterly and at on-site reviews; Bannock Transportation Planning Organization to ensure the aging and disabled populations are part of the local conversations about transportation; and the Southeast Idaho Community Action Agency to better serve and refer low income and rural seniors for supports and services.

(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;

Area Agency on Aging V Assurance: Area V AAA conducts a Community Needs Assessments at least every 4 years in preparation for developing the 4 Year Area Plan. This local community needs assessment aims to determine what the needs and preferences of older individuals and family caregivers are, so that services and supports can be planned and budgeted for accordingly. The results of these surveys are shared with the AAA Advisory Council to better prepare them with local data when making decisions and recommendations for the provision of services and their budgets. AAA staff periodically evaluate service trends and utilization rates to better prepare the AAA with educated projections and recommendations to meet the evolving needs of current and future service recipients in our planning and service area. The data gleaned from the AAA V Community Needs Assessment of 2017 was critical in the development of the Area Plan for the period of October 1, 2017 through September 30, 2021. AAA V will evaluate further opportunities to gather information about older individuals and their caregivers including having focus groups and small scale needs assessments conducted over the next 4 years.

(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;

Area Agency on Aging V Assurance: The focus of AAA services as provided through the Older Americans Act and Idaho's Senior Service Act is to identify services and supports available to help seniors and people with disabilities avoid institutionalization and remain as independent as possible in their homes and communities. The Focus Areas of the AAA V Area Plan were developed in an effort to maximize the supports and services available to seniors and people with disabilities avoid unnecessary institutionalization and remain as independent as possible in their own homes and communities. Each strategy identified for each of the Focus Areas emphasizes the need for performance measures, baselines and benchmarks to ensure the targeted services are fulfilling their intended goals. At least annually, the AAA evaluates the status of each focus area and modifies them if needed in an effort to ensure the services offered and available are optimized to their greatest potential in permitting older individuals and people with disabilities to remain in their own home and community-based settings.

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

Area Agency on Aging V Assurance:

Attachment O is provided as 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;

Area Agency on Aging V Assurance:

Attachment P is provided for the 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;

Area Agency on Aging V Assurance: The Case Management referrals made by AAA V are listed in section 4 of Focus Area A of the Area Plan Strategies (see below). The AAA uses these referrals first, as appropriate before AAA V Case Management services are offered to an individual.

AAA V has not had an eligible Case Management Consumer during this last fiscal year.

Service Implemented by:

- Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12
- Life, Inc. 208-232-2747 640 Pershing, Suite A Pocatello, ID 83204, M-F 8-5

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

Area Agency on Aging V Assurance: The AAA V does not duplicate case management services that are provided through other Federal and State programs. Reference can be made to Objective #4: Case Management Coordination Strategy, Performance Measure, and Baseline in Area Plan Strategies.

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

Service Implemented by:

- Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12
- Life, Inc. 208-232-2747 640 Pershing, Suite A Pocatello, ID 83204, M-F 8-5

B. Case Management Coordination Strategy: Coordinate a standardized referral protocol between management providers who serve the following: dual eligible (care coordinators), veterans (care advisors), Health and Welfare families (navigators), facility residents (transition managers), people with disabilities (independent living specialists), and seniors who are unable to manage multiple services (AAAs).

Performance Measure: Standardized MOU that includes case management protocols.

Baseline: AAA MOUs with Life, Inc., Community Partners of Idaho, Veteran Service Officers, I Department of Health and Welfare, Idaho Home Choice Program.

Benchmark: Referral protocol in place with each No Wrong Door 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;

Area Agency on Aging V Assurance: Area V AAA maintains a resource directory listing services that are available to consumers in Planning and Service Area V. This resource directory is provided to those that need to review their options of services that may be available in their area. If AAA V staff are talking to the consumer on the telephone about their case management provider options, AAA V staff document that in the information management system that is provided by ICOA.

(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;

Area Agency on Aging V Assurance: When consumers are being assessed for services, they are given the names of all available providers in their town or county and are able to pick the provider of their choice. AAA V staff document the options given to the consumer in the Information Management System provided by ICOA.

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

Area Agency on Aging V Assurance: All AAA services are consumer choice. The AAA does not promote one agency or service provider over another, but informs each consumer of service providers that are available in the town or county they reside in. Additionally, if the AAA does provide Case Management services, this will be on a very short term basis in order to assist the consumer in accessing needed services and supports. Once these are in place, AAA Case Management is no longer necessary and the consumer will utilize resources and services that are set up during the time AAA V case management services are provided.

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

4: Case Management Objective: To provide statewide access to Case Management service for older individuals who need an optimum package of long-term care services.			
Service Description: Case Management funds are used for eligible older individuals and disabled adults, at the direction of the older individual or a family member of the older individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs. Activities of case management include: comprehensive assessment of the older individual; development and implementation of a service plan with the individual to mobilize formal and informal resources and services; coordination and monitoring of formal and informal service delivery; and periodic reassessment.			
Service Eligibility: Individuals 60 years of age or older who cannot manage services on their own.			
Service Implemented by:			
<ul style="list-style-type: none"> • Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12 • Life, Inc. 208-232-2747 640 Pershing, Suite A Pocatello, ID 83204, M-F 8-5 			
Funding Source: (Actual expenditures for completed year and Budget for current year.)			
State Fiscal Year (SFY)	State	Federal	Total
SFY 2016 (July 2015 – June 2016) Actual	N/A	N/A	N/A
SFY 2017 (July 2016 – June 2017) Budgeted	N/A	N/A	N/A
SFY 2018 (July 2017 – June 2018) Proposed	N/A	N/A	N/A
SFY 2019 (July 2018 – June 2019)	\$	\$	\$
SFY 2020 (July 2019 – June 2020)	\$	\$	\$
A. Case Management Service Delivery Strategy: Utilize AAA staff for those cased where no other Case Management service is available and an individual is unable to manage multiple services for his or her self. If Case Management is needed, cost and corresponding units of service will be accounted for under Case Management.			
Performance Measure:			
<ul style="list-style-type: none"> • Efficiencies = Cost per consumer, average cost per unit. • Effectiveness = Total consumers, total costs, total unit hours. 			

Baseline:

<u>State Fiscal Year (SFY)</u>	<u>Total Annual Consumers</u>	<u>Total Annual Cost</u>	<u>Average Cost per Consumer</u>	<u>Total Annual Units (hrs.)</u>	<u>Average cost per Unit (hr.)</u>
SFY 2016 (July 2015 – June 2016)	N/A	N/A	N/A	N/A	N/A
SFY 2017 (July 2016 – June 2017)	N/A	N/A	N/A	N/A	N/A
SFY 2018 (July 2017 – June 2018)		\$	\$		\$
SFY 2019 (July 2018 – June 2019)		\$	\$		\$
SFY 2020 (July 2019 – June 2020)		\$	\$		\$

Benchmark: Account for Case Management costs and units provided by the AAA if Case Management service is provided.

AAA V is able to provide Case Management services to those individuals that are eligible. AAA V planning and service area consists of 7 counties and 6 of them are considered rural.

(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;

Area V Agency on Aging Assurance:

FUNDING PARAMETERS

<p>Red = Maximum Percentage</p> <p style="text-align: center; border-bottom: 1px solid black; margin: 0;">FEDERAL AND STATE BUDGET</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Adult Protection</td><td style="text-align: right;">15%</td></tr> <tr><td>Ombudsman (Not including Title VII)</td><td style="text-align: right;">5%</td></tr> <tr><td>AAA Federal Admin</td><td style="text-align: right;">10%</td></tr> <tr><td>AAA State Admin</td><td style="text-align: right;">10%</td></tr> <tr><td>Coordination/Program Development</td><td style="text-align: right;">2%</td></tr> </table> <p style="text-align: center; border-top: 1px solid black; margin: 5px 0;">AAA's Discretion</p> <ul style="list-style-type: none"> Information and Assistance Case Management Health Promotion Outreach Chore Home Modification National Family Caregiver: Information to Caregiver National Family Caregiver: Assistance to Caregiver National Family Caregiver: Counseling, group work, training National Family Caregiver: Supplemental Services 	Adult Protection	15%	Ombudsman (Not including Title VII)	5%	AAA Federal Admin	10%	AAA State Admin	10%	Coordination/Program Development	2%	<p>Blue = Minimum Percentage</p> <p style="text-align: center; border-bottom: 1px solid black; margin: 0;">FEDERAL AND STATE BUDGET</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Home Delivered Meals</td><td></td></tr> <tr><td>Congregate Meals</td><td></td></tr> <tr><td>Total Home Delivered/Congregate Meals</td><td style="text-align: right;">37%</td></tr> <tr><td>Legal Assistance</td><td style="text-align: right;">3%</td></tr> <tr><td>Transportation*</td><td style="text-align: right;">2%</td></tr> <tr><td>Homemaker*</td><td style="text-align: right;">2%</td></tr> <tr><td>National Family Caregiver: Respite*</td><td style="text-align: right;">2%</td></tr> <tr><td>Total Homemaker, Respite and Transportation</td><td style="text-align: right;">15%</td></tr> </table>	Home Delivered Meals		Congregate Meals		Total Home Delivered/Congregate Meals	37%	Legal Assistance	3%	Transportation*	2%	Homemaker*	2%	National Family Caregiver: Respite*	2%	Total Homemaker, Respite and Transportation	15%
Adult Protection	15%																										
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Total Homemaker, Respite and Transportation	15%																										

10

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

Area Agency on Aging V Assurance: Attachment O is provided for AAA V'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;

Area Agency on Aging V Assurance: AAA V Adult Protection staff meets weekly with the Shoshone-Bannock Adult Protection staff to cooperatively strengthening staff in the investigation of abuse, neglect and exploitation cases that are investigated. The AAA is also represented at semi-annual tribal Health Fairs in Fort Hall providing information and resources to attendees about services offered by the AAA including Medicare fraud and abuse prevention facts to the attendees. The AAA V staff plays supportive role in coordinating with the Shoshone-Bannock Tribe Adult Protection staff annual Elder Abuse Conference. The AAA V Director participates on the Shoshone Bannock Elderly Nutrition Advisory Board. The Shoshone-Bannock Tribe is represented on the AAA V Advisory Council in an effort to ensure tribal members have access to increased knowledge of the programs and benefits provided by the services offered at the AAA. Native Americans living outside of the tribal unit boundaries are referred to the AAA for services when specific needs have been identified.

(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

Area Agency on Aging V Assurance: AAA V staff provides public information in Fort Hall at the elder nutrition site and at Nat-soo-Gah-nee Indian Health Service Clinic. The Nat-soo-Gah-nee Health Clinic is the only Indian nation in the U.S. that is jointly accredited with their local Indian Health Service Clinic. AAA staff will continue to seek opportunities to continue strengthening the connections already established with the Shoshone-Bannock Tribes. Native Americans living outside of the tribal unit boundaries are referred to the AAA for services when specific needs have been identified.

(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

Area Agency on Aging V Assurance: AAA V staff will continue attending the Shoshone Bannock Health Fairs to provide those in attendance information about our agency as well as the services that are provided. AAA staff will continue outreach efforts for those listed as priority populations indicated in the Older Americans Act including those Native Americans that live in the seven county service area of AAA V.

(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;

Area Agency on Aging V Assurance: The expectation is that the AAA Director will be familiar with the core requirements of the OAA and SSA. AAA V Director is new in this position at our agency although he has been employed with AAA V for nearly 5 years. This history with the agency has offered him a hands on knowledge of the program requirements, the CFR, OMB Circular, as well as quality reviews (both on-site and desktop reviews) by ICOA, to work diligently to assure that the integrity of each of the programs are upheld. Wherever a contract with a provider exists, the AAA cites and provides references to rules, regulations, and requirements. The AAA also provides training and assistance to providers in which each topic discussed is presented in such a way as to maintain the integrity and public purpose of the services that are provided.

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

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

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

Area Agency on Aging V Assurance: Annually, AAA V provides the Idaho Commission on Aging a contract approval form to adhere to all applicable federal contracting and procurement requirements in awarding subcontracts. The AAA uses the following form to adhere to this requirement:

Area Agency on Aging V Assurance: The expectation is that the AAA Director will be familiar with the core requirements of the OAA and SSA. AAA V Director is new in this position at our agency although he has been employed with AAA V for nearly 5 years. This history with the agency has offered him a hands on knowledge of the program requirements, the CFR, OMB Circular, as well as quality reviews (both on-site and desktop reviews) by ICOA, to work diligently to assure that the integrity of each of the programs are upheld. Wherever a contract with a provider exists, the AAA cites and provides references to rules, regulations, and requirements. The AAA also provides training and assistance to providers in which each topic discussed is presented in such a way as to maintain the integrity and public purpose of the services that are provided.

(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

Area Agency on Aging V Assurance: The AAA V contracts manager enters service delivery units into the Information Management Program on a monthly basis. The contracts manager and AAA Director then coordinate together to evaluate the quantity of services on a monthly basis and also to ensure that services being provided are within the proposed budget amounts. If it appears that a particular service is being underutilized, we increase our outreach efforts and public information to inform individuals and community partners of what is available.

(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;

Area Agency on Aging V Assurance: The AAA V budget is approved annually by our governing Board, Southeast Idaho Council of Governments (SICOG) and by the Idaho Commission on Aging. SICOG is audited annually by an independent agency. The Idaho Commission on Aging monitors AAA service and consumer reports and conducts an onsite program and financial review on an annual basis. The AAA will disclose all sources and expenditures of funds received or expended for services to older individuals as required by OAA.

A. Terms and Conditions

11. Records.

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

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

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

Area Agency on Aging V Assurance: The AAA V will identify and include language in the contract addendums for services providers starting 7/1/17 assuring that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

The AAA V Advisory Council bylaws Article V (Structure) states the following:

Conflict of Interest: AAA employees, or members of the immediate families of AAA employees, shall not serve on the advisory council.

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

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

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

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

<p><u>Area Agency on Aging V Assurance:</u> Participant directed/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. Staff with AAA V provides consumers choices when authorizing homemaker and respite services. Additionally, when providing options counseling to consumers, AAA staff use exceptional listening skills to provide consumers or their family several options for assistance which allow for the opportunity for self-directed care. Additionally the following is located in the Participant-Directed/Person-Centered Planning section of the Area Plan Strategies for AAA V:</p>
<p>ICOA Goal: Integrate person-centered planning into existing service delivery system.</p>
<p>1: Participant-Directed/Person-Centered Planning Objective: To define and implement person centered processes with aging and disability network partners.</p>
<p><u>Service Description:</u> The service directs eligible consumers to organizations that provide long-term care service coordination. Person-centered planning is a process that ensures an individual has a choice in determining the long-term care services that are best for them.</p>
<p><u>Service Eligibility:</u> General public needing long-term care services and supports.</p>
<p><u>Service Implemented by:</u></p> <ul style="list-style-type: none"> • Area Agency on Aging V, (208) 233-4032, 214 E. Center Pocatello, ID 83201, M-Th 8-5; F 8-12
<p><u>A. Participant-Directed/Person-Centered Planning Service Delivery Strategy:</u> Identify best practices from organization/s that provide Person-Centered Planning to implement in AAA V service area.</p>
<p><u>Performance Measure:</u> Best Practices.</p>
<p><u>Baseline:</u> N/A</p>
<p><u>Benchmark:</u> Implement Person-Centered- Planning standard practices in services provided by AAA including chore service, home modification, transportation, homemaker, respite, and meal preparation.</p>
<p><u>B. Participant-Directed/Person-Centered Planning Coordination Strategy:</u> Coordinate with Life, Inc. to train AAA staff to work with individuals who have various types of disabilities.</p>
<p><u>Performance Measure:</u> Number of AAA trained staff.</p>
<p><u>Baseline:</u> No baseline.</p>
<p><u>Benchmark:</u> First year establish baseline. Second year complete Person-Centered Planning for all AAA staff. Third and fourth year maintain training for all staff.</p>

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

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness; and

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

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

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

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

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

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

Area Agency on Aging V Assurance: With the legal contract being renewed 7/1/2017, AAA V will include specific language with the following information that is located in the SFY 2018 Performance Based Agreement AAA V has with the Idaho Commission on Aging:

Confidential Records.

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

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

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

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

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

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

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

Area Agency on Aging V
Mike Hirschi -Director

Signature: Michael J. Hirschi Date: 10/11/2017

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					
											\$ 538,340	\$ 397,710	\$4,845,060	\$3,579,390	\$9,360,500	
Total OAA Federal Funds											\$ 5,383,400					
Total State Funds											\$ 3,977,100					
Total Funds											\$ 9,360,500					
Less: 10% Base Amount of Federal and State Funds											\$ 936,050					
Balance to be Distributed by Formula:											\$ 8,424,480					
PSA	2015 TOTAL PSA POPULATION	TOTAL PERSONS AGED 60+ IN PSA	Factors used in Weighted Elderly Population (At Risk)						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	
			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+
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	46,647	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	\$ 1,067,267
TOTAL	1,599,464	305,607	17,492	54,280	9,551	12,585	104,570	89,312	25,566	313,346		\$ 538,340	\$ 397,710	\$ 4,845,060	\$ 3,679,390	\$ 9,360,500
Column Ref #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

The source documentation is from the ID Department of Labor.

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

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

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

Funding Source: OAA and SSA funds.

ATTACHMENT C

BUDGET PARAMETERS

Budget Parameters

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

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

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

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

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

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

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

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

disorders with neurological and organic brain dysfunction); [1] and(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

Percentages are based on total AAA budget.

Services where maximum funding can be lower but not higher.			
Provider	Service	Maximum	AAA Budget Percentage
Direct AAA Service	AAA Administration	10%	10.00%
Direct AAA Service	AAA Coordination/Program Development	2%	2.00%
Direct AAA Service	Adult Protection	15%	11.30%
Direct AAA Service	Ombudsman	5%	5.43%
		32%	28.73%

Services where minimum funds can be higher, but not lower.			
Provider	Service	Minimum	AAA Budget Percentage
Contracted Service	Home Delivered Meals	37%	20.70%
Contracted Service	Congregate Meals		18.48%
Contracted Service	Legal Assistance (3% of Title IIIB funding)	1%	0.70%
Contracted Service	Transportation	15%	4.74%
Contracted Service	Homemaker		9.31%
Contracted Service	National Family Caregiver Program (Respite only)		2.16%
		53%	56.09%

Services with variable percentage of funds.			
Provider	Service	Variable	AAA Budget Percentage
Direct AAA Service	Information & Assistance	15%	8.31%
Direct AAA Service	Case Management		0
Direct AAA Service	Outreach		0
Contracted Service	Chore		0
Contracted Service	Home Modification		0
Combination	National Family Caregiver (not including Respite)		6.01%
Contracted Service	Health Promotions & Disease prevention		0.86%
			15%
Total OAA and State Formula Funding Allocations		100%	100.00%

Service Eligibility: Multiple: Services have different eligibility criteria.

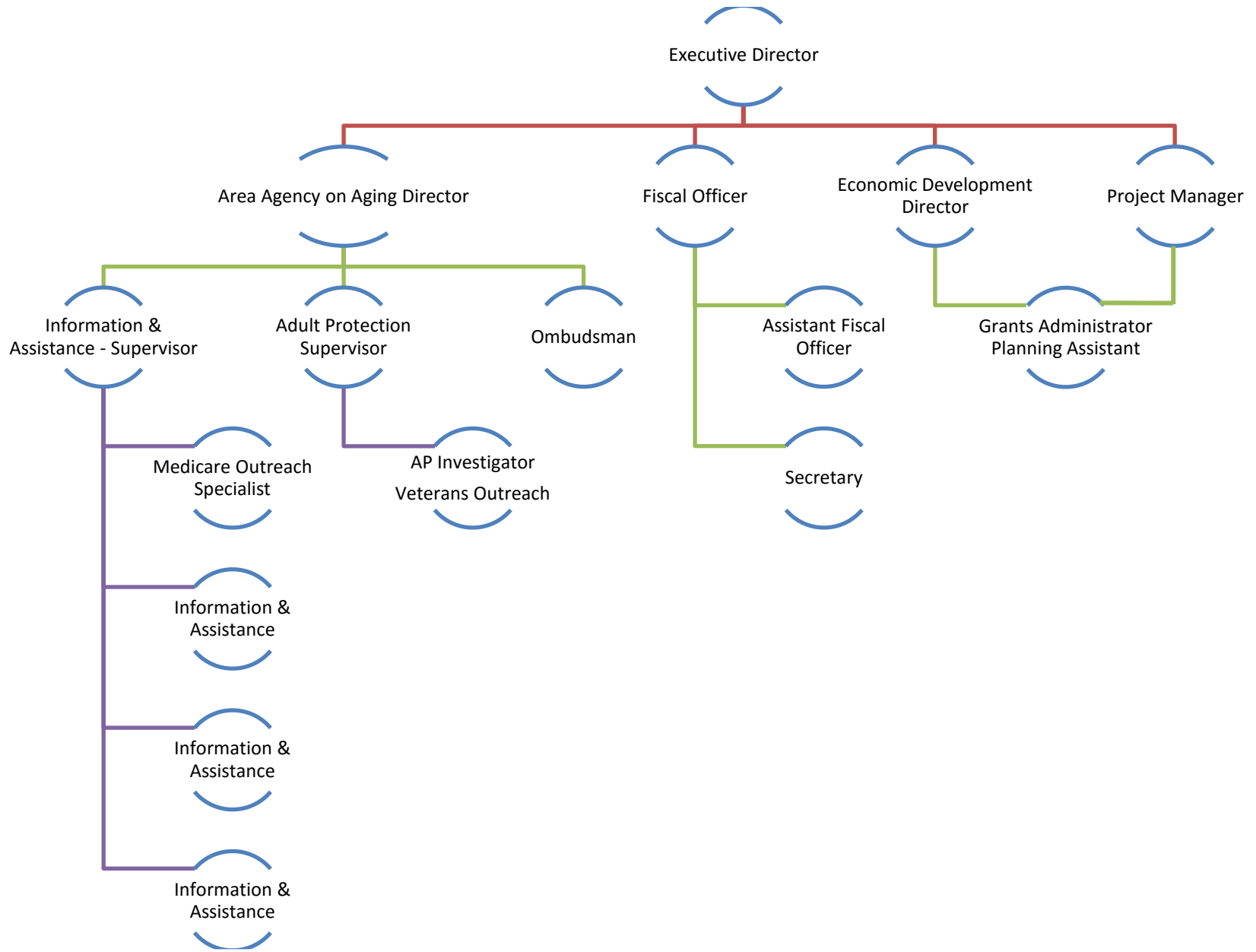
Developed by: ICOA in consultation with AAAs, ICOA Commissioners and feedback from the Steering Committee and Public.

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, 2017 – June 30, 2018)

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 2/08/2017: Previous Editions are Obsolete

Attachment F

Poverty Guidelines

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

Area Agency on Aging V

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 V Area Plan Steering Committee

Name	Affiliation	Title
Mori Byington	Bannock Transportation Planning Organization	Director
Susan Cronquist	Area V Agency on Aging	Adult Protective Services
Josiah Dahlstrom	Idaho State Veterans Home	Administrator
Rhonda D'Amico	Southeastern Idaho Public Health	SHIP Program Manager
Liz Delaney	Area V Agency on Aging	Ombudsman
Tina Dressel	LIFE, Inc	Independent Living Advisor
Dave Empey	Encompass Home Health and Hospice	Medical Social Worker
Sandy Guidinger	Area V Agency on Aging	Information and Assistance
Marcia Hall	Shoshone Bannock Tribes	Adult Protective Services
Helen Mayberry	Idaho Department of Insurance-SHIBA	Volunteer Services Coordinator
April Mills	Idaho Commission for the Blind and Visually Impaired	Rehabilitation Teacher
Sharon Morse	General Public	60+
Dean Nielson	LIFE, Inc	Executive Director
Misty Turner	General Public	Caregiver
Cyril Westwood	Pocatello Regional Transit	Operations Supervisor
Denine Wong	The Elite Retreat (Shelley Senior Center)	Senior Center Site manager

Attachment H

PSA Advisory Council Profile

In Accordance with Section 306 (a)(6)(D) of the Older Americans Act and IDAPA 15.01.20.051.01, the Area Agency on Aging (AAA) shall establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan. More than fifty (50) percent of the advisory council shall consist of people 60 years old or older. (CFR 45 Section 1321.57)

Advisory Council Member's Name: <u>Kevin Gray</u>										
County of Residence: <u>Bingham County</u>										
Beginning Term Date: <u>2016</u>										
Ending Term Date: <u>2019</u>										
Select <u>all</u> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Advisory Council Member's Name: <u>Melissa Hartman</u>										
County of Residence: <u>Bannock County</u>										
Beginning Term Date: <u>2016</u>										
Ending Term Date: <u>2020</u>										
Select <u>all</u> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Advisory Council Member's Name: <u>Sharon Morse</u>										
County of Residence: <u>Power County</u>										
Beginning Term Date: <u>2016</u>										
Ending Term Date: <u>2020</u>										
Select <u>all</u> Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Advisory Council Member's Name:		Cyril Westwood								
County of Residence:		Bannock County								
Beginning Term Date:		2016								
Ending Term Date:		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

Advisory Council Member's Name:		Linda McFarland								
County of Residence:		Bannock County								
Beginning Term Date:		2016								
Ending Term Date:		2018								
Select all Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
X			X							

Advisory Council Member's Name:		Dean Nielson								
County of Residence:		Bannock County								
Beginning Term Date:		2016								
Ending Term Date:		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:		Lois Cluff								
County of Residence:		Power County								
Beginning Term Date:		2016								
Ending Term Date:		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:		Lucetta Holt								
County of Residence:		Caribou County								
Beginning Term Date:		2016								
Ending Term Date:		2018								
Select all Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
X	X		X	X			X			

Advisory Council Member's Name:		Devin Hughes								
County of Residence:		Bannock County								
Beginning Term Date:		2016								
Ending Term Date:		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

Advisory Council Member's Name:		Lin Whitworth								
County of Residence:		Bannock County								
Beginning Term Date:		2016								
Ending Term Date:		2018								
Select all Categories that the Council Member Represents										
Eligible Participant (60 or older)	Participates in OAA Program	Minority	Resides in Rural Area	Family Caregiver	Represents Older Individual/s	Service Provider	Business Community	Local Elected Official	Provider of Veterans Health Care	General Public
X	X				X					X

Advisory Council Member's Name:		Max Firth								
County of Residence:		Oneida County								
Beginning Term Date:		2016								
Ending Term Date:		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		

Advisory Council Member's Name:		Marcia Hall								
County of Residence:		Bannock County								
Beginning Term Date:		2016								
Ending Term Date:		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

Attachment I

Planning and Service Area V Area Plan Development Schedule

Area Agency on Aging V Area Plan Development Schedule	Date
Received Area Plan shell from the Idaho Commission on Aging.	November 2016
AAA V Managers and Interim Director prepared timeline for completion of Area Plan to meet due date to ICOA of 7/1/17.	December 7 th , 2016
Discussed Area Plan timeline with AAA V Advisory Council including recommendations of members for steering committee.	December 8 th , 2016
Finalize needs assessment tool to be distributed and plan for the dissemination of the needs assessment.	December 2016-January 2017
Formulate list of people/entities that could be part of steering committee for development of AAA 4 year plan.	January 2017
Needs assessment distributed and returned for data analysis.	January 18 th , 2017-February 28 th , 2017
AAA V Advisory Committee meeting and received input and assistance with dissemination of the needs assessment.	January 19 th , 2017
Invite stake holders to be involved in steering committee meetings.	March 9 th , 2017
AAA V Aging managers worked on developing Strategies, Baselines, Performance Measures and Benchmarks for Strategic Plan.	March 2017-May 2017
Initial Steering Committee Meeting: Welcome and Process Description.	March 28 th , 2017
First: Steering Committee strategy review (Meeting).	April 11 th , 2017
AVAA incorporates steering committee's first recommendations/comments into area plan.	April 12 th , 2017- May 1 st , 2017
Second: Steering Committee strategy review (Meeting).	May 2 nd , 2017
AAA V incorporates steering committee's second recommendations/comments into plan. Work on the continued development of the area plan was ongoing.	May 3 rd , 2017- May 24 th , 2017
Area Plan presented at a public meeting held in Caribou County at the Caribou County Senior Center to solicit feedback and public comment on the AAA V Area Plan.	May 24 th , 2017
Area plan posted on www.sicog.org for public comment and review.	May 25 th , 2017-Fri., June 9 th , 2017
Public Comment and Review at AAA office (Open House).	May 25 th 1:00-3:00PM
Area Plan presented at a public meeting held in Oneida County at the Oneida County Senior Center to solicit feedback and public comment on the AAA V Area Plan.	May 26 th , 2017
Incorporated public comments into area plan.	May 25 th , 2017-June 1 st , 2017
Area Plan presented at a public meeting held in Bingham County at the Shelley Senior Center to solicit feedback and public comment on the AAA V Area Plan.	May 31 st , 2017
Area Plan presented to the AAA V Advisory Council for comment and review before submission to the Idaho Commission on Aging.	June 8 th , 2017
Incorporated AAA V Advisory Council comments and public comments into the area plan.	June 9 th , 2017-June 23 rd , 2017
AAA V finalized area plan for submission and sent entire document to the Idaho Commission on Aging for review and approval.	Due by July 1 st , 2017

Attachment J

Comments on Area Plan in Planning and Service Area V

Public meetings on the Area Plan and solicitation for public comment occurred at the following senior centers: (Notice placed in local newspapers)

- Caribou County Senior Center-May 24, 2017 at 12:00PM
- Oneida County Senior Center-May 26, 2017 at 12:00PM
- The Elite Retreat in Shelley-May 31, 2017 at 12:00PM

Steering Committee Meetings were held on:

- March 28, 2017
- April 11, 2017
- May 2, 2017

The Steering Committee had the opportunity to review and comment on each of the drafts and updates to the AAA V Four Year Area Plan via email from April 11, 2017 until June 8, 2017.

The AAA V Advisory Council had the opportunity to review and comment on the planning process in addition to the Area Plan on April 20, 2017 and June 8, 2017.

AAA V Nutrition Providers and Home Care providers had the opportunity to review and comment on the Area Plan at their quarterly provider meetings on May 16, 2017.

The Area Plan was posted on SICOG's website at www.sicog.org for public comment from May 24, 2017 through June 15, 2017. (Notice placed in local newspaper)

A Public meeting was held on May 25, 2017 at 1:00PM at AAA V offices in the Southeast Idaho Council of Governments (SICOG) office.

The Area Plan was available at AAA V offices in the Southeast Idaho Council of Governments (SICOG) office for public review and comment from May 25, 2017 through June 15, 2017. (Notice placed in local newspaper)

Executive Summary

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

Planning Process

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

Comments on the Core Services

1. Transportation

Transportation Service Funding

Comments: None

Outcome: N/A

- A. Comments on Transportation Service Delivery:** Shoshone-Bannock Public Transit could be listed as a referral source.

Outcome: Shoshone-Bannock Public Transit listed as a referral source under the service implemented by section.

- B. Comments on Transportation Coordination:** Baseline and Benchmark need to correlate.

Outcome: Baseline and Benchmark were revised to tie together.

2. Outreach

Outreach Service Funding

Comments: None

Outcome: N/A

- A. Comments on Outreach Service Delivery:** None

Outcome: N/A

- B. Comments on Outreach Coordination:** None

Outcome: N/A

3. Information and Assistance (I&A)

Information and Assistance Service Funding

Comments: None

Outcome: N/A

- A. Comments on I&A Service Delivery:** None

Outcome: N/A

- B. Comments on I&A Coordination:** Baseline and Benchmark need to correlate. Could identify the number of coordinating agencies as the baseline.

Outcome: Baseline and Benchmark were revised to tie together. Baseline revised to be the number of coordinating agencies that I & A collaborates with.

4. Case Management (CM)

Case Management Service Funding

Comments: None

Outcome: N/A

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

Outcome: N/A

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

Outcome: N/A

5. Homemaker

Homemaker Service Funding

Comments: None

Outcome: N/A

A. **Comments on Homemaker Service Delivery:** Suggest putting numbers used for calculations of percentages of the census data under the demographic baseline section.

Outcome: Raw numbers utilized to formulate percentages of census data in demographic baseline section were put in the section.

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

Outcome: N/A

6. Chore

Chore Service Funding

Comments: Needs assessment information identifies chore service as a high priority area of need for a majority of respondents-yet no funding is allocated for this service. Please explain?

Outcome: AAA staff will continue to refer those who inquire about chore service to community referrals that may be available. AAA V staff will monitor information derived from the data management system and evaluate if the needs of consumers are being met. Adaptions to the current plan could be made during the course of the current 4 year plan during annual updates that are required as well as during annual submission for approval of the AAA budget to the Idaho Commission on Aging.

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

Outcome: N/A

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

Outcome: N/A

7. **Minor Home Modification**

Minor Home Modification Service Funding

Comments: Needs assessment information for caregivers identifies chore service as a high priority area of need for a majority of respondents-yet no funding is allocated for this service. Please explain?

Outcome: AAA staff will continue to refer those who inquire about minor home modification services to community referrals that may be available. AAA V staff will monitor information derived from the data management system and evaluate if the needs of consumers are being met. Adaptions to the current plan could be made during the course of the current 4 year plan during annual updates that are required as well as during annual submission for approval of the AAA budget to the Idaho Commission on Aging.

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

Outcome: N/A

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

Outcome: N/A

8. **Legal Assistance**

Legal Assistance Service Funding

Comments: None

Outcome: N/A

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

Outcome: N/A

B. **Comments on Legal Assistance Coordination:** Suggest to change percentage of referrals to more reasonable and attainable number=3% under the benchmark section.

Outcome: Benchmark increase of referral percentage changed to 3%.

9. **Congregate Meals**

Congregate Meal Service Funding

Comments: None

Outcome: N/A

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

Outcome: N/A

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

Outcome: No

10. Home Delivered Meals (HDM)

Home Delivered Meal Service Funding

Comments: None

Outcome: N/A

- A. Comments on HDM Service Delivery: Suggest putting numbers used for calculations of percentages of the census data under the demographic baseline section.

Outcome: Raw numbers utilized to formulate percentages of census data in demographic baseline section were put in the section.

- B. Comments on HDM Coordination: None

Outcome: N/A

11. Disease Prevention and Health Promotions

Disease Prevention and Health Promotions Service Funding

Comments: None

Outcome: N/A

- A. Comments on Health Promotions and Disease Prevention Service Delivery: None

Outcome: N/A

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

Outcome: N/A

12. National Family Caregiver Support Program (NFCSP)

National Family Caregiver Support Program Service Funding

Comments: None

Outcome: N/A

- A. Comments on NFCSP Service Delivery: None

Outcome: N/A

- B. Comments on NFCSP Coordination: Suggest changing baseline to identify performance measures.

Outcome: Baseline changed to identify performance measures as recommended.

13. Senior Medicare Patrol (SMP)

Senior Medicare Patrol Service Funding

Comments: None

Outcome: N/A

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

Outcome: N/A

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

Outcome: N/A

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

Medicare Improvement for Patients and Providers Act Service Funding

Comments: None

Outcome: N/A

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

Outcome: N/A

B. **Comments on MIPPA Coordination:** Need to identify the current number of applicants as the baseline.

Outcome: Baseline revised as recommended to identifying the current number of applicants.

15. Participant-Directed/Person Centered Planning

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

Outcome: N/A

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

Outcome: N/A

16. Ombudsman

Ombudsman Service Funding

Comments: None

Outcome: N/A

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

Outcome: N/A

B. **Comments on Ombudsman Coordination:** Baseline should be the number of presentations given.

Outcome: Baseline changed as recommended to reflect the number of presentations provided in the most recent SFY.

17. **Adult Protection Services**

Adult Protection Service Funding

Comments: None

Outcome: N/A

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

Outcome: N/A

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

Outcome: N/A

Attachment K

IDAHO STATE UNIVERSITY STATEWIDE NEEDS ASSESSMENT

Needs Assessment of Older Adults in Idaho

Prepared for the Idaho Commission on Aging

by

Institute of Rural Health
Idaho State University

February 2016

Cyndy Kelchner, PhD
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Idaho State
UNIVERSITY
Institute of Rural Health

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The collaborative efforts of Kevin Bittner and other staff at the Idaho Commission on Aging were important in the development of this needs assessment. Nina Nichols and staff at Resolution Research assisted with the methodology design and implementation. Students, interns, and staff at Idaho State University who worked as research assistants on this needs assessment and report include Steve Neiner, Adam Reno, Natalie Riewerts, and Laila Samaha with special thanks to Robert DeVore for his assistance in developing recommendations.

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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.

Table of Contents

Table of Figures	iv
Table of Tables	v
Executive Summary	1
Findings	1
Recommendations	3
Background	4
Idaho’s Aging Population	5
Memory Care: Alzheimer’s Disease and other Forms of Dementia	6
Survey Methodology	6
Survey Distribution	6
Sampling Target Population	7
Press Releases	8
Online Survey	9
Additional Survey Distribution	9
Response Rates	10
Survey Results: Statewide and by Region	11
Demographics	11
Age	11
Gender and Veteran Status	12
Race and Ethnicity	12
Household Composition	13
Living Alone and Age 65 and Older	13
Employment Status	14
Household Income	14
Insurance Coverage	14
Quality of Life	15
Quality of Life and Household Income	15
Participation in Activities	15
Problems in Last 12 Months	18
Long-Term Care Services and Supports	20
Information and Assistance	20
Use of Information Resources	20
Use of Information Resources by Age	22
Awareness of Services Provided	23
Congregate and Home Delivered Meals	25
Homemaker Services	26
Chore Services	27
Transportation	27
Legal Assistance	28
Disease Prevention and Health Promotion Programs	28
Caregiver Services	28
Respite Services	29

Ombudsman Services	29
Adult Protection Services	29
Case Management Services	30
Comparison Across All Services	30
Comparison Across Services Areas by Age	31
Top Needs for Services	32
Current Needs	32
Future Needs	33
Results by Respondent Source	34
Online Surveys	34
Senior Center Surveys	35
Targeted Mailed Surveys	36
Results for Respondents Who Live Alone	36
Appendix A: ISU Press Releases Announcing Survey	38
Appendix B: Survey Instrument	40

Table of Figures

Figure 1: Map of Area Agency on Aging (AAA) Regions in Idaho	5
Figure 2: Survey Source by AAA Region	10
Figure 3: Survey Source Distribution, by Age	12
Figure 4: Household Composition	13
Figure 5: Household Income by Age	14
Figure 6: Quality of Life Compared to Household Income	15
Figure 7: Participation in Activities, Ordered by Level of Interest	16
Figure 8: Problems over the Last 12 Months	18
Figure 9: Use of Resources to Find Long-Term Care Services and Supports	21
Figure 10: Information Resources Used by Age	23
Figure 11: Awareness and Use of Services Provided from Agencies and Organizations	24
Figure 12: Range of Responses Across All Service Areas	31
Figure 13: Service Area with Maximum for Each Response Option	31
Figure 14: Top 3 Needs for Services, Today and in Future, sorted by Today's Need	32
Figure 15: Top 3 Needs for Services, Today and in Future, sorted by Future Need	33
Figure 16: Problems in Last 12 Months, from Online Respondents	35
Figure 17: Problems in Last 12 Months, from Senior Center Respondents	36
Figure 18: Age of Respondents Living Alone Compared to All Respondents	37

Table of Tables

Table 1: Survey Outcomes.....	2
Table 2: Population of Older Adults in Idaho, by Age and Living Alone	7
Table 3: Population of Older Adults in Idaho, by Income, Race, Rural	8
Table 4: Top AAA Regions Meeting Demographic Criteria for Persons at Risk.....	8
Table 5: Combined Demographic Criteria and Surveys Mailed per AAA Region.....	8
Table 6: Responses by Survey Source.....	10
Table 7: Response Rate for Surveys Mailed to Target Population.....	10
Table 8: Total Respondents by Region and Survey Source.....	11
Table 9: Age of Respondents	11
Table 10: Survey Source Distribution, by Age	12
Table 11: Age Distribution, by Survey Source	12
Table 12: Gender and Veteran Status of Respondents.....	12
Table 13: Race and Ethnicity	12
Table 14: Household Composition, by AAA Region	13
Table 15: Age 65 and Older Who Live Alone, Idaho’s Population Compared to Respondents	13
Table 16: Employment status, by AAA Region.....	14
Table 17: Estimated Household Income, by AAA Region	14
Table 18: Type of Insurance Coverage, by AAA Region.....	15
Table 19: Overall Quality of Life.....	15
Table 20: Participation in Activities, All Respondents.....	16
Table 21: As Often as I Want, I Go to or Participate in the Following Activities	16
Table 22: Not Nearly as Often as I Want, I Go to or Participate in the Following Activities	17
Table 23: Not Interested in Going to or Participating in the Following Activities	17
Table 24: Problems over the Last 12 Months	18
Table 25: Major Problems over the Last 12 Months	19
Table 26: Minor Problems over the Last 12 Months	19
Table 27: No Problems over the Last 12 Months	20
Table 28: Use of Information Resources	20
Table 29: Often Use These Information Resources to Find Out about Services and Supports.....	21
Table 30: Sometimes Use These Information Resources to Find Out about Services and Supports.....	21
Table 31: Never Use These Information Resources to Find Out about Services and Supports	22
Table 32: Information Resources Used by Age	22
Table 33: Awareness and Use of Services Provided, All Respondents (N=626).....	23
Table 34: Have Used the Services that Each Agency or Organization Provides	24
Table 35: Aware of the Services that Each Agency or Organization Provides.....	25

Table 36: Not Aware of and Have Never Used the Services that Each Agency or Organization Provides.....	25
Table 37: Nutrition Services: Home Delivered Meals	26
Table 38: Nutrition Services: Congregate Meals	26
Table 39: Formal Homemaker Services	26
Table 40: Informal Homemaker Services.....	26
Table 41: Formal Chore Services	27
Table 42: Informal Chore Services	27
Table 43: Formal Transportation Services.....	27
Table 44: Informal Transportation Services	27
Table 45: Legal Assistance Services.....	28
Table 46: Disease Prevention and Health Promotion Programs	28
Table 47: Caregiver Services.....	28
Table 48: Formal Respite Services.....	29
Table 49: Informal Respite Services	29
Table 50: Ombudsman Services.....	29
Table 51: Adult Protection Services	30
Table 52: Case Management Services.....	30
Table 53: Formal and Informal Services	30
Table 54: Results for All Service Areas, from All Respondents.....	31
Table 55: Top Three Services that You Think are Most Important to You Today	33
Table 56: Top Three Services that You Think are Most Important to You in the Future	34
Table 57: Selected Results for Those Living Alone Compared to All Respondents.....	37

Executive Summary

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

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

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

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

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

Findings

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

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

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

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

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

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

Table 1: Survey Outcomes

Outcomes	Survey Results	Source
Respondents who are aware of available services and agencies	46%	Table 33, Aware, average across all services
Respondents who have access to each type of service	7%	Table 54, Am Using, average across all services
Respondents who qualify for services:		
Percent of respondents with income less than \$20,000	35%	Table 17
Percent of respondents with income less than \$30,000	55%	Table 17
Percent of respondents covered by Medicare/Medicaid	77%	Table 18
Percent of respondents age 65 and older	70%	Age section, page 11
Respondents who use or might use services in the future, including formal and informal supports	37%	Table 54, Am Using + Would Use in Future, average across all services
Both formal and informal services that meet the respondents' needs	7%	Table 54, Am Using, average across all services
Activities in which respondents have interest	78%	Table 20

Recommendations

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

1. **Provide information about long-term care services and supports through sources that Idaho seniors actually use.** Information & Assistance was both the top current need and the top future need identified by respondents in this needs assessment. Each of the previous survey reports also identified information resources as a significant concern. As stated in the No Wrong Door System Assessment report (2015), it's important that people know what services are available, and for policy makers and others to see the real demand for services in order to adequately fund them. This means that all seniors need to be aware of services and able to ask for what they need, even if the availability of some services is currently limited.
 - a. Less common sources of information should be advertised using the more common sources, for example, running newspaper and television ads for the 2-1-1 Careline or providing local Area Agency on Aging brochures through health care providers, churches, libraries, and Department of Health and Welfare offices.
 - b. Information on services should be targeted to family members and caregivers in addition to seniors.
 - c. Communications tailored for each AAA region may be needed as awareness of services varied somewhat across regions.
 - d. It may be useful to further explore seniors' use of online resources such as specific websites, apps, and emails from agencies and organizations to determine actual usage and perceptions. As the population ages, the vast majority of older adults will be comfortable accessing information online. This can be a very effective information resource if accurate and timely information is provided in easy to use formats.
 - e. Mechanisms should be established to assess if adequate information is being received, for example adding a brief survey on relevant websites, tracking the number of AAA brochures distributed at providers' offices, or asking callers how they found out about an organization.
 - f. A list or registry of available service providers has been recommended previously for specific service areas such as respite care, and may be warranted for other service areas as well. Providing such lists online or printed in newspapers may help improve awareness of and access to these services.
2. **Expand the awareness of available transportation services between agencies and organizations** such that if someone is looking for transportation assistance they can find it, even if the organization they consult with does not provide the service themselves. Informal transportation services were the most commonly used service by respondents, and transportation was ranked as both a top current and future need. Transportation was also a problem for respondents in each of the previous survey reports which addressed it.
 - a. Future research may seek to compare real versus perceived lack of transportation services to determine the optimal response for each region, and to clarify the nature of transportation difficulties such as lack of public transit, confusion of bus routes, long wait times, cost, or lack of information.
3. **Educate Idaho seniors, family members, and caregivers about prevention and the importance of being proactive in addressing minor concerns,** to help prevent more serious health and well-being problems including the future need for legal and other protection services. As stated in the 2015 Idaho Senior Capacity (Legal) Assessment Report, most civil legal problems for older adults

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

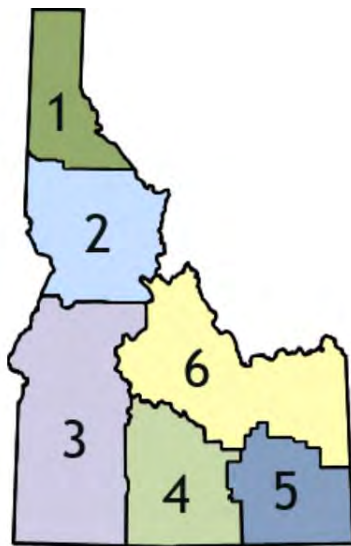
- a. Disease prevention and health promotion programs were reported as a top current need, and also had among the highest rates for both receiving and wanting services. Providing additional programs and resources in this area could avoid or delay the need for more costly long-term care services and supports for many older adults.
 - b. Providing accurate information resources for legal assistance is an important need. The future anticipated need for legal assistance is relatively high (38%) in the current survey, suggesting that some respondents are already aware of potential problems and might be interested in taking action to prevent or mitigate them.
4. **Low-cost services and information regarding other financial assistance options are important for seniors.** More than half of respondents (55%) reported a total household income of less than \$30,000 per year, and 35% reported an income less than \$20,000 per year. These rates were substantially higher for those age 80 and older (78% and 57%, respectively). Affording basic necessities was a problem for 29% of respondents.
 5. **Care coordination and planning services are critical** to help seniors maintain their independence and quality of life. The current systems of long-term care services and supports require substantial effort by both seniors and those assisting them. In many areas, these systems are not currently available or are inadequate. Further development of care coordination and planning services would greatly assist Idaho's growing population of seniors who will require an increasingly broad range of long-term care options and services.

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

Background

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

Figure 1: Map of Area Agency on Aging (AAA) Regions in Idaho



Contact Information for Local Area Agencies on Aging

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

Idaho's Aging Population

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

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

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

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

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

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

Survey Methodology

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

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

Survey Distribution

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

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

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

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

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

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

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

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

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

Sampling Target Population

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Press Releases

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

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

Distribution list for first press release:

- Media in eastern Idaho and Treasure Valley, from ISU Marketing & Communications:
 - Newspapers: Sho-Ban News, Post-Register, Idaho Statesman, Idaho Press Tribune, Meridian Press, Valley Times, Idaho State Journal, Power County Press 4
 - TV news stations: Blackfoot Morning News, Channel 8, Channel 12 TV, KTVB, KIVI, KBOI
 - Radio: Boise State Public Radio
- AAA directors, from ICOA
- ISU New Knowledge Adventures: 177 adults enrolled for Fall semester in the Treasure Valley and over 500 members in the Pocatello area. This is a joint initiative between AARP and ISU offering classes for people age 50 and over.
- AARP Idaho posted on their website
- Other email lists as deemed appropriate by the above recipients

Distribution list for second press release:

- Idaho media, from ISU Marketing & Communications as listed above
 - Two television segments explaining the needs assessment appeared on KPVI News Channel 6 in Pocatello and one on KIDK Channel 3 in Idaho Falls
- AAA directors, from ICOA
- AARP Idaho posted on their Facebook page (9,000 people access this page, primarily women over 65)
- Executive Director of the Idaho Health Care Association
- The Lewiston Community Action Partnership, in conjunction with the North-central Idaho Area Agency on Aging, produced a radio ad encouraging community members' participation in the Statewide Needs Assessment
- An article announcing the survey appeared in *News and Notes Online*, an electronic newsletter released to approximately 3,500 faculty and staff members of Idaho State University

Online Survey

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

Additional Survey Distribution

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

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

Response Rates

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

Table 6: Responses by Survey Source

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

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

Table 7: Response Rate for Surveys Mailed to Target Population

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

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

Figure 2: Survey Source by AAA Region

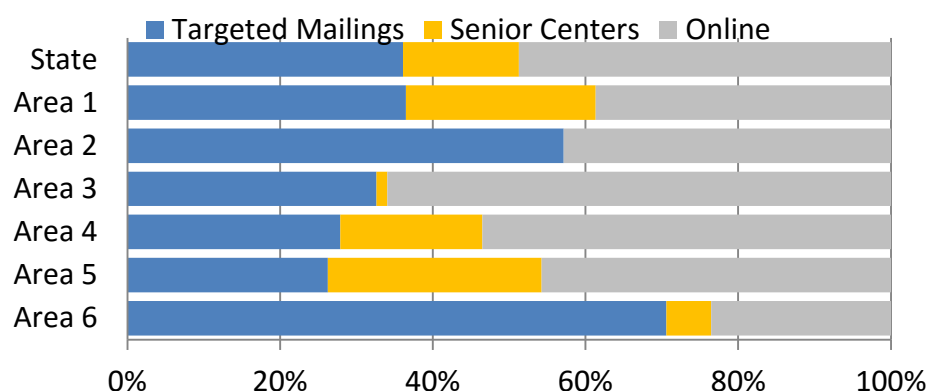


Table 8: Total Respondents by Region and Survey Source

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

Survey Results: Statewide and by Region

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

Demographics

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

Age

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

Table 9: Age of Respondents

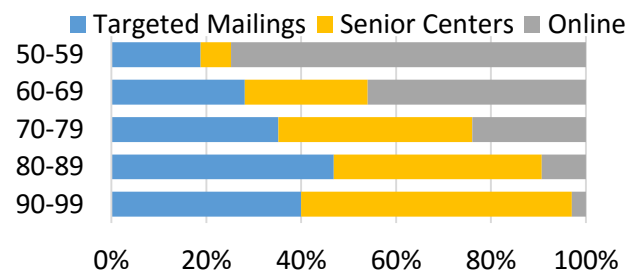
Age	50-59	60-69	70-79	80-90	90-99	Total
State (N=626)	14%	36%	32%	15%	3%	100%
Area 1 (N=137)	7%	35%	37%	19%	2%	100%
Area 2 (N=70)	13%	34%	36%	14%	3%	100%
Area 3 (N=138)	20%	40%	28%	11%	1%	100%
Area 4 (N=129)	23%	34%	26%	11%	5%	100%
Area 5 (N=118)	10%	35%	36%	18%	2%	100%
Area 6 (N=34)	12%	32%	32%	21%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

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

Table 10: Survey Source Distribution, by Age

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

Figure 3: Survey Source Distribution, by Age



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

Table 11: Age Distribution, by Survey Source

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

Gender and Veteran Status

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

Table 12: Gender and Veteran Status of Respondents

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

Race and Ethnicity

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

Table 13: Race and Ethnicity

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

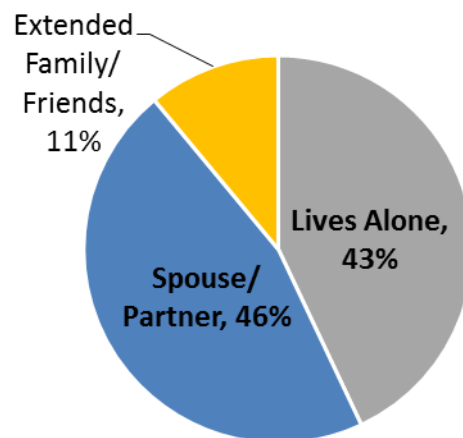
Household Composition

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

Table 14: Household Composition, by AAA Region

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

Figure 4: Household Composition



Living Alone and Age 65 and Older

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

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

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

Employment Status

Half of all respondents are not currently working or volunteering.

Table 16: Employment status, by AAA Region

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

Household Income

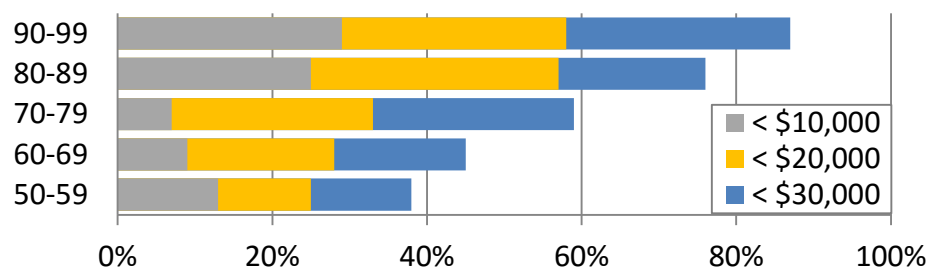
The reported household income was fairly well distributed with 10-24% in each level. AAA Regions 3 and 4 had a higher percentage of respondents in the highest income category while Region 6 had a significantly lower percentage. More respondents had a household income below \$20,000 (35%) than that reported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

Table 17: Estimated Household Income, by AAA Region

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

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

Figure 5: Household Income by Age



Insurance Coverage

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

Table 18: Type of Insurance Coverage, by AAA Region

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

Quality of Life

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

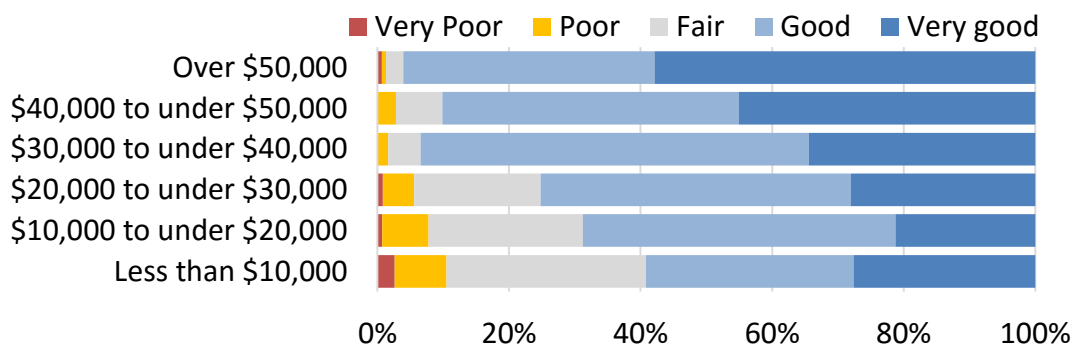
Table 19: Overall Quality of Life

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

Quality of Life and Household Income

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

Figure 6: Quality of Life Compared to Household Income



Participation in Activities

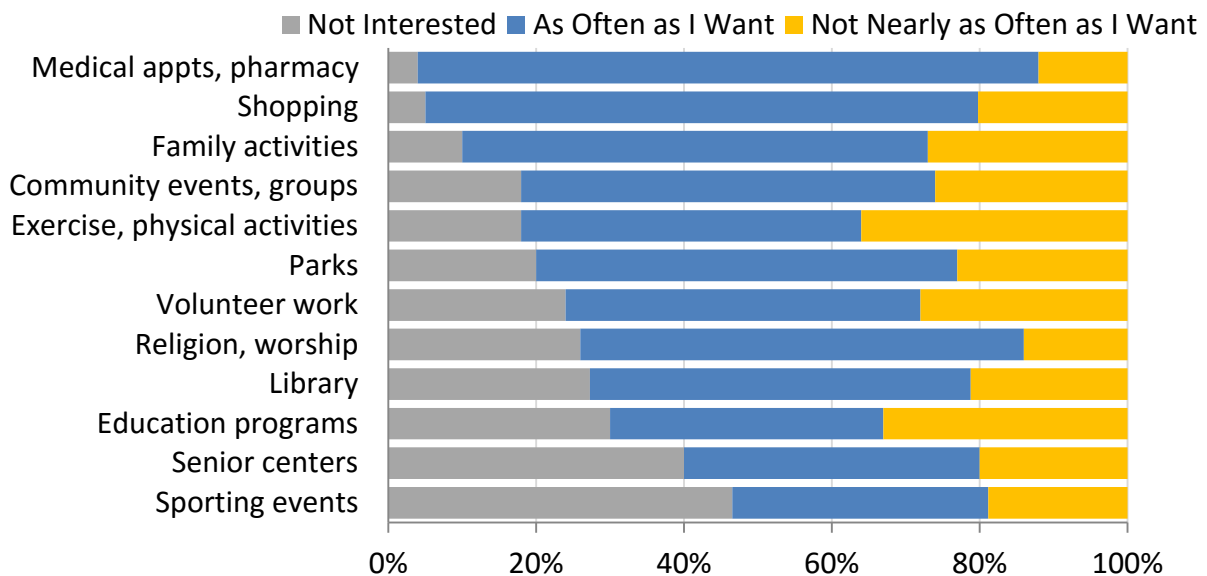
Another measure of quality of life is an individual's ability to participate in activities as much as they would like to do so. Response options were as often as I want, not nearly as often as I want, and not interested. Results are presented in Table 20 and Figure 7 for all respondents. The "Interested"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

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

Table 20: Participation in Activities, All Respondents

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

Figure 7: Participation in Activities, Ordered by Level of Interest



Results are presented for each response option by AAA region in the next three tables. Most respondents reported that they were able to attend medical appointments (84%) and go shopping (74%) as often as they wanted.

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

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

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

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

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

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

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

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

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

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

Problems in Last 12 Months

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

Figure 8: Problems over the Last 12 Months

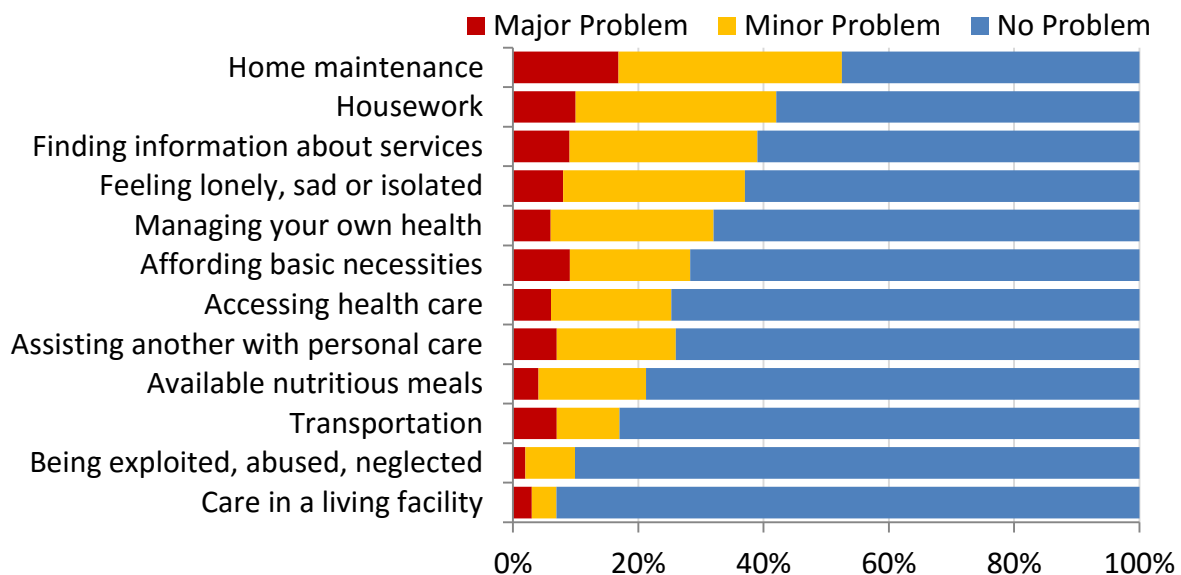


Table 24: Problems over the Last 12 Months

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

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

Table 25: Major Problems over the Last 12 Months

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

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

Table 26: Minor Problems over the Last 12 Months

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

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

Table 27: No Problems over the Last 12 Months

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

Long-Term Care Services and Supports

Information and Assistance

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

Use of Information Resources

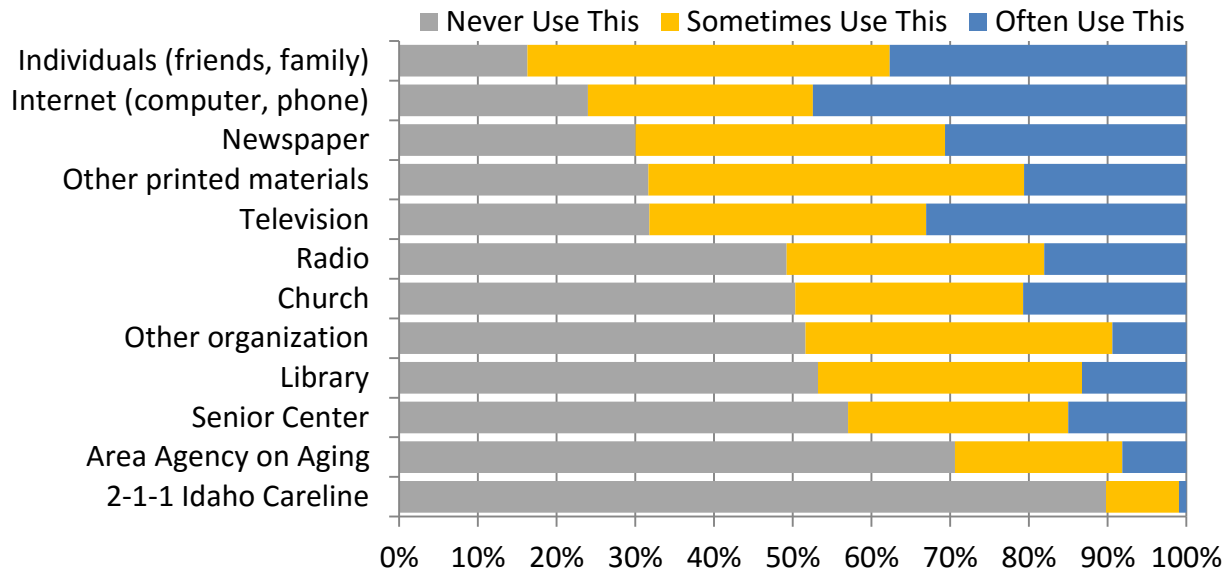
The first question asked how often the respondent has used the following information resources to find out about services and supports for seniors and people with disabilities. Results are presented in Table 28 and Figure 9 for all respondents (see next section for the use of these information resources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

Table 28: Use of Information Resources

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

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

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



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

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

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

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

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

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

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

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

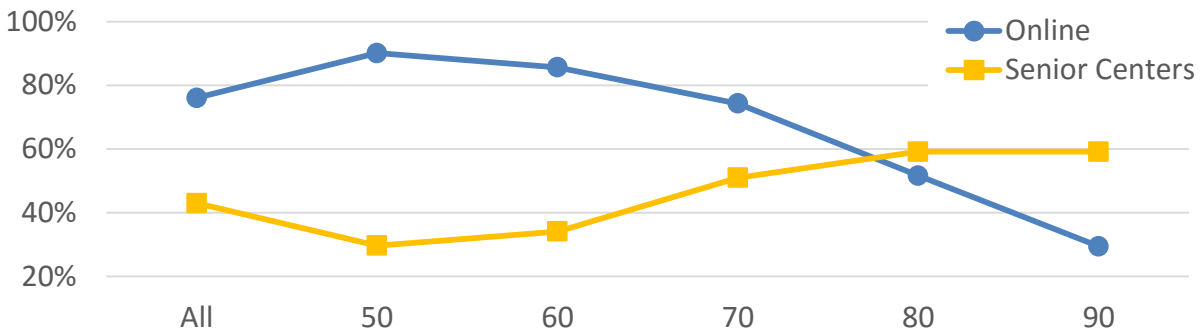
Use of Information Resources by Age

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

Table 32: Information Resources Used by Age

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

Figure 10: Information Resources Used by Age



Awareness of Services Provided

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

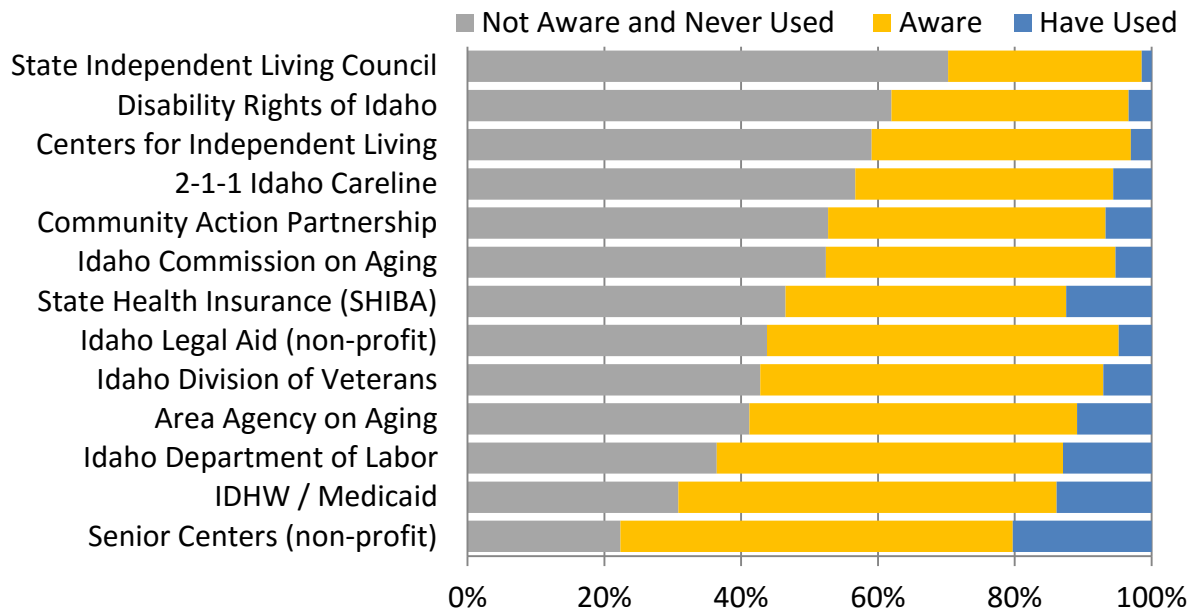
On average, about equal numbers of respondents were aware and not aware of the services provided by these agencies or organizations (46% and 47%), and fewer than 10% have used any of the services. However, there was a wide range of awareness reported for specific agencies and organizations. For example,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

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

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

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

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



Results by AAA Region, as well as the statewide results shown in the above figure, are presented for each response option in the next three tables.

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

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

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

Table 35: Aware of the Services that Each Agency or Organization Provides

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

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

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

Congregate and Home Delivered Meals

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

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

Table 37: Nutrition Services: Home Delivered Meals

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

Table 38: Nutrition Services: Congregate Meals

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

Homemaker Services

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

Table 39: Formal Homemaker Services

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

Table 40: Informal Homemaker Services

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

Chore Services

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

Table 41: Formal Chore Services

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

Table 42: Informal Chore Services

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

Transportation

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

Table 43: Formal Transportation Services

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

Table 44: Informal Transportation Services

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

Legal Assistance

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

Table 45: Legal Assistance Services

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

Disease Prevention and Health Promotion Programs

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

Table 46: Disease Prevention and Health Promotion Programs

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

Caregiver Services

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

Table 47: Caregiver Services

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

Respite Services

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

Table 48: Formal Respite Services

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

Table 49: Informal Respite Services

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

Ombudsman Services

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

Table 50: Ombudsman Services

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

Adult Protection Services

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

Table 51: Adult Protection Services

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

Case Management Services

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

Table 52: Case Management Services

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

Comparison Across All Services

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

Table 53: Formal and Informal Services

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

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

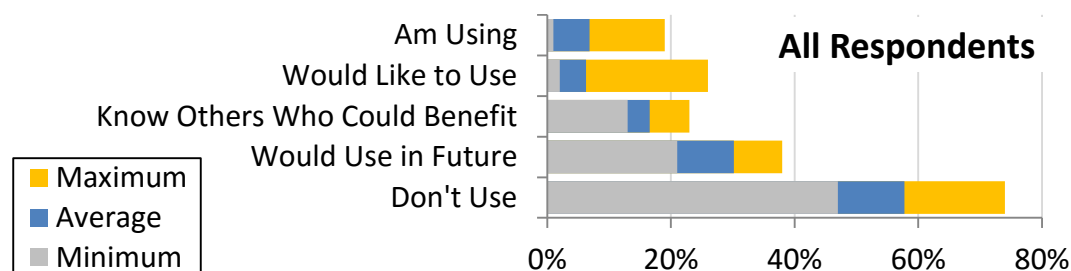
For each service area, between 2% and 11% of respondents would like to use these services (average of 5%). More people reported wanting a service than are currently receiving it for 9 of the 16 service areas included in the needs assessment. The largest difference is for formal chore services, which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

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

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

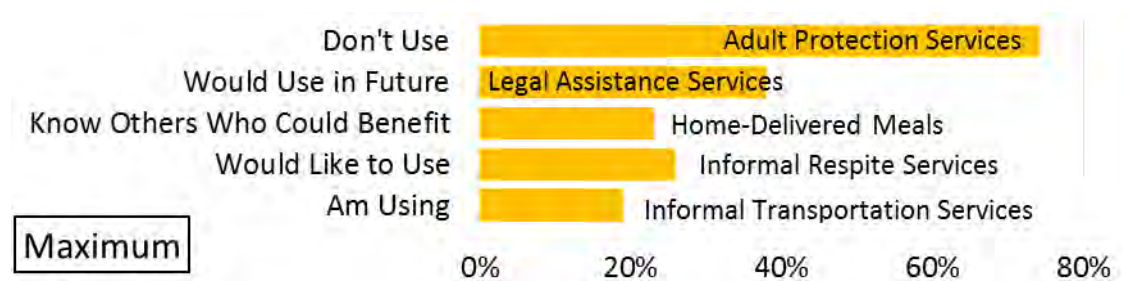
The range of responses across all service areas is shown in Figure 12. Fewer than 20% of respondents currently use any of these services (average 7%), and 21% to 38% would use each service area in future.

Figure 12: Range of Responses Across All Service Areas



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

Figure 13: Service Area with Maximum for Each Response Option



Comparison Across Services Areas by Age

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

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

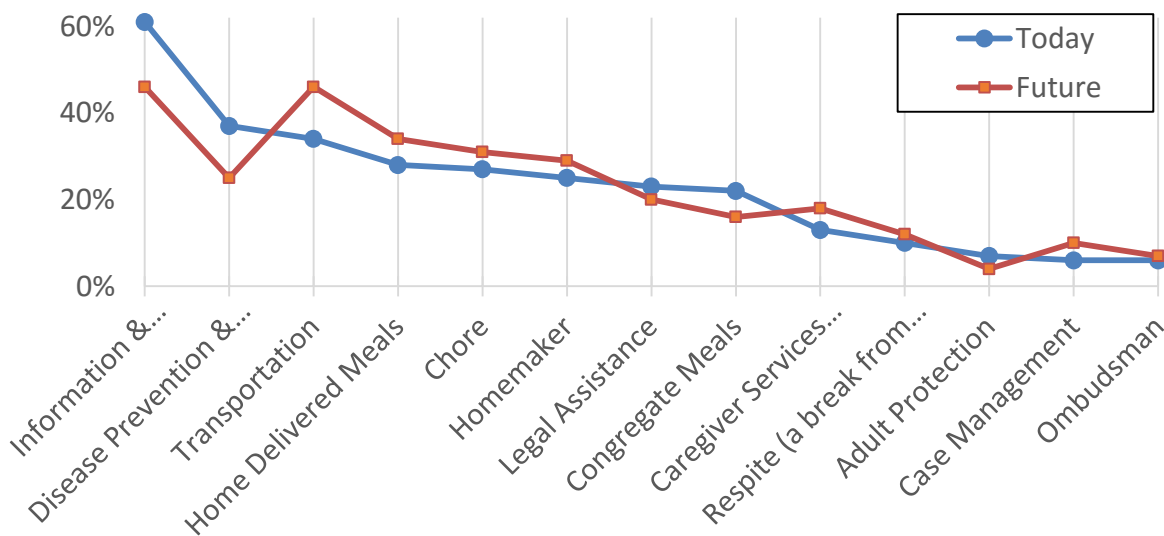
Top Needs for Services

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

Current Needs

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

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



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

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

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

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

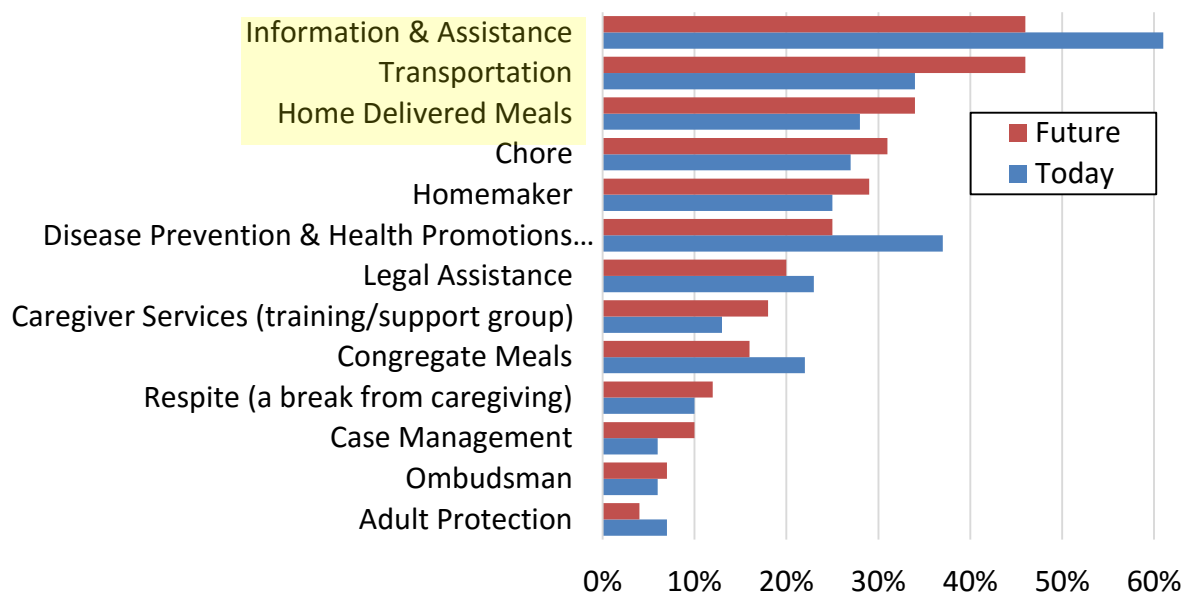
Table 55: Top Three Services that You Think are Most Important to You Today

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

Future Needs

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

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



The top three future needs were similar for all regions except for the following:

- Regions 1 and 2 estimated that chore services would be more important to them in the future than home delivered meals (39% and 34% vs 31% and 21% for chore services and home delivered meals, respectively).
- Region 6 estimated that homemaker services would be more important to them in the future than either chore or home delivered meal services (41% vs 29% and 35%).

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

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

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

Results by Respondent Source

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

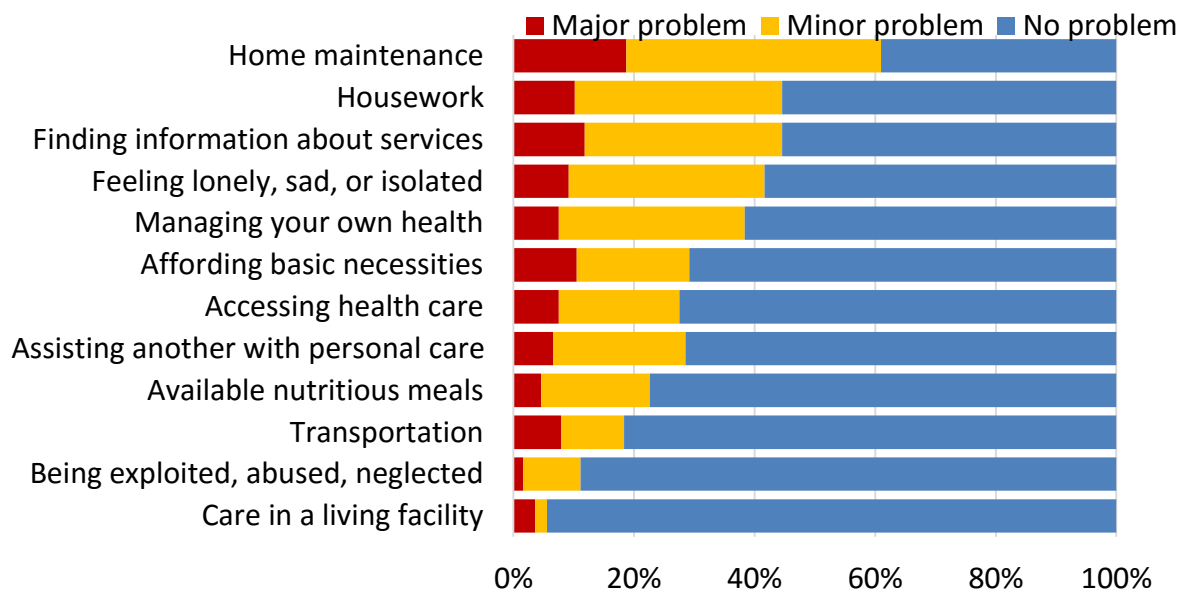
Online Surveys

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

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

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

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



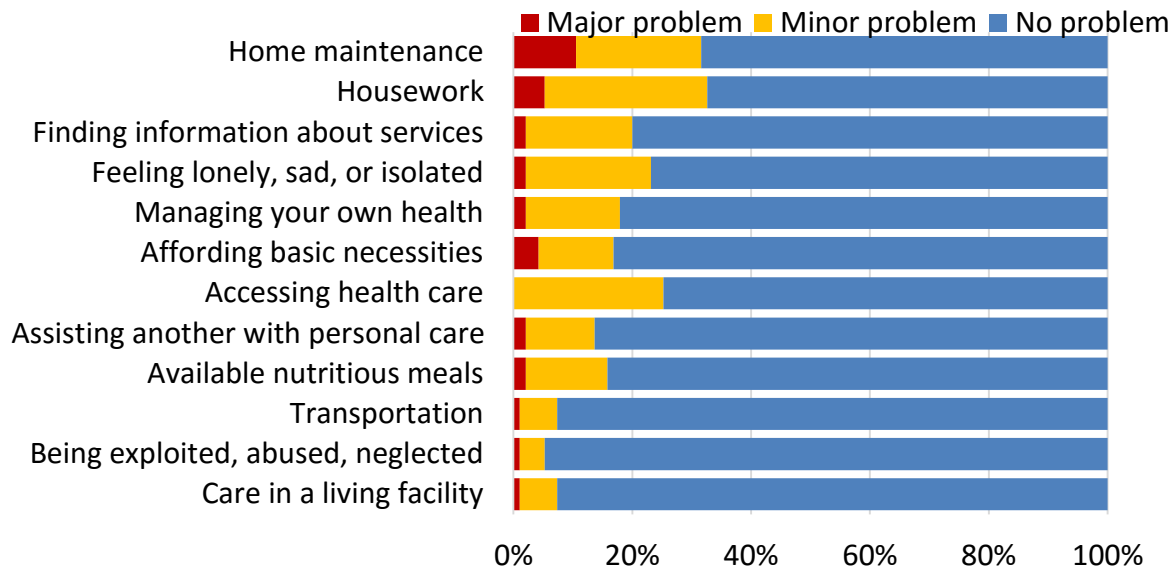
Overall, online survey respondents use slightly fewer services than all respondents.

Senior Center Surveys

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

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

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



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

Targeted Mailed Surveys

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

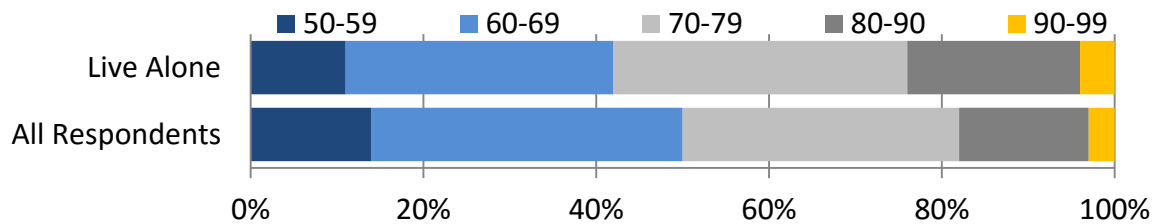
Most other differences between this subgroup and all respondents were small.

Results for Respondents Who Live Alone

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

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

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



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

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

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

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

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

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

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

Appendix A: ISU Press Releases Announcing Survey

Idaho State UNIVERSITY

October 27, 2015

Released by Idaho State University, Marketing and Communications

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

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

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

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

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

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

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

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Idaho State UNIVERSITY

November 19, 2015

Released by Idaho State University, Marketing and Communications

Statewide assessment to improve senior services in Idaho

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

These are a few of the questions that a new statewide assessment is trying to answer. If you have received this survey in the mail, please complete and return it by the end of November.

If you are an Idaho resident age 50 or over and did not receive a survey, you can complete the assessment online at www.tinyURL.com/AgingNeeds

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

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

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

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Appendix B: Survey Instrument

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

Print version: [ICOA_Needs Assessment_to_print_30Oct15](#)

Online version: [ICOA_Needs_Assessment_Survey_online_version_6Nov15](#)

Attachment L

CIVIL RIGHTS

Title VI, Civil Rights Act of 1964

Title VII, Equal Employment Opportunity Act of 1972

Sections 503 and 504 of the Rehabilitation Act of 1973

Age Discrimination Act of 1975

Title II, Americans with Disabilities Act of 1990

SECTION I: STATEMENT OF POLICY

As a recipient of federal and state funds, the Area Agency on Aging V (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:

AAAV

Mike Hirschi-Director

214 E. Center Street

Pocatello, Idaho 83201

1-208-233-4032 or 1-800-526-8129

Office Hours: Monday—Thursday: 8:00AM-5:00PM

Friday: 8:00AM-12:00PM

A. Nondiscrimination Policy

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

This policy applies to all aspects of AAA programs/services and other activities or by their contracting organizations-- all entities which use federal or state funds.

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

B. Specific Discriminatory Practices Prohibited

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

advisory councils and policy making boards which are integral elements of program planning and service provision;

6. The AAA and all subcontractors shall have procedures for monitoring all aspects of their operations to assure that no policy or practice is, or has the effect of being, discriminatory against beneficiaries or other participants. Monitoring shall include, but not be limited to:
 - a) location of offices and facilities;
 - b) manner of assigning applicants or clients to staff;
 - c) dissemination of information;
 - d) eligibility criteria for participation in programs/receipt of services;
 - e) referral of applicants/clients to other agencies and facilities;
 - f) contracts with minority, women's, and disability organizations;
 - g) use of volunteers and/or consultants;
 - h) provision of services;
 - i) program accessibility;
 - j) reasonable efforts to make accommodations and provide auxiliary aids for applicants/clients with disabilities;
 - k) use of available statistical data pertaining to demographics and needs of low-income minority groups and other targeted classes residing in the region relative to their:
 - i. potential participation in programs,
 - ii. actual (historic) participation in programs,
 - iii. employment patterns, especially, their use as employees or staff in programs administered by the agency or contractor,
 - iv. membership on advisory councils,
 - v. number and nature of complaints alleging discrimination which have been filed,
 - vi. number of bilingual staff and staff qualified as sign language interpreters; and
 - l) written assurances of compliance with Title VI, Sections 503 and 504, and the Americans With Disabilities Act.
7. The AAA and subcontractors shall assure that no qualified individual with a disability shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination due to facilities being inaccessible to, or otherwise unusable by persons with disabilities.
8. The AAA shall take corrective action to overcome the effects of discrimination in instances where the AAA, or their subcontractors have discriminated against any persons on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.
9. Any contractor or subcontractor who refuses to furnish assurances of nondiscrimination, or who fails to comply with federal and/or state laws as outlined in this policy, must be refused federal or state financial assistance. Such action will be taken only after there has been an opportunity for review before the appropriate officials, and after a reasonable amount of time has been allowed for compliance with the policy. All incidents of noncompliance will be referred to the appropriate federal or state agencies in a timely manner.

SECTION II: *Nondiscrimination Language in Contracts and Employment*

A. Contract Reference to "Nondiscrimination in Client Services"

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

B. Nondiscrimination in Employment

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

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

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

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

the Regulation, no otherwise qualified disabled individual in the United States shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the AAA receives Federal financial assistance from the Department.

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

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

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

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

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

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

A. AAA PROCEDURES:

1. **Identifying Limited English Proficiency (LEP) persons and their language:** The AAA will identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with consumers or family members, the language used to communicate with the LEP person will be included as part of the record.
2. **Obtaining a qualified interpreter:** The AAA is responsible for:
 - (a) Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff;
 - (b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;
 - (c) Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person’s file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person. Children and other clients/patients/residents will not be used to interpret, in order to ensure confidentiality of information and accurate communication.
3. **Providing written translations:** When translation of documents is needed, the AAA will submit documents for translation into frequently-encountered languages. Original documents being submitted for translation will be in final, approved form with updated and accurate information.
4. **Providing notice to LEP persons:** The AAA will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations.
5. **Monitoring language needs and implementation:** On an ongoing basis, the AAA will assess changes in demographics, types of services or other needs that may require reevaluation of this procedure. In addition, the AAA will regularly assess the efficacy of these procedures.

GOVERNING BODY

Southeast Idaho Council of Governments

Dave Doran Executive Director

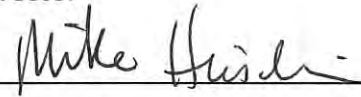
Signature: 

Date: 10-11-2017

AREA AGENCY ON AGING

Area Agency on Aging V

Mike Hirschi Director

Signature: 

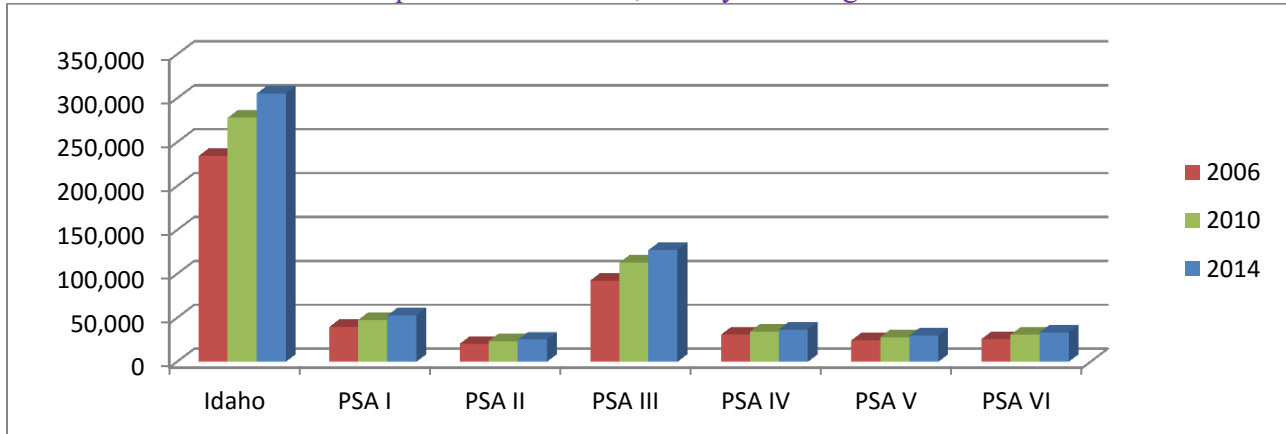
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ATTACHMENT M

PLANNING AND SERVICE AREA DEMOGRAPHICS

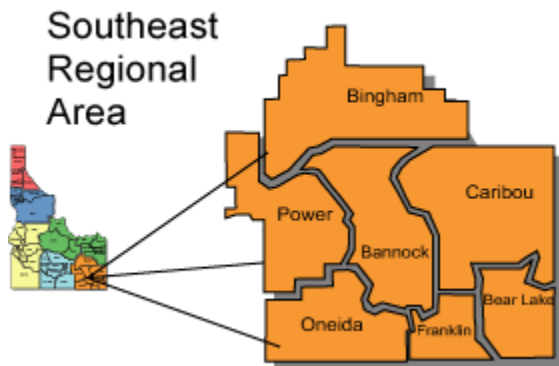
Overview

Growth of the 60+ Population Statewide, and by Planning Service Area



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

PSA V



Geographic Information:

The region in PSA V covers 9,491 square miles in seven counties: Bannock, Bear Valley, Bingham, Caribou, Franklin, Oneida, and Power. The Southeast Idaho Council of Governments hosts the AAA for this region which out of its offices in the city of Pocatello. Beyond Pocatello, most of the PSA is rural. One unique feature of the area is the Fort Hall Reservation located just a few miles out of Pocatello. The Shoshone-Bannock Tribe runs a casino nearby, as well.

Demographic Information:

Based on the 2014 American Community Survey Estimates, the total population in PSA V was 166,586, of which 29,842 (17.9%) individuals were over the age of 60. The at risk

populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is 36,969.

Exhibit 1A Idaho Growth Change and Demographics

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

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

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

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

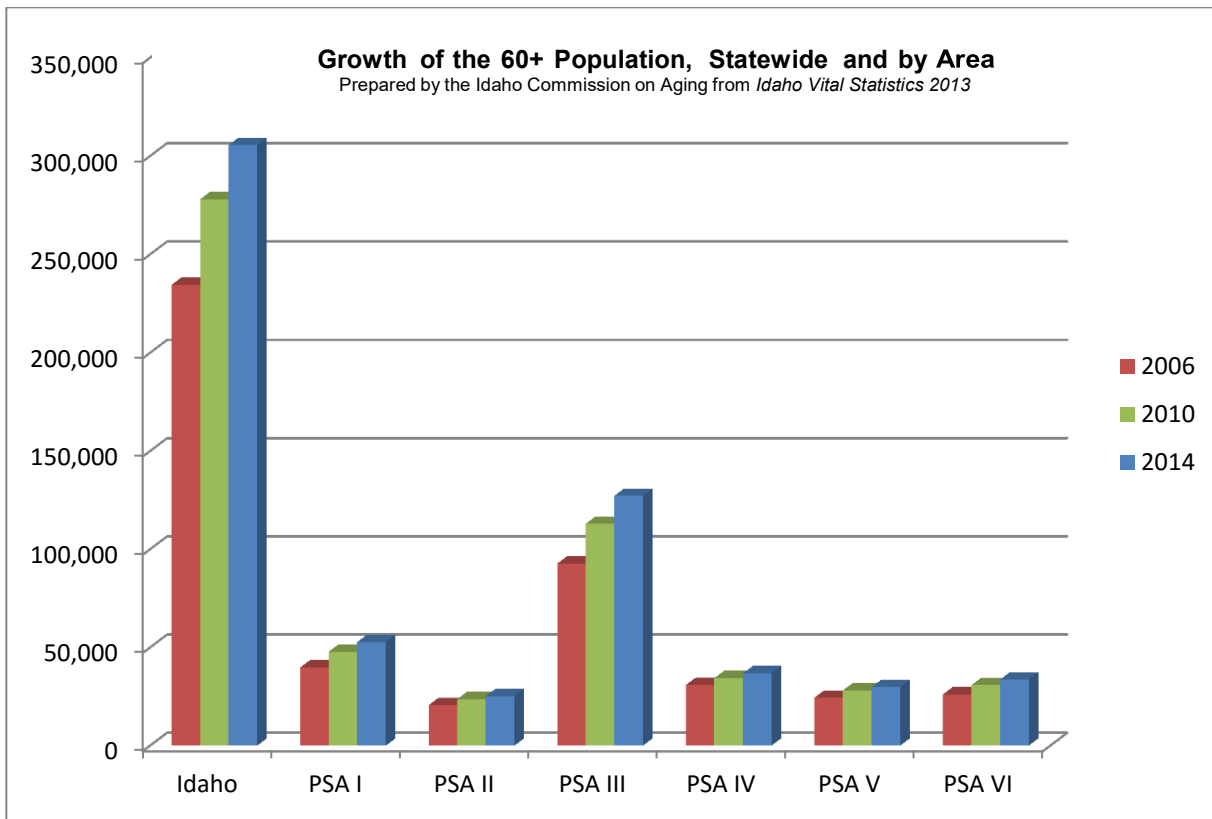
According to the Idaho State Historical Society, the entire population of Idaho numbered only 17,804 in 1870. By 1880 it had reached 32,610. When Idaho officially became the 43rd state on July 3, 1890, the population had reached 88,548— an increase of nearly 400 percent in just two decades. The state's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

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

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

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

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



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

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

...and greatest loss counties:

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

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

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

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

Idaho Resident Life expectancy 2013

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

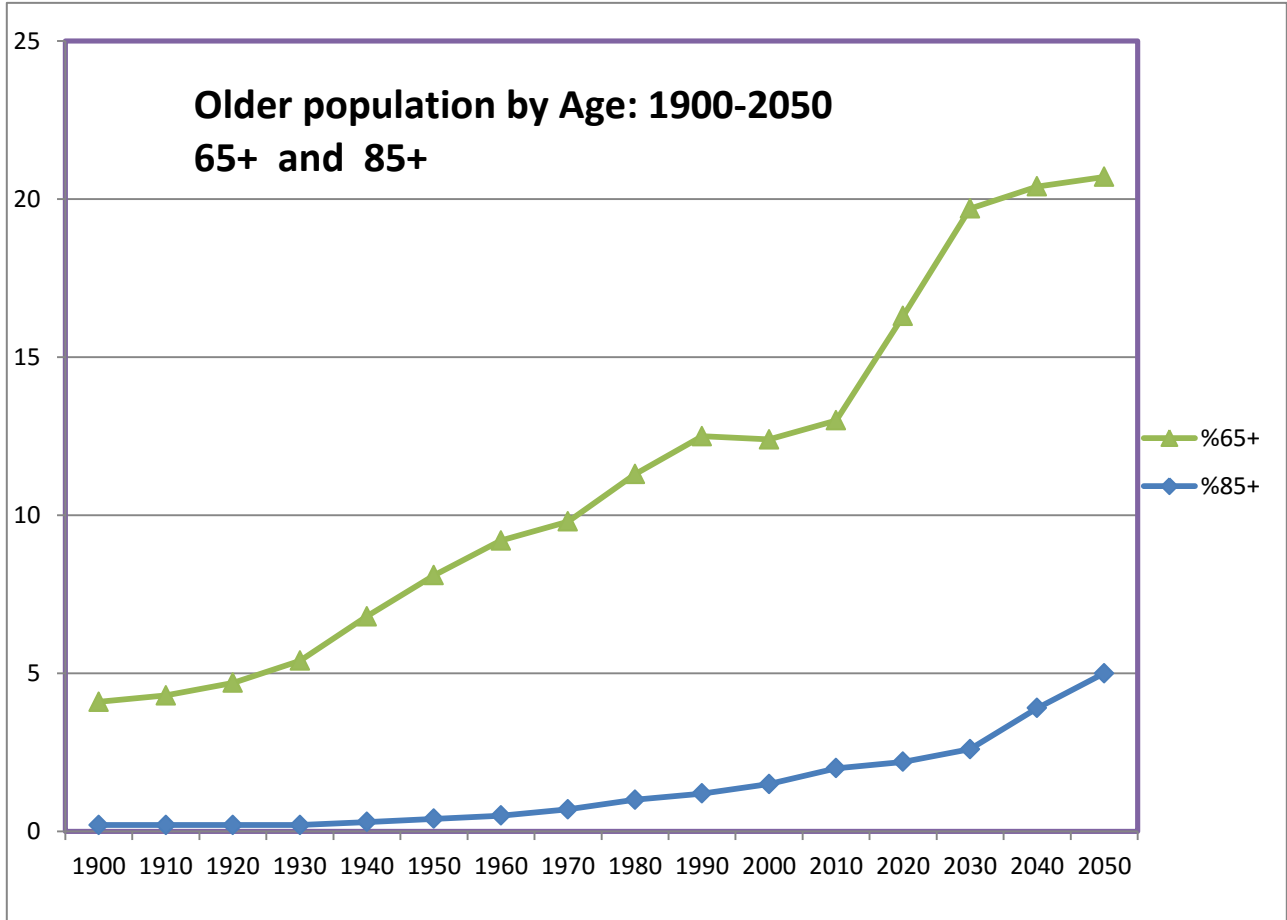
Idaho’s population also reflects another national trend in that it is becoming more racially and ethnically diverse. This diversification is occurring across all age groups although it is most pronounced among younger people, leaving the oldest cohort the most homogeneous. Between 2010 and 2014, the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

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

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

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

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

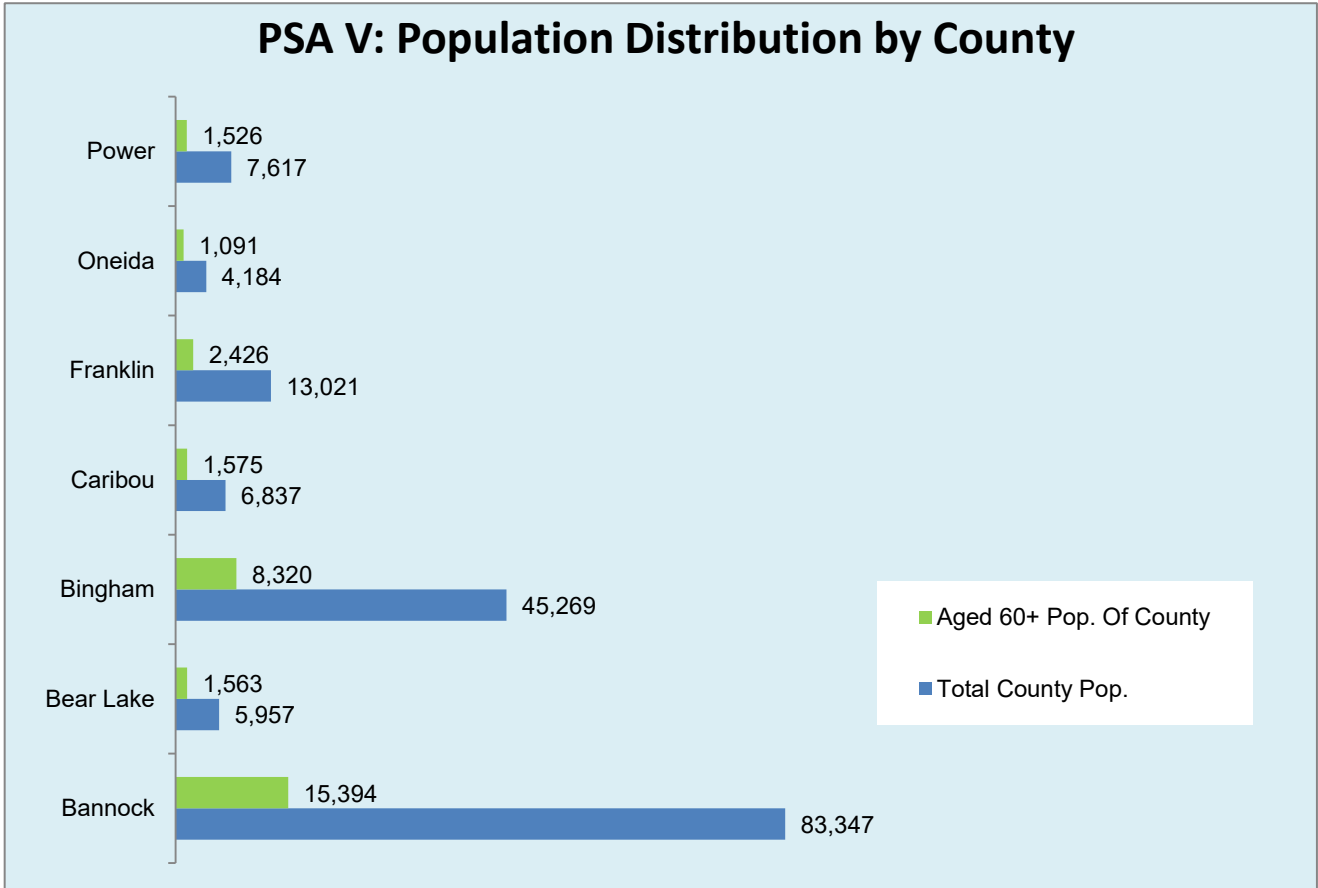


The growth of Idaho's older population reflects predicted growth in this population nationwide as a consequence of the aging of the Baby Boomer generation. The chart above depicts this anticipated growth in Idaho and in the US overall.

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.

Planning and Service Area V



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 V

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 Office of Emergency Management (IOEM) 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, IOEM 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
Mike Hirschi	AAA V Director	(208)233-4032 mike@sicog.org

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

NAME (AAA STAFF)	TITLE/POSITION	TELEPHONE	EMERGENCY ASSIGNMENT
Sandy Guidinger	I & A Supervisor	(208)233-4032	Intake and Access to Services
Kristen Barrington	I & A Intake Staff	(208)233-4032	Intake and Access to Services
Therese Hidalgo	I & A Intake Staff	(208)233-4032	Intake and Access to Services
Susan Cronquist	Adult Protection Supervisor	(208)233-4032	Assistance with site intakes and relocation if necessary
Kathy Higley	Senior Medicare Patrol	(208)233-4032	Assistance with site intakes and relocation if necessary
Liz Delaney	Ombudsman	(208)233-4032	Alternate services to residents of nursing homes and assisted living facilities

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

LOCATION NAME AND ADDRESS	TELEPHONE / OTHER CONTACT NUMBERS
Bannock County Criminal Justice Center 5800 South 5 th , Pocatello 83201	208-236-7104

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

The AAA V staff has a great working relationship with Southeastern Idaho Public Health Department (SIPH), who takes the lead in community disaster preparedness in our planning and service area. The Healthcare Liaison for Public Health Preparedness at SIPH serves on the AAA V advisory council. An AAA V staff member is a part of the Southeastern Idaho Healthcare Coalition which serves as a forum to build and sustain regional healthcare response system to emergency, preparedness, response and recovery. These partnerships and collaborations allow the AAA staff an opportunity to receive and disseminate disaster preparedness information to consumers, service providers and the general public. The AAA V and our partnering agencies provide access to this information by having emergency preparedness material available at the AAA V office, on the AAA V website and to our service providers.

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
Bannock County Sheriff Box 4666, Pocatello 83205	Bannock	Kevin Fannesbeck Emergency Service Manager	(208) 236-7104 (208) 380-6066
Bear Lake County PO Box 151 Bloomington 83223	Bear Lake	Alan Eborn Emergency Service Coordinator	(208) 945-2212 (208) 251-9935
Bingham County 501 N. Maple, # 208 Blackfoot 83221	Bingham	Scott Reese Emergency Management Director	(208) 782-3190 (208) 243-8611
Caribou County Box 775 Soda Springs 83276	Caribou	Eric Hobson Director of EMS	(208) 547-2583
Franklin County 6869 N. Capital Hill Preston 83263	Franklin	Warren Wilde Director of EMS	(208) 852-1332 (208) 221-1408
Oneida County Sheriff’s Dept. 10 Court Street Malad 83252	Oneida	Dan Williams Director of Disaster Services	(208) 766-2251 (208) 766-4116
Power County 560 N. Oregon Trail Road American Falls 83211	Power	Di Jones Office of Emergency Management	(208) 226-2839 (208) 221-1129

ID Bureau/Homeland Security 10714 N. Fairgrounds Road Pocatello 83202	Region 5	Mark Stephensen Field Officer	(208) 238-9113 (208) 251-0185
American Red Cross 410 Memorial Drive--# 204 Idaho Falls 83402	Region 5 & 6	Kathy Davis District Director	(208) 243-0517
Medical Service Corps Public Health Department 1901 Alvin Ricken Drive Pocatello 83201	Region 5	Devin Hughes Health Care Liaison	(208) 239-5208 (208) 243-1567

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

The AAA V contracts, grants and agreements with service providers describing and assuring their response during a disaster or emergency will be developed during the first year of this area plan.

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
Pocatello Regional Transit 5815 South 5th Avenue Pocatello, Idaho 83204	Counties of Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida and Power	Dave Hunt	(208)234-A-BUS (2287) Email: prt@pocatello.us
Senior Activity Center 427 N. 6 th Ave. Pocatello, ID 83201	Cities of Pocatello and Chubbuck	Anita Valladolid	(208)233-1212 Email: senioractivities@ida.net
Aberdeen Senior Center 42 W. Washington St. Aberdeen ID 83221	City of Aberdeen	Amy Sidell	(208)397-4349 Email: seniorcitizen@frontier.com
Grace Thiel Community Center 300 Hospital Plaza Montpelier, ID 83254	Bear Lake County	Jackie Price	(208)847-3141 Email: jackie.price68@gmail.com
Bingham County Senior Center 20 E. Pacific St. Blackfoot, ID 83221	Bingham County	Pam Beus	(208)785-4714 Email: Seniors4ever@qwestoffice.net

Caribou County Senior Center 60 S. Main St. Soda Springs, ID 83276	Caribou County	Stacie Watkins	(208)547-3007 Email: carsenior@silverstarbroadband.com
Curlew Valley Senior Center 10808 S. 2300 W. Stone ID 83280 25 E. 50 S. #A Malad, ID 83252	City of Stone, Idaho	Tami Velasco Rich Moore	(208)698-3585 Email: tamiv79@hotmail.com (208)534-6080 rich.moore@malad.us
Franklin County Senior Center 64 W. 1 st S. Preston, ID 83263	Franklin County	Carol Parker	(208)852-2844 Email: communitycenter60@yahoo.com
Lava Hot Springs Senior Center 150 N. Center St. Lava Host Springs, ID 83246	City of Lava Hot Springs Area	Rosie Scott	(208)776-5569 Email: thelavaseniors@aol.com
Marsh Valley Senior Center 21 S. Main St. Downey, ID 83234	City of Downey	Marsha Elmore	(208)897-5351 Email: mvseniorcenter@icsofidaho.net
Oneida County Senior Center 26 N. Main St. Malad, ID 83252	Oneida County	Cindy Jordan	(208)766-2250 Email: Cjjordan0209@gmail.com
Power County Senior Center 180 Idaho St. American Falls, ID 83211	Power County	Kathleen Ulrich	(208)226-2794 Email: pcscseniors60@live.com
Shelley Senior Center 193 W. Pine St. Shelley, ID 83274	City of Shelley	Denine Wong	(208)357-3621 Email: seniors3621@yahoo.com
SEICAA/MOW 825 E. Bridger St. Pocatello, ID 83201	Cities of Pocatello and Chubbuck	Andrea DeMartinis	(208)232-1114 ex. 140 Email: andmartinis@seicaa.org
Bear Lake Memorial Home Care 164 S. 5 th Montpelier, ID 83254	Counties of Bear Lake and Caribou	Shauna Dawes	(208)847-4454 Email: shauna.dawes@blmhospital.com

Care Connection of Idaho 215 N. 9 th St. Suite F Pocatello, ID 83201	Cities of Blackfoot, Chubbuck, Inkom, McCammon, Pocatello, American Falls	Amber Davis	(208)240-5535 Email: CareConnectionofIdaho@gmail.com
Caring Hearts In-Home Care 2601 Poleline Rd. Pocatello, ID 83201	Counties of Bannock, Bingham, Caribou and Power	Darren West Or Stacy	(208)269-7150 (208)241-9997 Email: caringheartscares@gmail.com
Franklin County Medical Center Home Care 44 N. 100 E. Preston, ID 83263	Franklin County	Kaylene Owen	(208)852-1937 Email: klowen@fcmc.org
Friends and Family Home Care 4922 Yellowstone Suite B Chubbuck, ID 83202	Cities of Chubbuck, Inkom, Downey, Pocatello, Blackfoot, Shelley American Falls	LeeAnn Campbell or Cami Aguinaga	(208)244-4136 Email: friendsandfamily@cablene.net
Heartwork Connections, LLC 1443 Parkway Drive, Suite 2 Blackfoot, ID 83221	Counties of Bannock, Bingham, Caribou, Oneida and Power	Denise Jensen	(208)782-1088 Email: heartworkconnections@hotmail.com
Home Helpers 353 E. Lander St. Pocatello, ID 83204	Cities of Pocatello, Chubbuck, Inkom, Lava Hot Springs, McCammon, Montpelier, Blackfoot, Shelley, Firth. Power County	Teresa Nelson or Trina Cutler	(208)234-2380 Email: tnelson@homehelpershomecare.com tcutler@homehelpershomecare.com
Oneida County Hospital Home Care 150 N. 200 W. Malad, ID 83252	Oneida County	Melanie Bowcutt	(208)766-5805 Email: mbowcutt@oneidahospital.com
PCS Helping Hands 2785 Bannock Hwy. Pocatello, ID 83204	Cities of Chubbuck, Pocatello, Blackfoot, Soda Springs and Preston	Karla Jensen	(208)232-2009 Email: Kjensen48@hotmail.com
Quality Home Care 258 McKinley Pocatello, ID 83201	Cities of Chubbuck, Inkom, McCammon, Pocatello, Aberdeen, American Falls	Tina Spears or Kita Maravilla	(208)235-4677 Email: qltyhmc@aol.com

<p>Senior Care 28 S. 1100 E. Suite C American Fork, UT 84003</p> <p>240 W. Burnside Suite B Chubbuck, ID 83201</p>	<p>Counties of Bannock, Bear Lake, Bingham Cities of Grace, Soda Springs, Franklin, Preston, American Falls</p>	<p>Sue Christensen</p>	<p>(801)642-2665 1-888-571-6771 Email: sue@trustedseniorcare.com</p>
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8. Describe the AAA’s process to identify homebound, frail, disabled, isolated and/or vulnerable clients who may need assistance in the event of a man-made or natural disaster:

All consumers of Home Delivered Meals, Homemaker, and Respite Services have an address and/or directions to their home on file in the database system that AAA utilizes. The data base has client demographics and emergency contact information in order to determine the status of the individual that there may be a concern about. Another resource AAA V has utilized to identify frail, disabled and/or vulnerable clients is the HHS emPOWER Map 2.0. This internet based tool helps to further identify specifics about Medicare beneficiaries in our area. The HHS emPOWER Map 2.0 features the monthly total of Medicare beneficiaries with electricity-dependent equipment claims at the U.S. state, territory, county, and zip code level to identify the areas and populations that may be impacted and at risk for prolonged power outages.

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 above under Basic Components of an Area-Wide Disaster Plan.

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

The capability and extent of assistance the AAA's are able to provide, in case of a disaster or emergency are limited. Primary to the mission is disaster relief and assistance. The first 24 hours of a disaster or emergency are **key** to accessing relief and assistance. In case of a disaster or emergency the following information should be recorded on any known victims:

- Name
- Home address
- Telephone number, if working
- Known health conditions
- Next of kind and telephone number
- Nature of need
- Location of individual if not at home

This information should be relayed to Idaho Office of Emergency Management (IOEM) if rescue is required. The AAA V Director and ICOA should be made aware of all efforts accomplished by IOEM.

The AAA V will be prepared to pass on information to the Idaho Commission on Aging about the approximate number of older persons that might be residing in a given area.

It is vitally important that any contracted nutrition providers who provide commodities or meals during a disaster or emergency, keep extensive and accurate records of what was provided to whom, when, and under what circumstances and at whose direction. These services are reimbursable by the federal government if properly authorized but require good records in order to make a claim.

11. Describe the AAA's process for staff and service providers to record employee's time and expenses associated with disaster related activities:

AAA staff and service providers must maintain accurate records during an emergency event, including time worked, emergency purchases made, and personal miles driven for work purposes, as well as instructions and information that the particular individual engaged in. These documents will be required for monetary reimbursement and payroll. These records will be invaluable after the event in order to improve the AAA emergency preparedness plan.

AAA V utilizes the example below for the documentation that is necessary to apply for reimbursement in the event of a presidential disaster declaration.

AAA V Employee Emergency/Disaster Record

Authorized Person'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:

AAA V staff will work with local emergency management officials, particularly the Southeastern Idaho Healthcare Coalition, to advocate for inclusion of older citizens' needs in emergency planning. Emergency preparedness activities will be included in contracts with AAA providers. An AAA V staff member will become a member of the Eastern Idaho chapter of Voluntary Organizations Active in Disaster (VOAD). The local VOAD's role is to bring organizations together and enable them to understand each other and work together during times of disaster preparedness, response, relief and recovery. The AAA V will review and update our "call-down" list at least annually. AAA V staff will also engage our service providers in creating "call-down" lists to utilize in the case of an emergency or disaster in their communities.



Emergency Preparedness for Idahoans

Idaho is a state with a large area. Idaho's most noteworthy natural disasters are flooding, wildfires and earthquakes, according to a report released by the Idaho Bureau of Homeland Security. Being prepared for any disaster could save time and lives.

Stocking up now on emergency supplies can add to your safety and comfort during and after any natural disaster. Store enough supplies for at least 72 hours.

Emergency Supply Checklist:

Survival

- ❖ Water-2 quarts to 1 gallon per person per day
- ❖ First aid kit, freshly stocked
- ❖ Food (packaged, canned, no-cook and baby food and food for special diets)
- ❖ Blankets or sleeping bags
- ❖ Portable radio flashlight and spare batteries
- ❖ Essential medication and glasses
- ❖ Fire extinguisher
- ❖ Money

Sanitation Supplies

- ❖ Soap and liquid detergent
- ❖ Toothpaste and toothbrushes
- ❖ Feminine and infant supplies
- ❖ Toilet paper
- ❖ Household bleach

Personal

- ❖ ID
- ❖ Will
- ❖ Insurance
- ❖ Credit cards
- ❖ Passport
- ❖ Green card
- ❖ Family records

Safety and Comfort

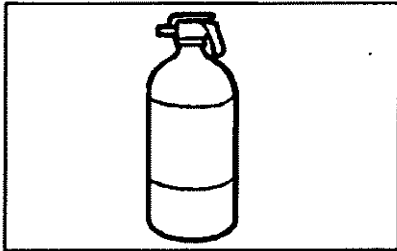
- ❖ Sturdy shoes
- ❖ Heavy gloves for clearing debris
- ❖ Candles and matches
- ❖ Knife or razor blades
- ❖ Tent
- ❖ Gun and ammunition

Cooking & Tools

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

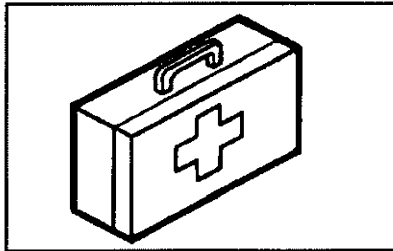
Emergency Supplies to Be Stored:

After a major earthquake, electricity, water and gas may be out of service. Emergency aid may not reach you for several days. Make sure you have the following items in your home, at your office or in your car.



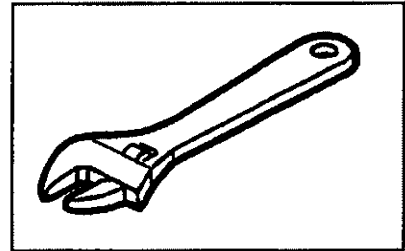
Fire extinguisher

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



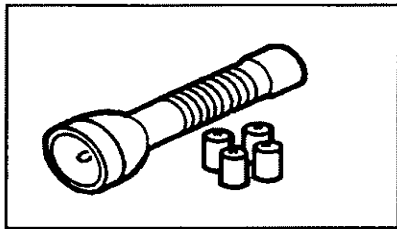
First aid kit

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

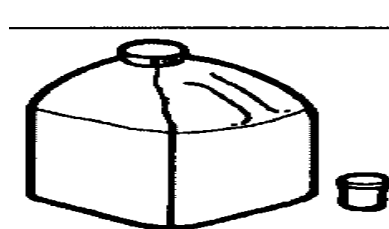


Wrench

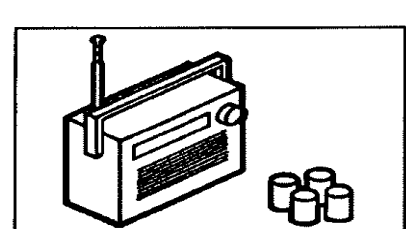
Have crescent or pipe wrench to turnoff gas and water valves if necessary.



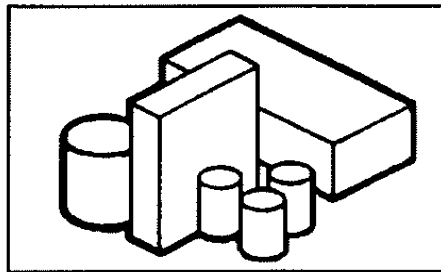
Flashlight and extra batteries: Keep flashlights in several locations in case of a power failure. Extra batteries last longer if you keep them in the refrigerator.



Water and disinfectant Store several gallons of water for each person. Keep a disinfectant such as iodine tablets or chlorine bleach to purify water if necessary.

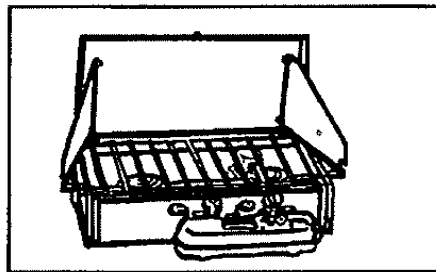


Radio and extra batteries Transistor radios will be useful for receiving emergency broadcasts and current disaster information.

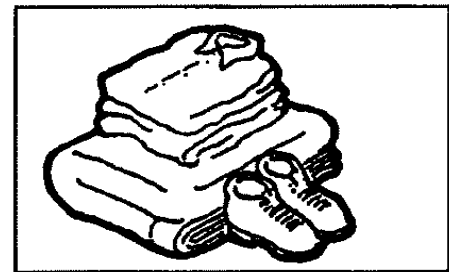


Dry or canned food

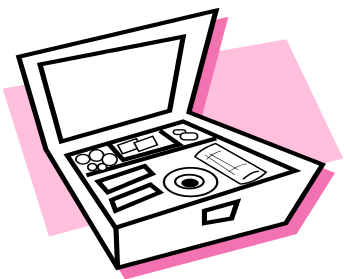
Store a one-week supply of food for each person. It is preferable to store food that does not require cooking.



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



Blankets, clothes and shoes Extra blankets and clothing may be required to keep warm. Have shoes suitable for walking through debris.



Recommended Items to Include in a Basic Emergency Supply Kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation.
- Food, at least a three-day supply of non-perishable food.
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both.
- Flashlight and extra batteries.
- Rain proved matches and a candle.
- First aid kit.
- Whistle to signal for help.
- Moist towelettes, garbage bags.
- Wrench or pliers to turn off utilities.
- Cell phone with solar charger or Spot unit.

Additional Items to Consider Adding to an Emergency Supply Kit:

- Prescription medications and glasses.
- Infant formula and diapers.
- Pet food and extra water for your pet.
- Sleeping bag or warm blanket for each person.
- Household chlorine bleach and medicine dropper- When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.

Pandemic Influenza & Emergency Preparedness:

Pandemic Flu

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

Plan for a Pandemic:

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



Make a Pet Disaster Supply Kit:

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

Pet Emergency Supplies:

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

Pet First Aid:

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



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

Hearing Aides

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

Batteries

- Store extra batteries for hearing aids and implants. If available, store an extra hearing aid with your emergency supplies.
- Maintain TTY batteries. Consult your manual for information.
- Store extra batteries for your TTY and light phone signaler. Check the owner's manual for proper battery maintenance.

Communication

- Determine how you will communicate with emergency personnel if there is no interpreter or if you don't have your hearing aids. Store paper and pens for this purpose.
- Consider carrying a pre-printed copy of important messages with you, such as: "I Speak American Sign Language (ASL) and need an ASL interpreter."
- If possible obtain a battery-operated television that has a decoder chip for access to signed or captioned emergency reports.
- Determine which broadcasting systems will be accessible in terms of continuous news that will be captioned and/or signed. Advocate so that television stations have a plan to secure emergency interpreters for on-camera emergency duty.



Special Considerations for Those with a Disability:

- Find two friends or family members that would be willing to help you in the event of evacuation and know how to operate equipment you might need.
- Learn what to do in case of power outages and personal injuries. Know how to connect or start a back-up power supply for essential medical equipment.
- Learn your community's evacuation routes.
- Listen to battery-operated radio for emergency information.

Disaster Supply Kit:

- In addition to the general supply kit listed above persons with disabilities might want to include:
- Extra wheelchair batteries, oxygen, medication, catheters, food for guide or service dogs, or other special equipment you might need.
- A stock of non-perishable food items that may be necessary for diet restrictions.
- A list of the style and serial numbers of medical devices such as pacemakers.
- Store back-up equipment, such as a manual wheelchair, at your neighbor's home, school, or your workplace.
- If preparation is done ahead of time the following are suggestions on how you can prepare for an evacuation easier in regards to special consideration when caring for persons with disabilities and elderly caring for those with special needs:

Special Checklist Considerations:

- Remember your special needs family member or friend is under stress and may be preoccupied during the event of an evacuation and may not pack everything they need. Following is a checklist of important items to remember in an evacuation in addition to the checklist stated above.
- Have a list of all prescription medications; times they are to be take, and an extra supply of this medication.
- Have the names and phone numbers of their doctors, pharmacy and home health agency.
- Pack all of their personal hygiene articles, including denture cleansers and adhesives.

When Do You Get Involved?



Citizen Corps actively involves citizens in making our communities and our nation safer, stronger, and better prepared. We all have a role to play in keeping our hometowns secure from emergencies of all kinds. Citizen Corps works hard to help people prepare, train, and volunteer in their communities. **What role will you play?** Being ready starts with you, but it also takes everyone working together to make our communities safer. Citizen Corps provides a variety of opportunities for you to get involved. You can provide valuable assistance to local fire stations, law enforcement, emergency medical services, and emergency management. Get connected to disaster volunteer groups through your local Citizen Corps Council, so that when something happens, you can help in an organized manner. Citizen Corps programs build on the successful efforts that are in place in many communities around the country to prevent crime and respond to emergencies. You can join the Citizen Corps community by:

- Volunteering for local law enforcement agencies through the Volunteers in Police Service (VIPS) Program.
- Being part of a Community Emergency Response Team (CERT) to help people immediately after a disaster and to assist emergency responders.

For further information go to:

www.citizencorps.gov

www.fema.gov

www.bhs.gov

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

Emergency Checklist:

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

Create an Emergency Plan:

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



P.O. Box 6079 • Pocatello, ID 83205-6079
Phone: (208) 233-4032
Fax: (208) 233-5232

Building Bridges to Communities

Bannock County

Arimo
Chubbuck
Downey
Inkom
Lava Hot Springs
McCammon
Pocatello

{Date}

SICOG/Area V Agency on Aging
214 E Center
Pocatello, ID 83201

Applicant Name

Applicant Address

Dear Applicant,

You have been receiving {ServiceType} service, and this letter is to inform you that your service will be discontinued on xx 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.

Area Agency on Aging V

SICOG/Area V Agency on Aging
214 E Center
Pocatello, ID 83201
(208)233-4032

Bear Lake County

Bloomington
Georgetown
Montpelier
Paris
St. Charles

Bingham County

Aberdeen
Atomic City
Basalt
Blackfoot
Firth
Shelley

Caribou County

Bancroft
Grace
Soda Springs

Franklin County

Clifton
Dayton
Franklin
Oxford
Preston
Weston

Oneida County

Malad

Power County

American Falls
Rockland

**Japanese American
Citizens League**

**National Association
for the Advancement
of Colored People**

**Pocatello Central
Labor Council**

**The Shoshone
Bannock Tribes**

**Economic & Community
Development Division**

Area Agency on Aging

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

Area Agency on Aging V: Attachment O Grievance Policies for denial and termination of services, Oct. 2017- Sept. 2021 Area Plan



P.O. Box 6079 • Pocatello, ID 83205-6079
 Phone: (208) 233-4032
 Fax: (208) 233-5232

Building Bridges to Communities

Bannock County

- Arimo
- Chubbuck
- Downey
- Inkom
- Lava Hot Springs
- McCammon
- Pocatello

{Date}

SICOG/Area V Agency on Aging
 214 E Center
 Pocatello, ID 83201

Bear Lake County

- Bloomington
- Georgetown
- Montpelier
- Paris
- St. Charles

Applicant Name

Applicant Address

Dear Applicant,

Bingham County

- Aberdeen
- Atomic City
- Basalt
- Blackfoot
- Firth
- Shelley

Recently you contacted our agency for {ServiceType} service. Although you were determined eligible, there is a lack of available service personnel or funding and per your request have {ReasonForWaitlist}.

If you disagree with this decision, please submit a written appeal's letter to the AAA Director requesting reconsideration within 30 days of receiving the denial notification. The AAA Director will review the appeal and all related documentation and make a decision within 10 business days of receiving the letter.

Caribou County

- Bancroft
- Grace
- Soda Springs

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.

Franklin County

- Clifton
- Dayton
- Franklin
- Oxford
- Preston
- Weston

Area Agency on Aging V

Oneida County

- Malad

SICOG/Area V Agency on Aging
 214 E Center
 Pocatello, ID 83201
 (208)233-4032

Power County

- American Falls
- Rockland

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

**Japanese American
 Citizens League**

**National Association
 for the Advancement
 of Colored People**

**Pocatello Central
 Labor Council**

**The Shoshone
 Bannock Tribes**

**Economic & Community
 Development Division**

Area Agency on Aging

Area Agency on Aging V: Attachment O Grievance Policies for denial and termination of services, Oct. 2017- Sept. 2021 Area Plan



P.O. Box 6079 • Pocatello, ID 83205-6079
Phone: (208) 233-4032
Fax: (208) 233-5232

Building Bridges to Communities

Bannock County

Arimo
Chubbuck
Downey
Inkom
Lava Hot Springs
McCammon
Pocatello

{Date}

SICOG/Area Agency on Aging V
214 E Center
Pocatello, ID 83201

Applicant Name

Applicant 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.

Area Agency on Aging V

SICOG/Area V Agency on Aging
214 E Center
Pocatello, ID 83201
(208)233-4032

Bear Lake County

Bloomington
Georgetown
Montpelier
Paris
St. Charles

Bingham County

Aberdeen
Atomic City
Basalt
Blackfoot
Firth
Shelley

Caribou County

Bancroft
Grace
Soda Springs

Franklin County

Clifton
Dayton
Franklin
Oxford
Preston
Weston

Oneida County

Malad

Power County

American Falls
Rockland

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Area Agency on Aging V: Attachment O Grievance Policies for denial and termination of services, Oct. 2017- Sept. 2021 Area Plan

Choosing a Good Assisted Living Residence: A Consumer's Checklist

When you are considering an assisted living residence for yourself or a loved one, you want to find one that is a bright, comfortable, and inviting place to live. You want a home that provides a variety of stimulating activities and has a history of providing good care to residents. Most assisted living residences work with third party providers to provide additional services such as hospice, home health, and therapy services. Some allow for short-term respite stays and offer adult day care. Many provide specialized care for those suffering from Alzheimer's disease and dementia, and others also have nursing home care within the same campus.

Getting started

- o Contact your local Area Agency on Aging for local ombudsman for information. An ombudsman is an advocate for assisted living residents and a resource for consumers. The ombudsman will provide free information on the facilities, including strengths, and special services, and patterns of complaints received by the ombudsman office. For contact information go to www.idahoaging.com
- o Obtain a list of facilities in your desired location from the local Ombudsman Program. From that list, select three or four facilities that are in your desired location. It is important to choose a location that is close to those who will regularly visit the resident.
- o View the survey results for each facility on the Licensing and Certification website at www.assistedliving.dhw.idaho.gov
- o Assisted living residences range in size from three beds to 148 beds. Consider which environment would be most preferred by the future resident.
- o Call the residences you are most interested in. Find out if they have any openings, if they have an age requirement, if they serve a special population, and whether or not they offer the level of care required by the future resident. (*Care levels vary greatly from residence to residence, so it is important to ask.*) If necessary, find out if they are handicap accessible and/or accept Medicaid. Don't wear yourself out visiting facilities that do not have openings, don't offer the services that you need or are out of your price range.
- o Make an appointment to visit one of more of the assisted living residences that meet your requirements. The facility should be willing to show you around anytime, but we suggest you make an appointment the first time. If you like a facility, make a second unannounced visit, preferably at a different time of day - such as a weekend or during an evening meal.

Some general things to look for in a residence

- o Is the residence clean? Use your senses - does it look clean? Is there an odor (*odors should not be persistent or pervasive*)?
- o Ask to be shown a resident room (*with resident permission*). Is the room clean, comfortable and home-like?
- o Get permission to view a resident bathroom (*either in the room or a common bathroom*). Is there space for toiletries and personal items? Are they stored appropriately? Does it have grab bars and an easily accessible shower? Are clean towels and washcloths available?
- o Do residents have easy access to a private telephone in a quiet place?
- o Can you easily find posted instructions on how to contact the ombudsman, Licensing and Certification, and Adult Protective Services (*if applicable*)?
- o Are areas available for private visits with friends and/or family? Is there an area for private dining?

Observe and talk with the residents

- o Are the residents clean and well groomed?
- o Are the residents up and active during the day? Are they engaged in activities or interacting with people in common areas? Is there an activities calendar posted? Does the activities calendar reflect what they are doing?
- o Visit with the residents. Ask them how they like the residence, if they like the food, if they feel well cared for, and if they have enough to do. Tell them that you are thinking about bringing someone to live there and ask if they would recommend the residence for others.

Mealtime observations

- o Look in the dining areas during a meal. Are residents who need help being assisted in eating? Are adaptive devices, such as special utensils and dishes, used when appropriate?
- o Are people served their meals promptly?

- o Do the menus posted reflect what the residents are eating?

Pay attention to the staff and service provided

- o Observe the interaction between the residents and staff. Does staff seem to respect and enjoy the residents? Do residents seem to respond well to the staff?
- o How do staff members address the residents? It is usually not appropriate to address adults as "honey" or "sweetie" Some residents like to be called by their first name; others prefer the formality of Mr. or Mrs. Staff should know their residents and how they prefer to be addressed.
- o Do staff members respect the resident's privacy? Do they knock at the resident's door and wait for a response before entering?
- o Are requests for assistance responded to within a few minutes? All facilities are required to have a call system. Watch to see how quickly calls are responded to.
- o Do staff members look calm, well organized and attentive to the residents?
- o Ask about staff training. What training requirements does the residence have? How much training does staff receive? Who does the training?
- o Do staff members acknowledge your presence? If you are visiting without a tour guide, someone should tactfully inquire about your presence at the residence.

Become informed about the facility's management and administration

- o First and foremost, find out if the facility is licensed by the State of Idaho. Any facility providing care to three or more unrelated adults should be licensed by the state.
- o If they are licensed, read the results of the most recent survey conducted by the state. This report provides details of any deficient practice found during the annual licensing inspection conducted by Licensing and Certification.
- o Find out how long the current administrator has been there. If less than one year, ask how long the previous administrator was employed. Frequent changes in administration can affect continuity of care.
- o Find out who owns the assisted living residence and if there is a management company that is involved. Ask if there are other residences this person or company operates in the region. You may want to review the surveys for these residences as well to see if the person or company consistently provides good care. Surveys and complaints against assisted living residences are available for public viewing at www.assistedliving.idaho.gov
- o Ask how complaints are addressed and how problems are resolved. Find out which staff person has been designated as the person to handle grievances.

Understand the payment system of the facility

- o Prices will vary from residence to residence. Some accept Medicaid as a payment option (for eligibility contact your Regional Medicaid Unit or visit www.healthandwelfare.idaho.gov/site/4046/default.aspx)
- o If the residence accepts Medicaid and the prospective resident qualifies for Medicaid, the resident will pay a fixed amount each month.
- o Be sure to ask about any additional charges. Facilities may charge Medicaid recipients extra for a private room or bathroom as long as the charge applies to private pay residents as well. Facilities are not allowed to charge Medicaid recipients extra for care and services that are paid for by Medicaid.
- o If the residence is strictly private pay, ask about their billing procedures and payment system. Some facilities offer various packages of services for different rates. Others conduct an assessment to determine what level of care is required and charge a specified rate for each level. Facilities with billing systems that are overly complex, unclear or not easily understood should be avoided.

Reference:

The Ombudsman Guide to Choosing a Good Assisted Living Residence - A Consumers Checklist, Denver Regional Council of Governments

ASSISTED LIVING

Resident Key Code for each facility

CODE	DESCRIPTION
AD	Alzheimer's/Dementia
DD	Developmentally Disabled
EL	Elderly
MI	Mental Illness
PD	Physically Disabled
TB	Traumatic Brain Injury
DC	Day Care

Ashley Manor - Hawthorne*AD-EL-MI-TB-DC*

4826 Hawthorne Rd., Chubbuck, ID

Phone: 208-244-2099

Email: hawthorne@ashleycares.com**Ashley Manor - Cedar***AD-EL-MI-TB-DC*

1525 E. Cedar, Pocatello, ID

Phone: 208-244-2099

Email: cedar@ashleycares.com**Bear Lake Manor***EL-AD-DD-DC*

855 Boise St., Montpelier, ID

Phone: 208- 847-2400

Caring Hearts (2 locations)*AD-EL-MI*

3440 E. Center St., Pocatello, ID

3480 E. Center St, Pocatello, ID

Phone: 208-232-0287

Cedar Living Center*DD*

270 Cedar St., Blackfoot, ID

Phone: 208-785-5890

Copper Summit*EL*

2424 Birdie Thompson Dr., Pocatello ID

Phone: 208-233-1914

www.tanabell.com**Edgewood - American Falls***EL-AD-DC*

605 Hillcrest Ave, American Falls, ID

Phone: 208-2 26-1856

Edgewood - Soda Springs*EL-AD-DC*

425 S. Spring Creek Dr., Soda Springs, ID

Phone: 208-547-0257

Elegant (4 Bldgs.)*AD-DD-EL -MI-PD-TB-DC*

1256 Wright Ave., Pocatello, ID

Phone: 208-478-9400

Email: elegantassisted@gmail.com**Brookdale of Pocatello***EL-MI-DC*

1501 Baldy Ave., Pocatello, ID

Phone: 208-237-6866

Brookdale of Chubbuck*EL-AD-MI-TB-DD-DC*

4080 Hawthorne Rd, Chubbuck, ID

Phone: 208-237-3000

Gables of Blackfoot I & II*AD-EL-MI-PD*

2815 & 2820 Hunters Loop, Blackfoot, ID

Phone: 208-785-2506

Gables of Pocatello*AD-EL -PD-MI*

2805 S. Grant, Pocatello, ID

Phone: 208-232-1091

Gables of Pocatello II*AD-EL-PD-MI*

1451 South Bannock Hwy, Pocatello, ID

Phone: 208-232-0903

Gables of Shelley*TB-AD-EL-MI-PD*

530 River Pointe Ln., Shelley, ID

Phone: 208-357-3110

www.gablesassistedliving.com

Gem Village (4 Bldgs.)

AD-DD-EL-MI-PD-TB

490 Emerald St., Blackfoot, ID

Phone: 208-785-9920

Golden Age Heritage Home (2 Bldgs.)

EL-AD-DD-M I-PD-DC

155 E. 3rd N., Preston, ID

Phone: 208-852-2273

Email: jordan@heritageofpreston.com

Independence Home

DD-PD

430 Willard Ave., Pocatello, ID

Phone: 208-234-0008

Kimball's Residential Care

DD-EL-M I-AD

54 E. River Rd., Blackfoot, ID

Phone: 208-785-5994

Lighthouse Living, LLC

MI

1005 Airport Rd., Blackfoot, ID

Phone: 208-782-0624

Email: lighthouseliving@yahoo.com

Malad Living Center

AD-DD-EL-MI-PD-TB

151 W. 200 N., Malad, ID

Phone: 208-766-4724

Pocatello Living Center

EL-MI

520 Willard, Pocatello, ID

Phone: 208-232-2610

Quail Ridge Assisted Living

EL-DC

797 Hospital Way, Pocatello, ID

Phone: 208-233-8875

Rosetta Assisted living

AD-DD-EL-M I-PD-DC

1590 Delphic Way, Pocatello, ID

Phone: 208-238-9215

www.delphic@rosettahomes.com

Diamond Peak

Blackfoot

AD-DD-EL-MI-PD-TB-DC (All Facilities)

875 S. Pendlebury Ln, Blackfoot, ID

Phone: 208-785-3627

Chubbuck

4875 Burley Drive, Chubbuck, ID

Phone: 208-234-1200

Pocatello

5685 Bannock Hwy, Pocatello, ID

Phone: 208-239-0480

Lava Hot Springs

580 W. Elm, Lava Hot Springs, ID

Phone: 208-776-5899

Shelley

183 E. Oak Street, Shelley, ID

Phone: 208-357-3589

Whispering Pines - Downey

AD-DD-EL-M I-PD-DC

351 E. Center St., Downey, ID

Phone: 208-897-5683

The Willows

AD-EL-TB-MI-PD-DC

898 S. Meridian, Blackfoot, ID

Phone: 208-782-1478

Fax: 208-785-0090

executivedirector@willowsliving.net

NURSING HOMES

{Some facilities may provide adult daycare and/ or Respite}

Bear Lake Memorial Nursing Home

164 S. 5th, Montpelier, ID

Phone: 208-847-1630

www.blmhospital.com

Bingham Co. Hosp. /Nursing Home

{Day Care Offered}

98 Poplar St., Blackfoot, ID

Hospital: 208-785-4100

Nursing Home: 208-785-4101

www.binghammemorial.org

Caribou Memorial Hosp. /Living Center

300 S. 3rd W., Soda Springs, ID

Hospital: 208-547-3341

Nursing Home: 208-547-2771

www.cmhlc.org

Franklin Co. Hosp. /Nursing Home

{Day Care Offered}

44 N. 1st E., Preston, ID

Hospital: 208-852-0137

Fax: 208-852-3812

Nursing Home: 208- 852-0530

www.fcmc.org

Gateway Transitional Care

527 Memorial Drive, Pocatello, ID

Phone: 208-478-3333

Idaho State Veteran's Home

1957 Alvin Ricken Dr., Pocatello, ID

Phone: 208-235-7800

Monte Vista Hills Healthcare Center

1071 Renee Ave., Pocatello, ID 83201

Phone: 208-233-1411

Oneida County Nursing Home

{Day Care Offered}

150 N. 200 W., Malad, ID

Phone: 208-766-2231

www.oneidacountyhospital.com

Power County Hospital District/ Nursing Home

{Day Care Offered}

510 Roosevelt, American Falls, ID

Phone: 208-226-3200

www.pchd.net

Quinn Meadows Rehab & Care Center

1033 W. Quinn Rd., Pocatello, ID

Phone: 208-242-3751

www.tanabell.com

Safe Haven Hosp. /Care Center

Specializes in care for those with behavioral needs

1200 Hospital Way, Pocatello, ID

Phone: 208-232-2570

www.safehavenhealthcare.org

Syringa Chalet Nursing Facility

700 E. Alice St., Blackfoot, ID

Phone: 208-785-8504



AREA V AGENCY ON AGING

214 East Center Street
Pocatello, ID 83201
Phone: (208) 233-4032
Fax: (208) 233-5232

Area V 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 seven counties of southeast 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 _____

Attachment R

- 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)

- | | |
|--|--|
| <input type="checkbox"/> Spouse (wife/husband) | <input type="checkbox"/> Other relative(s) |
| <input type="checkbox"/> Significant other | <input type="checkbox"/> Unrelated adults/friends |
| <input type="checkbox"/> At least one child | <input type="checkbox"/> Grandchildren/Great-grandchildren |
| <input type="checkbox"/> Child(ren) and his/her/their family | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Live by myself |

10. Are you retired? Yes _____ Yes, Semi retired _____ No _____

11. Do you have ongoing, adequate access to food? Yes _____ No _____

12. Do you need help with any of the following activities? (Mark all that apply)

- Personal care such as bathing, dressing, toileting
- Transportation
- Housekeeping
- Meal Preparation
- Shopping
- Emotional Support
- Financial Assistance (do not have enough money to pay for the necessities)
- Money Management (unable to decide what to pay or need help writing checks)
- Companionship
- Chore or yard care

Attachment R

- Medicare, Medicaid, or other Insurance issues
- Assistance with medications
- Legal assistance
- Dental, Vision or Hearing
- Housing
- Caregiving
- Access to Mental Health Services
- Access to Medical Health Care
- I do not need assistance, Go to Question 14
- Other _____

12 a. Are you currently receiving the assistance to meet your needs?

- Yes, Go to question 14
- No, Go to question 12 b

12 b. If assistance is needed, and you are not receiving it, is it because:
(Mark all that apply)

- I do not know what is available in our community
- I do not have family, friends, neighbors, or church support available
- I do not want to ask for help
- I am afraid to ask for help because someone may say I should be in a facility
- I do not have enough money to pay for help
- I do not want to pay for help
- The help I need is not available in our area.
- Please explain: _____
- Other _____

13. Does someone you know need help with any of the following activities?

Attachment R

(Mark all that apply)

- Personal care such as bathing, dressing, toileting
- Transportation
- Housekeeping
- Meal Preparation
- Shopping
- Emotional Support
- Financial Assistance (do not have enough money to pay for the necessities)
- Money Management (unable to decide what to pay or need help writing checks)
- Companionship
- Chore or yard care
- Medicare, Medicaid, or other Insurance issues
- Assistance with medications
- Legal assistance
- Dental, Vision or Hearing
- Housing
- Caregiving
- Access to Mental Health Services
- Access to Medical Health Care
- They do not need assistance, Go to Question 14
- Other _____

13 a. Does this person that you know receive assistance to meet their needs?

- Yes, Go to question 14
- No, Go to question 13 b

13 b. If assistance is needed, and they are not receiving it, is it because: (Mark all that apply)

- They do not know what is available in our community

Attachment R

- They do not have family, friends, neighbors, or church support available
 - They do not want to ask for help
 - They are afraid to ask for help because someone may say they should be in a facility
 - They do not have enough money to pay for help
 - They do not want to pay for help
 - The help they need is not available in our area.
- Please explain: _____
- Other _____

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 a. Whom do you provide care for? (List relationship)

- Spouse (wife/husband)
- Significant other
- At least one child
- Child(ren) and his/her/their family
- Other relatives
- Unrelated adults/friends
- Grandchildren/Great-grandchildren

Attachment R

Parents

Other

16 b. How many hours per week do you spend providing care for this person or these persons?

1-5 hours

6-10 hours

11-15 hours

16-20 hours

21-25 hours

26-30 hours

31-35 hours

36-40 hours

More than 40 hours

17. What kinds of assistance could you use more help in within your caregiving role?

(Mark all that apply)

Organized support group

Formal advice or emotional support (from a therapist, counselor, psychologist, psychiatrist or primary care physician) on issues such as caring for grandchildren and other caregiving issues

Services such as respite (a temporary break from caregiving)

Communication tips for people with reduced mental function (i.e. dementia, Alzheimer's)

Physical care information (lifting, diapering, transporting, cleaning)

Equipment (such as assistive devices, ramps, rails, etc.)

Home Modifications for safety (wheelchair ramp, grab bars, railings, etc.)

Medication Management

Caregiver Education/Training

Attachment R

Support with advocating for the care recipients rights andu needs from staff at the facility they live in

18. Does anyone in your household have behaviors due to: (Mark all that apply)

Addictions

Alzheimer's/Dementia

Developmental Disabilities

Traumatic Brain Injury (TBI)

Mental Health Issue

Not Applicable

Other

19 a. Have you, or anyone you know, been abused, neglected, or exploited?

Yes

No

19 b. Have you, or anyone you know, contacted adult protective services?

Yes

No

20. 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

Attachment R

- Area Agency on Aging
- Local Senior Center
- Social Media
- Other _____

21. 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
- Public Transportation
- Take a taxi, van, minibus
- Not Applicable – I never leave the house

22. Within the last 12 months, how often has it been difficult for you to arrange transportation for each of the following activities?

	Frequently	Sometimes	Never
a. Medical trips	_____	_____	_____
b. Shopping	_____	_____	_____
c. Personal errands	_____	_____	_____
d. Recreational or social trips	_____	_____	_____

23. 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

Attachment R

- Transportation does not go where I need to go
- Can't afford it
- Don't know who to call
- Disability or health related reasons
- Not available in my community
- Too far/ Distance related
- Have trouble getting around without someone to help
- Not applicable
- Other _____

24. Do you use a computer at home? Yes _____ No _____

25. Do you send and receive email? Yes _____ No _____

26. Do you search the internet for information? Yes _____ No _____

27. Do you go to your local Senior Center for meals or activities? Yes _____ No _____

28 a. If you go to a local senior center, what do you like about Center?

28 b. If you go to a local senior center, what suggestions do you have for that Center? (If any)

29. If you do not go to the local Senior Center, why not?

30. Have you utilized assistance or support from one or more of the following services the Area Agency on Aging is able to **offer within the last 12 months?** (Mark all that apply)

- Information and Assistance
- Long Term Care Ombudsman
- Veteran Support
- Senior Medicare Patrol
- Homemaker
- Respite Care
- Caregiver Support Program (Powerful Tools for Caregivers)
- Home Delivered Meals
- Congregate Meals
- Assistive Technology (Lending Closet)
- Legal Assistance
- Adult Protective Services
- Chronic Disease Health Management

Attachment R

31. Have you **EVER** utilized any of the following assistance or supports from any of the following services the Area Agency on Aging offers? (Mark all that apply)

- Information and Assistance
- Long Term Care Ombudsman
- Veteran Support
- Senior Medicare Patrol
- Homemaker
- Respite Care
- Caregiver Support Program (Powerful Tools for Caregivers)
- Home Delivered Meals
- Congregate Meals
- Assistive Technology (Lending Closet)
- Legal Assistance
- Adult Protective Services
- Chronic Disease Health Management

32. Other comments you would like to make:

33. **Thank you** for taking the time to complete this survey. If you would like further information about the services available from the Area V Agency on Aging, you may call (208) 233-4032 or 1-800-526-8129 and speak to an Information and Assistance Specialist.