

Area Agency on Aging of Eastern Idaho
935 Lincoln Road
Idaho Falls, ID 83405

AREA PLAN

October 1, 2013 –
September 30, 2017



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 January 1, 2002, and by October 15 every four (4) years thereafter. Annual updates shall be submitted by October 15 of each year. The area plan and annual updates shall be submitted in a uniform format prescribed by the ICOA to meet the requirements of the Older Americans Act and all pertinent federal regulations.

VERIFICATION OF INTENT

This Area Plan is hereby submitted for the four-year period beginning October 15, 2013 and ending September 30, 2017, pending approval by the Idaho Commission on Aging.

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

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

This Area Plan has been reviewed and approved by this agency's governing board. The Area Council has had an opportunity to review and comment on the Plan; their remarks have been incorporated in Attachment 2D with the public comments.

(Signature) AAA Director

(date)

(Signature) Area Advisory Council Chairperson

(date)

(Signature) Governing Board Chairperson

(date)

Table of Contents

Executive Summary	4
The Area Agency on Aging	6
Overview	6
AAA Vision	6
AAA Mission	6
AAA Funding	7
Older Americans Act (OAA) Core Programs	7
Title III-B: Supportive Services.....	7
1. Access to Service: (OAA Section 306(a)(2)(A)).....	7
A. Transportation	7
B. Information and Assistance (I&A).....	11
C. Case Management (CM)	12
D. Outreach	14
2. In-Home Services (OAA Section 102(a)(30))	15
A. Homemaker	15
B. Chore.....	17
C. Telephone Reassurance	18
D. Friendly Visiting.....	18
E. In-home Respite.....	19
3. Adult Day Care	20
4. Legal Services	22
Title III-C1: Congregate Meals	23
Title III-C2: Home Delivered Meals (HDM).....	25
Nutritional Service Incentive Program (NSIP)	28
Title III-D: Disease Prevention and Health Promotion Services(OAA.Section.214.)	28
Title III-E: National Family Caregiver Support Program(NFCSP)(OAA.Section.373.).....	30
Title III and Title VII: Ombudsman.....	32
Title VII: Vulnerable Elder Rights Protection (OAA.Section.705.(a)(A))	34
Title V: Senior Community Service Employment Program (SCSEP)(OAA.Section502.) ...	35
Older Americans Act Discretionary Programs.....	35
Senior Medicare Patrol (SMP).....	35

Aging and Disability Resource Center (ADRC).....	36
Money Follows the Person/ADRC (MFP)	38
Veterans Directed Home and Community Based Services (VD-HCBS)	38
Title VI Coordination	38
Evidence Based Programs	39
State Program.....	40
Adult Protection Services (AP) (IDAPA 15.01.02)(State Code 67-5011)(IC 39-53 Health and Safety)	40
Planning and Service Areas	43
Overview	43
PSA VI	43
Cost Sharing.....	44
AAA Collaborative Partners.....	44
AAA Strategic Plan:.....	46
Goals, Objectives, Strategies, Measures and Baselines.....	46
Attachment 1 Area Plan Instructions	55
Attachment 2A Organization Chart.....	60
Attachment 2B Steering Committee	Error! Bookmark not defined.
Attachment 2C Development Schedule	62
Attachment 2D Public Comment Process and Comments.....	63
Attachment 2E PSA Advisory Council Profile	64
Attachment 3A Intrastate Funding Formula	67
Attachment 3B Allocation of Resources	68
Attachment 3C Budget.....	69
Attachment 3D Sliding Fee Scale.....	71
Attachment 3E Poverty Guidelines	72
Attachment 4A Required Area Plan Assurances and Required Activities.....	73
Attachment 4B Civil Rights.....	81
Attachment 4C Emergency Preparedness Plan.....	89
Exhibit 1A Idaho Growth Change and Demographics	95
Exhibit 1B Definitions	110

Executive Summary

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

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

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

- Idaho Commission on Aging Needs Assessment Survey Results, published in May 2012, as conducted by the Center for the Study of Aging at Boise State University
- Analysis of Census Data to determine population trends for PSA VI
- Analysis of service delivery trends during SFY 2010-2013
- Administration on Aging FY 2011 Report to Congress
- Idaho Commission on Aging Joint Finance-Appropriations Committee FY 2015 Budget Hearing

The ICOA Needs Assessment provided data regarding gaps between existing services and community need. When data for eastern Idaho was available, we used that data to quantify service need. When specific data for eastern Idaho was not available, we would use the statewide data in assessing the need. We used the data to identify areas where programs may need to be developed and assist in identifying service levels for existing programs.

Census data was used to quantify targeted population segments. Specifically, we used Census data to quantify the need for Outreach, Telephone Reassurance, Friendly Visiting and the Aging and Disabilities Resource Center.

The AoA FY 2011 Report to Congress and the ICOA JFAC FY 2015 Budget Hearing provided national and statewide data that was instrumental in performing the qualitative analysis of services provided.

Some of our programs underwent some dramatic changes in 2013. For programs that remain relatively consistent in their operations, we used service delivery trends to assist in determining required service levels.

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

The Area Agency on Aging

Overview

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

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

The AAA has the authority to develop and manage budgets and programs to meet the needs and specific conditions and circumstances of service recipients within its geographic jurisdiction. To accomplish this, the AAA is required to periodically re-evaluate, through needs assessments, what clients' needs, conditions and circumstances currently are. The Federal Act authorizes the AAA to develop a four-year Area Plan to address the specific needs, conditions and circumstances of older Idahoans and vulnerable adults residing within the PSA. The period covered by this Area Plan is October 1, 2013 through September 30, 2017.

AAA Vision

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

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

AAA Mission

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

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

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 3A.

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.

Older Americans Act (OAA) Core Programs

Title III-B: Supportive Services

1. Access to Service: (OAA Section 306(a)(2)(A))

A. Transportation

(State Code 67-5008(1))

Transportation services are designed to take older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or promoting independence. IDAPA (15.01.01.010.45.)

Each AAA, in accordance with Section 306, OAA, shall assure that continuing efforts are made to make transportation services available to older individuals residing within the geographical boundaries of the PSA. IDAPA (15.01.01.023.01.)

In 2009, the Area Agency on Aging terminated its transportation contracts in PSA VI and reinstated them in 2013. Transportation is essential for the independence of seniors. AoA's 2011 Annual Report (the most recent report available), Surveys and Research Briefs reported:

- 54% of seniors using transportation services rely on them for the majority of their trips to doctors' offices, pharmacies, meal sites, and other critical daily activities that help them to remain in the community.
- Nearly 43% of riders on OAA-funded transportation are mobility impaired, meaning they do not own a car or if they do own a car they do not drive, and are not near public transportation. Many of these individuals cannot safely drive a car, as nearly 75% of

transportation riders have at least one of the following chronic conditions that could impair their ability to navigate safely:

- 68 % of riders had a doctor tell them they had vision problems (Including glaucoma, macular degeneration or cataracts)
- 9 % have Alzheimer's or dementia
- 2 % have Multiple Sclerosis
- 19 % have had a stroke
- 3 % have epilepsy
- 3 % have Parkinson's Disease
- 98 % take daily medications, with 14 percent taking 10-20 medications daily.

However, the need for transportation is unmet for many Americans, particularly those who live in rural communities. The US Department of Transportation- Federal Highway Administration Report Dated March 2012 identified:

- 21% percent of the nation's population lives in rural/frontier communities.
- 18% of all jobs are located in rural communities.
- The public transit dependent segment of the population is small and it is costly to service this segment.
- 38% of the nation's rural residents live in areas without any public transportation, and less than 10% of Federal spending for public transportation goes to rural communities.
- There is often a lack of funding for providing adequate public transportation choices to accommodate travel demand growth or job access.
- In the past, many rural communities were served by bus. Restructuring of the intercity bus transportation industry, combined with reductions in air fares and declining populations in many rural areas has led to reductions in rural bus service. Intercity bus services are not subsidized and are not required to keep lines open if they are unprofitable. Therefore, many smaller communities have no bus service.

The Lack of transportation increase the elders difficulty in accessing services and ultimately the risk for seniors being placed in assisted or skilled nursing facilities.

- In the report Transportation Innovations for Seniors- a Synopsis of Findings in Rural America produced by the Beverly foundation , the following Statement was made: "...both men and women will live for a period of time (as many as 6 years for men and 11 years for women) when they will be transportation dependent. It is the age 85+ population that is especially vulnerable to the need to give up their keys and become transportation dependent."

According to the Idaho Commission on Aging Needs Assessment, approximately 21% of seniors have some or a lot of difficulty getting or arranging transportation. 12% of respondents indicated that they have to rely on others for transportation while 2% indicated they can't afford transportation.

Per the 2010 Census, the senior population in PSA VI is 30,854. Out of that population, 38% live in rural areas and nearly 8% are living at or below poverty. The following chart shows the following census data: senior population in each county in PSA VI, senior households without a vehicle, and those seniors below poverty (extrapolated from Census data providing the percentage of seniors age 65 and older below poverty). (Rural counties are indicated by a *.)

County	Population 60+	Senior Households without a vehicle	At or below poverty	% at or below poverty
Bonneville	16,133	360	1,065	6.6%
Butte*	704	1	35	5%
Clark*	177	0	10	5.9%
Custer*	1,191	25	157	13.2%
Fremont*	2,512	21	244	9.7%
Jefferson*	3,632	49	327	9%
Lemhi*	2,519	72	209	8.3%
Madison	2,894	38	292	10.1%
Teton*	1,092	11	24	2.2%

To further demonstrate the importance of transportation services in each county, the following table outlines the results from demand modeling software for rural public transit from the Transit Cooperative Research Program (a division of the National Academies Transportation Research Board). The table outlines the number of trips needed and demand (in trips) for those counties. The difference in numbers is presented because, while a senior may have a “need” for transportation, he/she may be unable or unwilling to pay, or the system may not accommodate the day or time the senior wants to go. Demand, on the other hand, is the estimated number of boardings on an optimally designed system (in most counties in eastern Idaho, this would be a demand response system). Accordingly, in general, need will be higher than demand. (Rural counties are indicated by a *.)

County	Need	Demand
Bonneville	86,400	36,000
Butte*	200	1,600
Clark*	-	400
Custer*	6,000	2,700
Fremont*	5,000	5,600
Jefferson*	11,800	8,100
Lemhi*	17,300	5,600
Madison	9,100	6,400
Teton*	2,600	2,400

As a note with regards to the table above, the modeling software primarily targets households without a vehicle and secondarily, households in poverty, to determine “need”. It does not estimate seniors who may opt to use public transportation for convenience, environmental, or economic reasons. In several counties, (such as Butte and Clark counties) with such low

numbers of households without a vehicle, the software generates an understated “need”, which is why the demand figures are an important addition.

According to the Community Transportation Association of Idaho’s Mobility Manager which covers the counties in PSA VI, in rural counties, the primary senior transit system is volunteer drivers (family, friends, relatives, church, neighbors, etc.). Given this, even the most well designed transportation systems might only capture 20% of demand.

The Targhee Regional Public Transportation Authority reported the following boardings for riders age 60 and older for FFY 2013:

- Idaho Falls (Fixed Route): 5,413
- Rexburg: 1,331
- Driggs: 681
- Salmon: 569

Further, when we solicited for bids from Transportation contractors in June 2013 for SFY 2014 contracts, the providers that responded reported an anticipated need for the following number of boardings for riders age 60 and older:

- TRPTA
 - Paratransit: 9,000
 - Demand-Response: 1,000
- Lost River Senior Center (Arco): 200
- Salmon Senior Center: 1,250
- Mackay Senior Center: 300
- South Fremont Senior Center (St. Anthony): 2,800

The Area Agency on Aging of Eastern Idaho addresses this need through five new transportation contracts to pay for the boardings for seniors. Four of these contracts are with senior centers to provide transportation in local communities: Lost River Senior Center (Arco), Mackay Senior Center, Salmon Senior Center and South Fremont Senior Center (St. Anthony). The fifth contract is with the Targhee Regional Public Transportation Authority, to pay the fares for all boardings for individuals age 60 and older, in the urbanized area of Bonneville County. In addition, the Area Agency on Aging has representation on the Community Transportation Association of Idaho’s District Coordination Council (DCC). The DCC representatives advocate for the needs of people that are low-income or in poverty, as well as those that are aging or disabled. The DCC’s role is to establish rural transportation priorities through the awarding of federal funding.

Transportation is an allowable service under both Older Americans Act and Idaho State Senior Services Act. In SFY 2014, the Area Agency on Aging has allocated \$52,500 of its State of Idaho funding to reimburse transportation providers for boardings in the nine county service area. A primary reason the AAA has opted to use State of Idaho funding for transportation is that it allows our transportation providers to count AAA funding as matching dollars for any federally

funded transportation grants. These grants are beneficial in that they provide additional sources of revenue to the transportation providers and thus minimizing the unit cost of service to the Area Agency on Aging.

All services provided through Area Agency on Aging funds are free for consumers. For more information concerning access to these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

B. Information and Assistance (I&A) **(State Code 67-5006(6))**

Information and Assistance provides individuals with current information on opportunities and services available within their communities, including information relating to assistive technology. I&A assesses the problems and capacities of the individuals, links the individuals to the opportunities and services that are available and to the maximum extent practicable, ensures that the individuals receive the services needed. Additionally, I&A establishes adequate follow-up procedures.

I&A serves the entire community of older individuals, particularly, older individuals with greatest social and economic need, and older individuals at risk for institutional placement.

National and statewide statistical trends demonstrate consumer need for accessible Information & Assistance to the public in ensuring older individuals and their caregivers access to viable service options to assure aging in place at home and in the community of choice.

- According to the Administration on Aging FY 2011 Report to Congress there were 13,155,106 Information and Assistance contacts made during FY 2011.
- The Idaho 2-1-1 Careline received 162,587 calls in FY 2012, with 1,461 (1 percent) of them concerning senior issues. In FY 2013 the number of calls increased to 164,109, with 1,783 (1.1 percent) of them concerning senior issues.
- In FY 2013, 24,118 Information & Assistance contacts were made by Area Agencies on Aging in Idaho. (ICOA Joint Finance-Appropriations Committee FY 2015 Budget Hearing)

There has been a progressive decrease in the number of contacts provided by the Information and Assistance program over the past four years in PSA VI. In SFY 2010 there were 7,632 contacts. In SFY 2013 there were only 4,288. These decreases are largely due to a shift in focus over the past few years. Our Information and Assistance program had been spending an increasing level of time working with individuals on a one-on-one basis to help them navigate through the complexities of public benefit and entitlement programs. Beginning SFY 2014 we anticipate the number of contacts to increase as I&A with the implementation of the Idaho Comprehensive Assessment Tool (I-CAT) and new AAA procedures. Meanwhile, I&A will no longer provide the one-on-one assistance described above.

The Area Agency on Aging employs one full-time employee and three other employees who spend a significant portion of time working in an Information and Assistance capacity. Our full-

time I&A employee is Alliance of Information & Referral Services (AIRS) certified. These employees are available to make referrals to community agencies, perform assessments for Area Agency on Aging services, and follow-up with service recipients to ensure service delivery. They also assist with intakes, as necessary. Given the level of assessment performed by the Information & Assistance program, I&A is supervised by a Licensed Social Worker. In addition, we maintain a comprehensive database of resources in Area VI that is converted into a directory that is distributed electronically to clients and partner agencies. I&A makes referrals to the Department of Health and Welfare, SHIBA, Social Security Administration and many other human service agencies within the nine counties of eastern Idaho.

For SFY 2014, \$110,769 of IIIB funds and \$44,906 of IIIE funds have been budgeted for Information and Assistance programs. For more information concerning access and scope of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

C. Case Management (CM)

(IDAPA 15.01.21.010.01.) (State Code 67-5008(3))

Case management is a consumer-driven service that empowers individuals and their families to make choices concerning in-home, community-based or institutional long-term care services. (IDAPA 15.01.01.056.01.)

Case management provides responsible utilization of available informal (unpaid) supports before arranging for formal (paid) services. The case manager and client, or client's legal representative shall work together in developing an Individual Supportive Service Plan (SSP) to establish the frequency and duration of needed services. Services shall be arranged subsequent to approval by the client or legal representative. Services provided shall be recorded and monitored to ensure cost effectiveness and compliance with the SSP. (IDAPA 15.01.01.056.07.)

Eligibility criteria for CM service– each of the following elements MUST be met by the consumer:

- Consumer requires minimal assistance with one or more ADLs or IADLs
- Consumer requires services from multiple health/social services provider
- Consumer is unable to obtain, coordinate, and monitor the required service for self without assistance.
- Consumer does not have a designated person acting on their behalf that is able and willing to provide adequate coordination and monitoring of services.
- Consumer agrees to receive CM service including an in-home comprehensive assessment
- Consumer is not eligible for duplicative CM services through any other agency.

National and statewide data trends demonstrate a need for Case Management in assessing needs, developing supportive service plans, and arranging services for older persons, enabling them to remain healthy and independent in their homes and communities.

- According to the Administration on Aging FY 2011 Report to Congress, there were 3.6 million hours of case management assistance provided in FY 2011.
- 80% of clients receiving case management reported that, as a result of the services arranged by the case manager, they were better able to care for themselves (Administration on Aging FY 2011 Report to Congress).
- Among those aged 85 and older, 55% are unable to perform critical activities of daily living and require long-term support. (Administration on Aging FY 2011 Report to Congress).
- In FY 2013 there were 6,677 clients served for a total of 29,117 hours of Case Management provided by Area Agencies on Aging in the State of Idaho. (Idaho Commission on Aging Joint Finance-Appropriations Committee FY 2015 Budget Hearing).

There has been a paradigm shift in service delivery for Case Management. In the past, Case Managers had assessed individual needs for in-home services. However, that function is now performed within the Information & Assistance program. Given this, historical trends regarding Case Management are incongruent with current operations. Considering the eligibility criteria outlined above, which became effective July 1, 2013, we are unable to find a data set that quantifies the population segment that will meet all of those criteria. However, recognizing that eligible individuals may require services, the Area Agency on Aging is allocating a minimal amount of funding for Case Management.

When the Area Agency on Aging's Operations Manager, a Licensed Social Worker, determines that an individual's needs are not being met by contracted in-home services, eligibility for Case Management is determined and a comprehensive in-home assessment is performed by the Operations Manager to determine the greatest needs to ensure the individual's safety and ability to remain in his/her own home. The AAA also has two Case Management Supportive Services Technicians, who coordinate the delivery of services as identified by the Operations Manager, in addition to conducting I&A follow-up phone calls and coordinating our Caregiver programs. When working with clients, we partner with any number of agencies, including personal care service agencies, home health agencies, physicians, pharmacies, the public health district, the Department of Labor, the Department of Health and Welfare and churches. The partnerships will vary based on the individual needs of the consumer.

Case Management is an allowable service under both Older Americans Act and Idaho State Senior Services Act. For SFY 2014, the Area Agency on Aging has budgeted \$41,714 of State of Idaho funding for Case Management. For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

D. Outreach

(IDAPA 15.01.21.022)(OAA.Section.207.(c)(1-5))

Outreach is for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (Title III and VII Report Requirements)

Outreach efforts are focused on identifying those older persons who have the greatest economic or social need, with particular attention to low-income minority elderly, elderly living in rural communities, and severely disabled elderly. (IDAPA 15.01.21.022.01.)

Annually data is reviewed to determine the success in reaching those older individuals having greatest economic or social need, especially low-income minority elderly, elderly living in rural communities, and severely disabled elderly. (IDAPA 15.01.21.022.02.)

Outreach is recorded as “one-on-one contact between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category.” (Title III and VII Report Requirements).

Despite an ever increasing effort to provide information to those elders with the greatest economic or social need through one-on-one outreach contacts, the statewide qualitative analysis indicates that a large percentage of elders are still not receiving available support.

- There were 4,052,37 units of outreach provided nationwide in FY 2011 (Administration on Aging FY 2011 Report to Congress).
- According to the Idaho Commission on Aging Needs Assessment, 85% of older Idahoans report that they do not receive support from their community or through community services. As this population continues to age in uncertain economic times, the importance of access to community supportive services will increase.

Over the past three years, the Area Agency on Aging staff has averaged 1,031 one-on-one contacts per year. According to 2010 US census data, 38% of PSA VI's seniors live in rural counties and 48% of the area's seniors are aged 70 or older. PSA VI's population is homogenous with only 5% of seniors being a racial or ethnic minority.

According to 2010 Census data and the SAMS database, the table on the next page shows that the percentage of the total elder population being served by the Area Agency on Aging in PSA VI increased slightly from SFY 2012 to SFY 2013. On the other hand, the number of seniors in rural counties served decreased slightly. This was largely due to the closure of two rural senior centers in Clark and Jefferson counties during SFY 2012. (Rural counties are indicated by *.)

With minimal staffing levels, the Area Agency on Aging is unable to dedicate employees to providing outreach. Therefore, all Area Agency on Aging employees are encouraged to reach

out to seniors and caregivers about the programs of the Area Agency on Aging, as well as senior services in general. These contacts are tracked by employees and reported monthly. Specifically, one of the Area Agency on Aging’s Intake Specialists is bi-lingual which is invaluable in being able to provide services and perform outreach to the Spanish speaking population.

County	Population 60+	Served SFY 2012	%	Served SFY 2013	%
Bonneville	16,133	695	4%	750	5%
Butte*	704	104	15%	115	16%
Clark*	177	28	16%	2	1%
Custer*	1,191	129	11%	124	10%
Fremont*	2,512	136	5%	163	6%
Jefferson*	3,632	251	7%	228	6%
Lemhi*	2,519	259	10%	273	11%
Madison	2,894	192	7%	202	7%
Teton*	1,092	90	8%	78	7%
Total	30,854	1,884	6%	1,935	6%
Total Rural Counties	11,827	997	8%	983	8%
% in Rural Counties	38%	53%		51%	

Outreach funds are used to secure materials to distribute to the public to help members of the community identify the Area Agency on Aging as a resource after the one-on-one interaction. These interactions often happen at community events, such as trade shows and health fairs. The schedule and availability of these events tend to vary from year to year. The Area Agency on Aging does share information via the Facebook page of its umbrella agency, Eastern Idaho Community Action Partnership. At this time, the only mailing lists maintained by the Area Agency on Aging are for caregiver programs. Therefore, the Area Agency on Aging does not do general email blasts. In SFY 2014, the Area Agency on Aging has budgeted \$1,500 of IIBB funds for outreach.

2. In-Home Services (OAA Section 102(a)(30))

A. Homemaker

(IDAPA 15.01.01.040) (State Code 67-5008(3))

Homemaker services are designed to provide assistance to eligible older individuals to compensate for functional or cognitive limitations. These services provide assistance to individuals in their own homes, or, based on an Adult Protection referral, in a caregiver’s home; to restore, enhance, or maintain their capabilities for self-care and independent living. The older individual, and often family members, are involved in developing a supportive services plan for the client to ensure the services provided enhance any informal supports. Homemaker services include assistance with housekeeping, meal planning and preparation, essential shopping, personal errands, banking and bill paying.

Individuals are eligible for homemaker services if they meet any of the following requirements:

- They have been assessed to have activities of daily living deficits, instrumental activities of daily living deficits, or both, which prevent them from maintaining a clean and safe home environment; Clients aged sixty (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 their primary caregiver.
- They are Adult Protection referrals for whom homemaker service is being requested as a component of a supportive services plan to remediate or resolve an adult protection complaint.
- They are home health service or hospice clients who may need emergency homemaker service.

The need for Homemaker services is seen in the number of clients and hours of service that are provided nationally and at the state level.

- In FY 2011 144,251 people received 12,240,759 hours of Homemaker services nationally (Administration on Aging FY 2011 Report to Congress).
- In Idaho, 772 clients received 34,772 hours of service in FY 2013 (ICOA Joint Finance-Appropriations Committee FY 2015 Budget Hearing).
- According to the Idaho Commission on Aging Needs Assessment, 30% of seniors in PSA VI require some assistance with light housework. 18% of seniors receive no support from family.

The units of Homemaker services provided in PSA VI is shown in the table below. For SFY 2014, there is a considerable increase in funding allocated to Homemaker, so units are anticipated to increase.

County	Units SFY 2012	Units SFY 2013
Bonneville	1,809.75	1,889.25
Butte	248	274
Clark	0	0
Custer	371	432
Fremont	374.25	328.50
Jefferson	472.25	400.75
Lemhi	843	676.25
Madison	271	287.25
Teton	183.25	116.75
Total	4,572.50	4,404.75

Currently, to maximize the reach of Homemaker, we limit assistance to four hours per week per consumer. We will reevaluate this each quarter to determine whether or not funding is

sufficient to increase that utilization per consumer given interest in the service from the community. During SFY 2014, the AAA contracts with five Homemaker providers: Qualicare, Safe Haven Health Care, Personal Home Care, Lifestyles, and All Heart Home Care, with all providers receiving the same, per-unit, reimbursement rate.

Homemaker is an allowable service under both Older Americans Act and Idaho State Senior Services Act. For SFY 2014 we have budgeted \$18,330 of IIB dollars and \$95,625 of State of Idaho funding to provide Homemaker assistance to seniors. In addition, the United Way has provided \$8,825 of funding for CY 2013 and \$8,407 for CY 2014 to provide assistance to individuals under the age of 60 who otherwise meet the above eligibility requirements. For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

B. Chore

(IDAPA 15.01.01.041) (State Code 67-5008(3))

Chore service is designed to be provided to individuals who reside in their own residence. Chore can provide 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. Clients qualify to receive chore service if:

- They have been assessed to have activities of daily living deficits or instrumental activities of daily living deficits which inhibit their ability to maintain their homes or yards.
- There are no available formal or informal supports.
- Chore service is needed to improve the client's safety at home or to enhance their use of facilities in the home.

In FY 2011 35,120 people received 1,309,433 hours of chore service nationwide (Administration on Aging FY 2011 Report to Congress). According to the Idaho Commission on Aging Needs Assessment, 72% of seniors in PSA VI require some assistance with heavy housework and 64% require some assistance with yard work. 18% of seniors receive no support from family.

Chore is an allowable service under both Older Americans Act and Idaho State Senior Services Act. For SFY 2014 we have budgeted, for the first time, \$6,000 of State of Idaho funding to provide Chore service to seniors who meet the above eligibility. If the program proves successful, we will consider further expanding the program in the future. During SFY 2014, the AAA contracts with five Chore providers: Qualicare, Safe Haven Health Care, Personal Home Care, Lifestyles, and All Heart Home Care. For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

C. Telephone Reassurance (State Code 67-5008(3))

Telephone Reassurance allows individuals who would normally require assistance to remain in their homes. Phone calls are placed by volunteers to older individuals and disabled adults at home to ensure their well-being. Where available, Telephone Reassurance may be part of a supportive service plan including an emergency procedure to send help if the phone is unanswered.

According to census data, 16% of seniors in PSA VI live alone. Per the Idaho Commission on Aging Needs Assessment, 6.4% of seniors in Idaho don't have anybody to call if they needed assistance and 22.1% of seniors in Idaho indicating that feeling lonely, sad or isolated has been a problem for them during the past 12 months.

With this information in mind, the Area Agency on Aging is coordinating with the Eastern Idaho Retired Senior Volunteer Program (RSVP) – a program that operates in the Senior Services Department at EICAP – to provide a volunteer opportunity for people to provide telephone reassurance to lonely and isolated seniors. If volunteers are interested in this opportunity, we will connect the volunteer with our Case Manager and Adult Protection Worker to identify individuals who live alone to make telephone calls to check on their well-being.

For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

D. Friendly Visiting (State Code 67-5008(3))

Friendly Visiting is performed by individuals (usually volunteers) who visit or read to an older individual during a home visit.

According to census data, 16% of seniors in PSA VI live alone. Per the Idaho Commission on Aging Needs Assessment, 6.4% of seniors in Idaho don't have anybody to call if they needed assistance and 22.1% of seniors in Idaho indicating that feeling lonely, sad or isolated has been a problem for them during the past 12 months.

With this information in mind, the Area Agency on Aging is coordinating with the Eastern Idaho Retired Senior Volunteer Program (RSVP) – a program that operates in the Senior Services Department at EICAP – to provide a volunteer opportunity for people to be a friendly visitor to lonely and isolated seniors. If volunteers are interested in this opportunity, we will connect the volunteer with our Case Manager, Adult Protection Worker and Ombudsman to identify individuals who would benefit from a friendly visitor. Idaho Per RSVP guidelines, all friendly visitor volunteers will receive background checks to ensure we are not endangering our vulnerable and isolated seniors. Further, through our process, we will secure consumer permission to provide friendly visiting services and screen the client's home and circumstances to ensure volunteers are not being sent to unsafe environments.

E. In-home Respite

(IDAPA 15.01.01.043) (State Code 67-5008(3))

Respite is designed to encourage and support the efforts of caregivers to maintain functionally or cognitively impaired persons at home. Respite is intended to restore or maintain the physical and mental well-being of the caregiver. Paid respite staff and volunteers provide companionship or personal care services, or both, when needed for the care recipient and/or the caregiver. Respite services may include, but are not limited to, the following:

- Meeting emergency needs.
- Providing relief for the caregiver and socialization for the care recipient.
- Caregiver training.

National and Statewide statistics demonstrate a need for in-home respite by providing services that address the needs of unpaid, informal care givers, allowing many of them to continue to work while providing critically needed care.

- According to the Administration on Aging FY 2011 Report to Congress, in 2009 approximately 43.5 million adult caregivers provided uncompensated care to those 50 years of age and older.
- AARP estimated the economic cost of replacing unpaid care giving in 2009 to be about \$450 billion, an increase from \$375 billion in 2007 (Administration on Aging FY 2011 Report to Congress).
- 78% of care givers served by OAA programs report that these services allow them to provide care longer than they otherwise could (Administration on Aging FY 2011 Report to Congress).
- By 2020, it is projected that there will be over 15 million non-institutionalized seniors age 65 and over with 1 or more ADL deficits, an increase of almost four million seniors needing caregiver assistance (Administration on Aging FY 2011 Report to Congress).
- According to the Idaho Commission on Aging Needs Assessment, 25% of respondents were caregivers and over half of them (68%) were not aware of services in their community that could help them provide care.
- In FY 2011, 63,878 caregivers were served nationally, and 6,070,280 units of service were provided (Administration on Aging FY 2011 Report to Congress).
- In FY 2014, 24,284 respite hours were provided to consumers in the State of Idaho (Idaho Commission on Aging Joint Finance Appropriations Committee FY 2015 Budget Hearing).

According to the Idaho Commission on Aging Needs Assessment, 23% of respondents from PSA VI identified themselves as a caregiver. Only 30% of these individuals were aware of caregiver services from the Area Agency on Aging. Statewide, 7% of caregivers indicated that they could use a Respite service, to give the caregiver some free time.

The units of In-home Respite provided in PSA VI is shown in the table below. During SFY 2012 15 Caregivers received Respite and 13 Caregivers received Respite during SFY 2013. In both of these years, the funding allocated was not fully used. For SFY 2014, there is a considerable increase in funding allocated to In-Home Respite, so units are anticipated to increase.

County	Units SFY 2012	Units SFY 2013
Bonneville	490	290.75
Butte	0	0
Clark	0	0
Custer	85.25	19
Fremont	0	0
Jefferson	78	71
Lemhi	274.50	395
Madison	0	0
Teton	0	0
Total	927.75	775.75

Currently, we will fully meet the needs of the Caregiver in providing the Respite that they need for their own well-being. We will reevaluate this each quarter to determine whether or not funding is sufficient to increase that utilization per consumer given interest in the service from the community.

In-home Respite is an allowable service under both Older Americans Act and Idaho State Senior Services Act. For SFY 2014 we have budgeted \$16,800 of State of Idaho funding to provide Respite assistance for caregivers. During SFY 2014, the AAA contracts with five Respite providers: Qualicare, Safe Haven Health Care, Personal Home Care, Lifestyles, and All Heart Home Care. For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

3. Adult Day Care

(IDAPA 15.01.01.042) (State Code 67-5008(4))

Adult Day Care is designed to meet the needs of eligible participants whose functional or cognitive abilities have deteriorated. It is intended to provide relief for care providing family members. It is a comprehensive program which provides a variety of social and other related support services in a protective setting other than the participant's home during any part of a day, but for duration of less than twenty-four (24) hours.

National and Statewide statistics demonstrate a need for Adult Day Care by providing services that address the needs of unpaid, informal care givers, allowing many of them to continue to work while providing critically needed care.

- According to the Administration on Aging FY 2011 Report to Congress, in 2009 approximately 43.5 million adult caregivers provided uncompensated care to those 50 years of age and older.

- AARP estimated the economic cost of replacing unpaid care giving in 2009 to be about \$450 billion, an increase from \$375 billion in 2007 (Administration on Aging FY 2011 Report to Congress).
- 78% of care givers served by OAA programs report that these services allow them to provide care longer than they otherwise could (Administration on Aging FY 2011 Report to Congress).
- By 2020, it is projected that there will be over 15 million non-institutionalized seniors age 65 and over with 1 or more ADL deficits, an increase of almost four million seniors needing caregiver assistance (Administration on Aging FY 2011 Report to Congress).
- According to the Idaho Commission on Aging Needs Assessment, 25% of respondents were caregivers and over half of them (68%) were not aware of services in their community that could help them provide care.

Adult Day Care services provide a reliable source of support, restore balance in times of crisis, and enhance overall quality of life for caregivers.

- According to the Centers for Disease Control Long-Term Care Services 2013 report:
 - There were 4,800 adult day service centers in the United States.
 - There were 276,500 number of beds or licensed maximum capacity.
 - The average capacity was 58 and the average number of people served was 39.
 - There were 273,200 adult day services users.
- According to the MetLife National Study of Adult Day Services October 2010 report:
 - Adult day services provide respite to family caregivers.
 - Over 80% of participants attend full days and 46% attend five days per week, enabling family caregivers to remain in the workforce.
 - Most centers provide caregiver support programs, including educational programs (70%), caregiver support groups (58%), and individual counseling (40%).
 - Caregivers were primarily adult children (36%), spouses (23%), and paid professionals (19%).

According to the Idaho Commission on Aging Needs Assessment, 23% of respondents from PSA VI identified themselves as a caregiver. Only 30% of these individuals were aware of caregiver services from the Area Agency on Aging. Statewide, 7% of caregivers indicated that they could use a Respite service, to give the caregiver some free time.

We have never budgeted funding for Adult Day Care in the past. However, when we spoke to our Caregiver Support Group, several caregivers indicated that they would prefer Adult Day Care over in-home respite.

Beginning March 2014, the Area Agency on Aging is contracting with two facilities to provide Adult Day Care assistance for caregivers. The facilities can provide up to eight hours per day of Adult Day Care without having to admit the care recipient. To that end, we will provide caregivers up to eight hours every two weeks of Adult Day Care, which can be used in one day or spread out throughout the two week period.

Adult Day Care is an allowable service under both Older Americans Act and Idaho State Senior Services Act. For SFY 2014 we have budgeted \$4,800 of State of Idaho funding to provide Adult Day Care. The AAA contracts with two Adult Day Care providers: Mt. Vernon Assisted Living and Pinebrook Assisted Living. For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

4. Legal Services

(IDAPA 15.01.21.031.)

Legal services include legal advice and representation provided by an attorney to older individuals or caregivers with economic or social needs and includes:

- To the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney.
- Counseling or representation by a non-lawyer where permitted by law.

According to the Idaho Commission on Aging Needs Assessment, 12.8% of seniors in Idaho have had a problem dealing with legal issues during the past 12 months. In addition, 8% of caregivers indicated they could use legal assistance. In addition:

- There are approximately 1,000 OAA-funded legal services providers nationwide, which provide nearly one million hours of legal assistance per year (Administration on Aging website).
- Units of service representing one hour of legal service provided to seniors in FY 2008 was 920,397 (Administration on Aging website).
- The ability to deal with legal issues was reported as both a major and minor concern of elders in Idaho during the 2008 Idaho Commission on Aging Needs Assessment.
- According to the Idaho Legal Aid Services 2012 Report, In 2012 Idaho Legal Aid Service attorneys assisted 327 seniors with Medicaid issues.
- According to the Idaho Legal Aid Services 2012 Report, in 2012 Idaho Legal Aid Services helped 120 incapacitated adults with guardianship/and or conservatorship issues. Most cases concerned seniors with Alzheimer's, dementia or other chronic illness.
- Idaho Legal Aid Services created the Senior Legal Hotline to serve seniors who might otherwise not have access to an attorney. In 2012, the Senior Legal Hotline was open to all low-income Idaho Seniors (Idaho Legal Aid Services 2012 Report).

The Area Agency on Aging contracts with Idaho Legal Aid to provide Legal Assistance to seniors and caregivers. In SFY 2011, Idaho Legal Aid provided 220.2 hours of assistance, 232.9 hours is

SFY 2012, and 392.1 hours in SFY 2013. The Area Agency on Aging only reimburses Idaho Legal Aid for a fixed number of hours. If those hours are exceeded, Idaho Legal Aid still reports them, but they are not reimbursed.

For SFY 2014, we have three contracts with Idaho Legal Aid. We have budgeted \$9,600 of IIIB funds to provide Legal Assistance to seniors, \$4,800 of IIIE funds to provide Legal Assistance for caregivers and \$3,600 of IIIE funds to provide Legal Assistance for grandparents raising their grandchildren. For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

Title III-C1: Congregate Meals **(IDAPA 15.01.21.011.) (State Code 67-5008(2))**

Congregate meals are prepared and served in a congregate setting providing older persons a well-balanced diet, including nutrition counseling, education, and other nutrition services.

The goals of providing congregate meals are to:

- Reduce hunger and food insecurity.
- Promote socialization of older individuals.
- Promote the health and well-being of older individuals by assisting them to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

One hot, or other appropriate meal, is provided in congregate settings, including adult day care facilities and multigenerational meal sites, 5 or more days a week (except in a rural area where such frequency is not feasible). Established procedures allow a nutrition site coordinator options for offering meals to:

- Participating older individuals and individuals providing volunteer services during the meal hours.
- Individuals with disabilities who reside at home with older eligible individuals.
- Spouse of eligible individual.
- Individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.

Congregate meals play a vital role in supporting elders participate in healthy meal programs and at the same time, enhance socialization opportunities. At-risk elders who are often alone and have poor nutritional health, depend on congregate meals for socialization and nutritious meals.

- According to the Administration on Aging Research Brief Number 1, July 2010:

- The largest percentage (39%) of congregate meal participants are between the ages of 75 and 84.
- 61% are not married and 48% live alone
- Over half (51%) are above poverty
- 59% of participants report that congregate meal service allows them to remain in their home.
- The 2011 National Survey of Older Americans Act Participants showed:
 - 78% of congregate meal participants say they eat healthier meals due to the program.
 - 60% of participants say that the meals enable them to remain in their homes.
 - 51% of congregate meal participants have six or more chronic conditions
 - 31% of participants take six or more medications
- In FY 2011 there were 88,587,614 congregate meals served to 1,656,585 participants nationally (Administration on Aging FY 2011 Report to Congress).
- In FY 2013 there were 501,829 congregate meals served in the state of Idaho (Idaho Commission on Aging Joint Finance-Appropriations Committee FY 2015 Budget Hearing).
- Congregate meals are provided through contracts with nutrition sites (often senior centers) and administered by the AAA. Comparison between the 2008 and 2012 Idaho Commission on Aging Needs Assessments shows that the percentages of elder Idahoans interested in attending a senior center has increased for all age groups.

In PSA VI, all Congregate Meals are prepared and served at senior centers. According to the Idaho Commission on Aging Needs Assessment, in PSA VI 75% of respondents attend senior centers as often as they would like, 20% attend almost as often as they would like, while 5% indicate that they do not attend nearly as often as they would like. 9.5% of seniors in Idaho reported having enough food to eat as a problem during the past 12 months.

The Area Agency on Aging contracts with PSA VI's 13 senior centers to provide meals to seniors. The table on the next page shows the number of congregate meals served in each county of PSA VI. During SFY 2012, two senior centers closed. During SFY 2013, a third senior center closed. (Rural counties are noted by a *.)

For SFY 2014, we have budgeted \$127,774 of IIIC-1 dollars for Congregate Meals. Many senior centers partner with the Idaho Food Bank.

County	Units SFY 2012	Units SFY 2013
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Bonneville	11,815	12,760
Butte*	7,319	6,552
Clark*	341	16
Custer*	5,751	6,133
Fremont*	4,743	4,264
Jefferson*	7,315	6,869
Lemhi*	8,255	7,925
Madison	5,032	5,956
Teton*	3,094	2,577
Total	53,665	53,052
Total Rural	36,818	34,336
% Rural	69%	65%

For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>. In addition, individual senior centers can be contacted to learn about meal days, meal times and other senior center activities:

- Ashton Senior Citizens Center – 208-652-3594
- Idaho Falls Senior Community Center – 208-522-4357
- Lost River Senior Citizens (Arco) – 208-527-8296
- Mackay Senior Citizens Center - 208-588-2105
- Madison County Senior Citizens (Rexburg) – 208-356-0080
- Rigby Senior Citizens Center – 208-745-8211
- Ririe Senior Citizens Center – 208-538-7313
- Salmon Valley Senior Citizens Center – 208-756-3556
- South Fremont Senior Citizens Center (St. Anthony) – 208-624-3458
- Swan Valley Senior Citizens Center – 208-483-2090
- Teton Valley Senior Citizens Center (Driggs) – 208-354-6973
- West Jefferson Senior Citizens Center (Mud Lake) – 208-663-4916
- William Cobbley Senior Citizens Center (Challis) – 208-879-2724

Title III-C2: Home Delivered Meals (HDM) **(IDAPA 15.01.21.011) (State Code 67-5008(3))**

The Home Delivered Meals program provides at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods, for five or more days a week. Meal providers offer nutrition education, nutrition counseling, and other nutrition services based on the needs of meal participants.

The consumer must meet all eligibility criteria of A-E or otherwise meet one eligibility criteria through F.

- A. The consumer must be 60 years of age or older.
- B. The consumer must be Homebound.

- C. The consumer must be Frail (must have at least 2 ADL's).
- D. The consumer must be unable to independently prepare a meal.
- E. The consumer is not eligible for duplicative HDM services through any other agency.

Other eligible individual(s):

- F. Spouse under 60 of an eligible client who is receiving HDM service.
 - Disabled child of an eligible client who is receiving HDM service.
 - Caregiver over 55 years of age, caring for an eligible client who is receiving HDM service.

Home delivered meals help elders remain in their homes and communities even as health and functioning declines by targeting the most vulnerable older adults.

- According to the Administration on Aging Research Brief Number 1, July 2010:
 - The largest percentage (40%) of home delivered meal participants are between the ages of 75 and 84.
 - 74% are not married and 56% live alone
 - Over half (52%) are at, near, or below poverty
 - 91% of participants report that home delivered meal service allows them to remain in their home.
- The 2011 National Survey of Older Americans Act Participants showed:
 - 83% of home delivered meal participants say they eat healthier meals due to the program.
 - 92% of participants say that the meals enable them to remain in their homes.
 - 63% of home delivered meal participants have six or more chronic conditions
 - 51% of participants take six or more medications
- In FY 2011 there were 139,145,530 home delivered meals served to 856,471 participants nationally (Administration on Aging FY 2011 Report to Congress).
- In FY 2013 there were 510,387 home delivered meals served in the state of Idaho (Idaho Commission on Aging Joint Finance-Appropriations Committee FY 2015 Budget Hearing).

According to the Idaho Commission on Aging Needs Assessment, 15% of seniors in Idaho are unable to drive themselves to go places in the community, 9.1% require at least some help to prepare a meal, and 9.5% reported having enough food to eat as a problem during the past 12 months.

The Area Agency on Aging contracts with 11 of PSA VI's 13 senior centers to provide home delivered meals to homebound seniors. These centers deliver meals between 2-5 days per week and typically provide frozen meals for the days which meals aren't being delivered. The table on the next page shows the number of home delivered meals served in each county of

PSA VI. During SFY 2012, one home delivered meal provider closed. (Rural counties are noted by a *.)

County	Units SFY 2012	Units SFY 2013
Bonneville	32,685	33,077
Butte*	3,025	2,384
Clark*	0	0
Custer*	1,234	1,289
Fremont*	5,593	6,736
Jefferson*	7,678	7,062
Lemhi*	4,450	6,143
Madison	7,616	8,764
Teton*	944	848
Total	63,225	66,303
Total Rural	22,924	24,462
% Rural	36%	37%

Many senior centers partner with the Idaho Food Bank. Also, Valley Wide Cooperative and Land 'o Lakes have contributed \$10,350 annually each of the past three years to support home delivered meals in communities in which Valley Wide operations are located. These communities are located in Bonneville, Fremont, Jefferson, Lemhi, and Madison counties.

For SFY 2014, we have budgeted \$133,979 of IIIC-2 dollars and \$86,986 of State of Idaho funding for Home Delivered Meals. For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>. In addition, individual senior centers can be contacted to learn about meal days and approximate delivery times:

- Ashton Senior Citizens Center – 208-652-3594
- Idaho Falls Senior Community Center – 208-522-4357
- Lost River Senior Citizens (Arco) – 208-527-8296
- Mackay Senior Citizens Center - 208-588-2105
- Madison County Senior Citizens (Rexburg) – 208-356-0080
- Rigby Senior Citizens Center – 208-745-8211
- Ririe Senior Citizens Center – 208-538-7313
- Salmon Valley Senior Citizens Center – 208-756-3556
- South Fremont Senior Citizens Center (St. Anthony) – 208-624-3458
- Teton Valley Senior Citizens Center (Driggs) – 208-354-6973
- William Cobbly Senior Citizens Center (Challis) – 208-879-2724

Nutritional Service Incentive Program (NSIP) **(IDAPA 15.01.21.011)**

Provide supplemental incentive funding to each Area Agency on Aging to be distributed to the meal sites based on the number of meals served in the prior year.

- Funds cannot be used for administrative cost and must go directly to purchasing food.
- Area Agencies on Aging have an option to decide if they want their award in cash or in commodities.

Once we receive NSIP funds from the Idaho Commission on aging, we distribute those funds based on the number of meals served during the prior year. During quarterly site manager meetings, we remind site managers that the funds are to be used to purchase food. Of the 13 senior centers in PSA VI, 10 elect to receive all cash and 3 elect to receive 20% commodities and 80% cash.

We distributed \$83,026 of NSIP funds in 2011, \$80,072.29 in 2012 and to date in 2013 we have distributed \$71,136.05.

Title III-D: Disease Prevention and Health Promotion Services(OAA.Section.214.)

Title III-D of the OAA provides limited funding for disease prevention and health promotion. Disease prevention covers measures not only to prevent the occurrence of disease, but also to arrest its progress and reduce its consequences. Health promotion is the process of enabling people to increase control over, and to improve their health. Health education reduces the need for costly medical interventions.

Disease Prevention and Health Promotion Services assist older adults in living well – management of chronic disease, medication management, and access to preventative dental care.

Qualitative Analysis:

- According to the Administration on Aging FY 2011 Report to Congress, average life expectancy has increased from less than 50 years at the turn of the 20th century to over 78 years today.
- Statistics demonstrate that as an individual's number of chronic diseases increases, there is a corresponding escalation in adverse outcomes including mortality, poor functional status, unnecessary hospitalizations, adverse drug effects, duplicative tests, and conflicting medical advice (Administration on Aging FY 2011 Report to Congress).
- Recent studies have shown that in the United States more than 1/3 of adults age 65 and over fall each year (Administration on Aging FY 2011 Report to Congress).
- Medication Management:
 - Medication Management programs have been shown to reduce unnecessary duplication of prescriptions and cardiovascular problems. (Administration on Aging FY 2011 Report to Congress).

- According to one report, a meta-analysis of 39 prospective studies, in a single year approximately 2,216,000 hospitalized patients experienced a serious adverse reaction and 106,000 died as a consequence of their medication (home meds.org website).
- The Chronic Disease Self-Management Program:
 - CDSMP is a workshop given two and a half hours, once a week, for six weeks, in community setting such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves.
 - The Self-Management Program will not conflict with existing programs or treatment. It is designed to enhance regular treatment and disease-specific education such as Better Breathers, cardiac rehabilitation, or diabetes instruction. In addition, many people have more than one chronic condition. The program is especially helpful for these people, as it gives them the skills to coordinate all the things they need to manage their health as well as to help them keep active in their lives.
- Preventative Dental Care
 - According to a 2005 report by the Alliance of the American Dental Association, older patients are at greater risk for oral and general health problems for a number of reasons. The report lists a number of teeth, mouth and other health related problems that can be prevented through preventative dental care:
 - Dry mouth
 - Root decay
 - Malnutrition
 - Diminished sense of taste
 - Oral cancer
 - Oral mucositis
 - Diabetes
 - Periodontal disease
 - Gingivitis
 - Acid reflux
 - Pneumonia
 - Increased risk of heart disease and stroke

According to the Idaho Commission on Aging Needs Assessment, 13% of seniors in PSA VI have trouble affording dental care. 6.1% of seniors in Idaho require assistance managing their medications while 14.8% report that their physical health has been a major problem.

In CY 2013, 23 seniors received vouchers for free or discounted preventative dental care. During SFY 2012 and 2013, respectively, 93 and 73 people participated in the Chronic Disease Self-Management Program. Of those participants, 75 completed the class in SFY 2012 and 52 completed the class in SFY 2013. 25,000 readers of the Post Register, Eastern Idaho's major

newspaper, have seen multiple calls for action to speak to pharmacists to ensure they aren't taking contra-indicating medications.

We budgeted \$2,000 of IIID funds to the Chronic Disease Self-Management Program. The CDSMP is addressed in more detail in the subsequent Evidenced Based Programs section. In PSA VI, Madison Memorial Hospital has the license to administer the program for Bonneville, Jefferson and Madison counties, however, currently it only actively provides the service in Madison County.

We have budgeted \$3,500 of IIID funds for the HomeMeds Medication Reconciliation program. This program is also discussed in more detail under the Evidence Based Programs section.

We have budgeted \$2,500 of IIID funds to provide dental vouchers to seniors in need of preventative dental care. Oral hygiene has been demonstrated to be a critical indicator of an individual's overall health. However, since dental care is not covered by Medicare, many low-income seniors go without dental insurance. Through a partnership with the Community Council of Idaho, we have found a way to provide affordable, if not free, dental care to low-income seniors.

Finally, we have budgeted \$1,536 to increase awareness of our dental program and to encourage medication reconciliation through advertisements in the select inserts in the Post Register, our region's largest newspaper.

For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

Title III-E: National Family Caregiver Support Program(NFCSP)(OAA.Section.373.)

The National Family Caregiver Support Program is funded by Title III-E and supports coordination of community and volunteer-based organizations that provide relief to families who would otherwise become weary from the demands of caregiving.

The NFCSP provides information, training, decision support, respite, problem solving alternatives, and social support are among the types of services to aid caregivers in Idaho with their responsibilities and challenges.

National and Statewide statistics demonstrate the need for National Family Caregiver Support Programs because the demands of care giving can lead to a breakdown of the caregiver's health, and the illness, hospitalization, or death of a caregiver increases the risk for institutionalization of the care recipient.

- In FY 2011, NFCSP services provided included:
 - Over 1.3 million contacts to care givers assisting them in locating services from a variety of public and private agencies

- Over 128,000 caregivers with counseling, peer support groups, and training to help them better cope with the stresses of care giving
- Nearly 67,000 care givers with 6.3 million hours of temporary relief-at home, or in an adult day care or nursing home setting-from their care giving responsibilities (Administration on Aging FY 2011 Report to Congress).
- 68 percent of Title III caregivers are 60 or older, making them more vulnerable to a decline in their own health, and 34 percent describe their own health as fair to poor (Administration on Aging Fiscal Year 2011 Report to Congress).
- Caregivers suffer from higher rates of depression than non-caregivers of the same age, and research indicates that care givers suffer a mortality rate that is 63 percent higher than non-caregivers (Administration on Aging FY 2011 Report to Congress).
- In FY 2011, 1,795 care givers were surveyed about the impact of the caregiver program on their lives. 84% of caregivers received respite care with services from the NFCSP within the last twelve months and reported:
 - 80% had less stress.
 - 89% said it was easier to care for their loved one.
 - 76% reported that it was the most helpful service they received.
 - 97% reported the care recipient benefited from the service.
 - 87% said that the services enabled them to care longer (Administration on Aging FY 2011 Report to Congress).
- The FY 2011 National Program Services Summary Report shows that counseling, support groups, and/or training were provided to 119,609 care givers with 496,047 units of service being provided.
- According to the AARP Across the States Profile of Long-term Services and Supports in Idaho 2012 report, there were 210,000 family caregivers in FY 2009.

According to the Idaho Commission on Aging Needs Assessment, 23% of respondents from PSA VI identified themselves as a caregiver. Only 30% of these individuals were aware of caregiver services from the Area Agency on Aging. In addition to the need for Respite and Legal Assistance discussed previously, 8% of caregivers in Idaho indicated that they would benefit from an organized support group.

We have not tracked legal assistance, support group participation or information and assistance by county in the past. However, during CY 2012 33 caregivers participated in our Caregiver Support Group and 55 caregivers of relative minor children participated in our Grandparents Raising Grandchildren Program. During SFY 2012 there were 238 I&A contacts for caregivers, 224 contacts for caregivers of relative minor children and 226.6 hours of legal assistance provided to caregivers.

During CY 2013 29 caregivers participated in our Caregiver Support Group and 151 caregivers of relative minor children participated in our Grandparents Raising Grandchildren Program.

During SFY 2013 there were 205 I&A contacts for caregivers, 305 contacts for caregivers of relative minor children and 294.7 hours of legal assistance provided to caregivers.

The table below shows the number of units of Respite and Case Management provided to caregivers during SFYs 2012 and 2013.

County	Units Respite SFY 2012	Units Respite SFY 2013	Units Case Management SFY 2012	Units Case Management SFY 2013
Bonneville	490	290.75	171	143.50
Butte	0	0	7.75	6.75
Clark	0	0	0	0
Custer	85.25	19	4.50	0
Fremont	0	0	6.75	19.75
Jefferson	78	71	38.50	61.75
Lemhi	274.50	395	105.75	56.75
Madison	0	0	26.25	21
Teton	0	0	3.50	.75
Total	927.75	775.75	364	310.25

As stated above, we have budgeted State of Idaho funds to provide Respite and Adult Day Care, and IIIIE funds to provide Information and Assistance and Legal Assistance. In addition to these services, we facilitate a Caregiver Support Group that meets twice a month and a Grandparents Raising Grandchildren Support Group that meets monthly. In addition, our Grandparents Raising Grandchildren Program is facilitated through the assistance of an Advisory Council made up of community representatives with a passion for assisting caregivers of young children and provides social activities two times a year.

In SFY 2014, we have budgeted \$13,245 of IIIIE funds for our Caregiver Support Group and \$3,395 of IIIIE funds for our Grandparents Raising Grandchildren Support Group. In addition, we mobilize private donations to provide Respite opportunities for Grandparents Raising Grandchildren, such as sending grandchildren to the YMCA summer camp.

For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

Title III and Title VII: Ombudsman
(IDAPA 15.01.03) (State Code 67-5008(5))

Titles III and VII of the OAA authorize the Long-Term Care Ombudsman Program to work toward improving the quality of life of residents in nursing homes and assisted living facilities. The Ombudsman program provides a mechanism to receive, investigate, and resolve complaints made by, or on behalf of, residents of long-term care facilities.

The Ombudsman visits long-term care facilities to monitor conditions, provide education regarding long-term care issues, and identify long-term care concerns.

National and Statewide statistics demonstrate a need for Ombudsman in working to resolve resident problems related to poor care, violation of rights, and quality of life in skilled nursing facilities and assisted living facilities.

- According to the Administration on Aging FY 2011 Report to Congress, Ombudsmen nationwide completed resolution work on 204,044 complaints.
- Ombudsmen resolved or partially resolved 73% of these complaints to the satisfaction of the resident or complainant (Administration on Aging FY 2011 Report to Congress).
- Of the 132,325 cases closed by Ombudsmen, 99,305 were associated with nursing facility settings. Of the remaining cases, 30,796 were related to board and care and other similar facilities (including assisted living); and 2,224 were associated with non-facility settings or services to facility residents by an outside provider (Administration on Aging FY 2011 Report to Congress).
- Most cases were initiated by residents or friends and relatives of residents, with the residents themselves initiating 40% of cases in nursing facilities and 31% in board and care and other similar facilities (Administration on Aging FY 2011 Report to Congress).
- Ombudsmen proactively identified issues in nearly 13% of cases in all settings (Administration on Aging FY 2011 Report to Congress).
- Ombudsmen staff and volunteers provided a regular presence to facility residents, visiting residents of 70% of nursing facilities and 33% of board and care and similar homes at least quarterly (Administration on Aging FY 2011 Report to Congress).
- Ombudsmen provided 289,668 consultations to individuals in 2011 (Administration on Aging FY 2011 Report to Congress).
- Ombudsmen provided 115,798 consultations to long-term care facility staff in FY 2011 on a wide range of issues, including resident's rights, observations about care, working with resident behavioral issues, and transfer and discharge issues (Administration on Aging FY 2011 Report to Congress).
- In FY 2011 Ombudsmen nationwide provided information to resident councils (20,958 sessions) and family councils (3,321 sessions).
 - Trained long-term care facility staff (5,144 sessions).
 - Educated the community (12,456 sessions).
 - Served as resident advocates and provided information to surveyors as part of long-term care facility surveys conducted by regulatory agencies (participating in 22,640 survey related activities) (Administration on Aging FY 2011 Report to Congress).

- There are 53 state Ombudsmen and 576 designated local entities across the nation (Administration on Aging FY 2011 Report to Congress).
- In FY 2011, Long-term Care Ombudsmen services to residents were provided by 1,185 full-time equivalent staff and 9,065 volunteers, trained and certified to investigate and resolve complaints. An additional 3,320 volunteers also served residents or assisted in program operations in ways other than complaint resolution (Administration on Aging FY 2011 Report to Congress).
- Over \$16 million in volunteer time was donated in FY 2011 (Administration on Aging FY 2011 Report to Congress).
- According to the Idaho Commission on Aging 2013 annual report, Ombudsman in the State of Idaho completed 4,365 visits, logged 1,763 complaints and provided 3,346 consultations.

Currently, there are 1,520 beds in long-term care facilities throughout PSA VI. The Long-Term Care Ombudsman advocates for the rights of those residents by making quarterly visits and investigating and resolving complaints of residents and/or family members.

In CY 2012, the Long-Term Care Ombudsmen in PSA VI provided 446 consultations and resolved 239 complaints. In CY 2013, there were 365 consultations provided and 315 complaints resolved.

In addition, the Long-Term Care Ombudsman mobilizes a team of approximately one dozen volunteers to make more regular visits to assigned facilities. These volunteer Assistant Ombudsmen each receive at least 20 hours of class-room training and 20 hours of in-person shadowing of the Ombudsman before graduation and being assigned to a facility. This process is required for the volunteer to be certified by the State Ombudsman as an Assistant Ombudsman. During SFY 2013, these volunteers contributed over 1,500 hours of service and provided over \$35,000 of in-kind contributions.

For SFY 2014, the Ombudsman program has a budget of \$29,946 of IIIB funds, \$20,727 of State of Idaho funds, and \$8,202 of Title VII funds. For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

Title VII: Vulnerable Elder Rights Protection (OAA.Section.705.(a)(A))

Title VII of the OAA established the Prevention of Elder Abuse, Neglect, and Exploitation Program to promote activities to develop, strengthen, and carry out public education and outreach to identify and prevent elder abuse, neglect, and exploitation.

All of the Area Agency on Aging's Title VII funding has been allocated based on Long-Term Care facility beds and is used by the Ombudsman program.

When time permits, our Adult Protection Worker and the Licensed Social Worker who supervises the program will perform public education and outreach to identify and prevent elder abuse, neglect, and exploitation. However, this is not provided through a formalized process.

Title V: Senior Community Service Employment Program (SCSEP)(OAA.Section502.)

The Senior Community Service Employment Program is a federally sponsored employment training program that provides useful part-time community service through work-based training opportunities and funded through Title V of the OAA. The program specifically targets low income older individuals who need to enhance their skills to be able to compete in the job market and move into unsubsidized employment.

Requirements are:

- The dual goals of the program are to promote useful opportunities in community service activities through training assignments in public and non-profit agencies and to provide participants with the skills they need to move into unsubsidized employment, so they can achieve economic self-sufficiency.

The Idaho Commission on Aging coordinates the SCSEP program through a contract with Experience Works. Based on the SCSEP state plan, PSA VI has 22 authorized placements, distributed among seven of our nine counties. Bonneville County has 10, Butte County has 1, Custer County has 1, Fremont County has 2, Jefferson County has 3, Lemhi County has 2, and Madison County has 3. Clark and Teton counties do not have any authorized placements.

To support the SCSEP program, when a low-income senior seems eligible and is looking for an employment opportunity, we refer the senior to the appropriate Experience Works office.

Older Americans Act Discretionary Programs

Senior Medicare Patrol (SMP)

Senior Medicare Patrol is a nationwide program funded by the Administration for Community Living in partnership with Centers for Medicare and Medicaid (CMS) to identify and prevent Medicare/Medicaid fraud. SMP empowers and assists Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. The SMP program coordinates with the Idaho Department of Insurance's Senior Health Insurance Benefits Advisors (SHIBA) program.

SMP creates and supports education opportunities for consumers and the public about fraud, such as financial exploitation, identity theft, computer, mail and telemarketing scams.

National and statewide statistics demonstrate a need for Senior Medicare Patrol to provide education to older adults on preventing and identifying healthcare fraud and abuse. According to the Administration on Aging FY 2011 Report to Congress:

- SMP had 5,761 active volunteers who worked over 88,169 hours to educate beneficiaries about how to prevent Medicare and Medicaid fraud;
- Educated 431,128 beneficiaries in 11,109 group education sessions and held 66,303 one-on-one counseling sessions with or on behalf of beneficiaries;
- Conducted 8,800 community outreach education events; and
- Resolved 76, 224 inquiries for information or assistance from beneficiaries.
- In addition, since the program's inception in 1997 SMP projects have documented over \$106 million in savings, including Medicare and Medicaid funds recovered.

According to The Sentinel, up to \$57 billion was lost due to Medicare fraud in 2012. The Department of Health and Human Services reported that every \$1 invested in combatting Medicare fraud saves \$8.10.

The Area Agency on Aging had been a partner with the Idaho Commission on Aging and SHIBA in the Senior Medicare Patrol program several years ago. This partnership was resumed in 2012 to recruit volunteers who are interested in providing group education and individual counseling with seniors and other stakeholders regarding the risks of Medicare fraud and detecting fraudulent billings. Group educators make presentations to community groups to cast a large net with regard to the awareness of Medicare fraud and other scams. Individual counselors work closely with Medicare beneficiaries to examine their benefit statements and identify any potential fraudulent billings.

In FFY 2012, the Area Agency on Aging's SMP grant was \$15,067. In FFY 2013, the grant was \$17,103.76. For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

Aging and Disability Resource Center (ADRC) **(State Code 67-5006(8))**

The Aging and Disability Resource Center is "a single access point" for Long-term Care services and resources and provides options counseling for non-OAA funded programs. The Idaho ADRC is guided by the goals and objectives of the Idaho ADRC Five Year Plan. Through a Memorandum of Understanding, the ICOA has designated Idaho's six AAAs as local ADRC sites. The Aging and Disability Resource Centers can be accessed through the 211 CareLine.

The Lewin Group, an agency that provides Health Care and Human Services Policy, Research and Consulting, reported that Aging and Disability Resource Centers are a growing national trend. (April 2009 Report by Christina Neill Bowen and Gilbert Thompson). According to the Administration on Aging FY 2011 Report to Congress, there are more than 467 ADRCs in 51 states, territories and Washington D.C. that currently cover 69% of the US population. ADRCs have been established because consumers find that the Health Care and Human Service system is difficult to navigate. With choices can come confusion and consumers may never know what

other options are available. 27 states and territories have achieved statewide coverage, and an additional 13 states have achieved 50 percent or more of state wide coverage. According to the Administration on Aging FY 2011 Report to Congress, the Administration on Aging's vision for ADRCs is:

- Establish an ARDC in every community in the Nation;
- Every ADRC will be highly visible and a trusted community resource;
- ADRCs will serve people of all incomes and ages;
- ADRCs will provide information on a full range of long term support options individuals and caregivers, and,
- ADRCs be a single point of entry for access to public long term support programs and benefits.

Additionally, the Summary for Social, Economic, and Housing Characteristics (June 30, 2003) stated that in Idaho over 40.6% of the population has some form of disability, whether it be sensory: blindness, deafness or severe vision or hearing impairment, Physical: a condition that substantially limits one or more basic physical activities such as walking, reaching lifting or carrying, or mental: learning, remembering, or concentrating.

Key functions for ADRCs include:

- Intake Information and Referral
- Options Counseling
- Assessment and eligibility Determinations
- Streamlined Access
- Person-centered Hospital discharge planning
- Quality assurance and Evaluation
- Reporting

According to the 2012 American Community Survey 5-Year Estimates, 12% of residents of eastern Idaho have a disability. Meanwhile, 40% of residents age 65 and older have a disability. Further 36% of disabled people in eastern Idaho are age 65 and older.

In SFY 2012, 61 I&A contacts were related to the ADRC and 52 contacts related to the ADRC in SFY 2013.

The Area Agency on Aging has been designated, by the Idaho Commission on Aging, as an Aging and Disabilities Resource Center. However, since we do not have any third party funding, our services are limited to providing Information & Referral, as it is an existing Older Americans Act program. We are exploring the possibility of providing Options Counseling and Benefits Counseling on a fee-for-service basis.

For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

Money Follows the Person/ADRC (MFP)

The goal of the Money Follows the Person/Aging and Disability Resource Center grant is to strengthen the role of the ADRC with respect to coordinating transitions from nursing homes (and other MFP qualified institutional settings) to community based settings for older adults and people with disabilities or chronic conditions. The objectives of the MFP/ADRC grant is to provide a web-based self-assessment tool, provide a shared definition of Options Counseling between the Centers for Independent Living and the Area Agencies on Aging and develop a process for the Local Ombudsman to act as the Local Contact Agency for the Minimum Data Set 3.0 Section Q.

The Area Agency on Aging has had an employee trained to be a Transitions Manager through the MFP program. However, the Area Agency on Aging has yet to successfully become a Medicaid provider to provide the assistance. We are working through that process and hope to have completed the process to become a Medicaid provider by the end of SFY 2014. Currently, there are nine Transitions Managers through seven agencies on the Department of Health and Welfare's Region 7 (Area Agency on Aging PSA VI) Transitions Manager list. When an individual contacts us from a long-term care facility regarding this program, we can provide a general overview of the program and its benefits. We also provide them with the list of local Transitions Managers.

For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

Veterans Directed Home and Community Based Services (VD-HCBS)

The VD-HCBS program provides Veterans the opportunity to self-direct their long-term supports and services that enable them to avoid institutionalization and continue to live independently at home. Veterans enrolled in VD-HCBS have the opportunity to manage their own flexible budgets, to decide for themselves what mix of goods and services best meet their needs, and to hire and supervise their own workers. The Aging Network provides facilitated assessment and care/service planning, arranges fiscal management services, and provides ongoing options counseling and support to Veterans.

The VD-HCBS program in Idaho is being developed in the Boise area through a partnership with the Boise Veteran's Administration office. In PSA VI, our local veterans receive assistance through the Salt Lake City Veteran's Administration office. Therefore, this program has not reached eastern Idaho. During our outreach efforts, if we encounter veterans, we do offer to help them make contact with the VA if they would benefit from assistance, but beyond that, we don't have any specific services for veterans.

Title VI Coordination

Title VI-Grants for Native Americans requires coordination to promote the delivery of supportive services, including nutrition services, to Native Americans, Alaskan Natives, and

Native Hawaiians that are comparable to services under Title III to preserve and restore their respective dignity, self-respect, and cultural identities.

In Idaho, Title VI funds are available to benefit the state's Native American Tribes. A tribal organization is eligible for assistance under this part only if:

- The tribal organization represents at least 50 individuals who are 60 years of age or older.
- The tribal organization demonstrates the ability to deliver supportive services, including nutritional services.

There is not a Native American Tribal Organization located in PSA VI, therefore we do not perform any Title VI coordination.

Evidence Based Programs

The Area Agency on Aging financially supports one evidence based program (Chronic Disease Self-Management Program) and has plans to operate a second (HomeMeds Medication Management). In addition, the Eastern Idaho Public Health District provides Fit and Fall Proof classes, primarily to seniors, throughout PSA VI.

The Chronic Disease Self-Management Program:

- CDSMP is a workshop given two and a half hours, once a week, for six weeks, in community setting such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves.
- The Self-Management Program will not conflict with existing programs or treatment. It is designed to enhance regular treatment and disease-specific education such as Better Breathers, cardiac rehabilitation, or diabetes instruction. In addition, many people have more than one chronic condition. The program is especially helpful for these people, as it gives them the skills to coordinate all the things they need to manage their health as well as to help them keep active in their lives.

Medication Management:

- Medication Management programs have been shown to reduce unnecessary duplication of prescriptions and cardiovascular problems. (Administration on Aging FY 2011 Report to Congress).
- According to one report, a meta-analysis of 39 prospective studies, in a single year approximately 2,216,000 hospitalized patients experienced a serious adverse reaction and 106,000 died as a consequence of their medication (home meds.org website).

- According to the Idaho Commission on Aging Needs Assessment, 6.1% of seniors in Idaho require assistance managing their medications while 14.8% report that their physical health has been a major problem.

Fit and Fall Proof:

- According to the Idaho Department of Health and Welfare website, Fit and Fall Proof helped more than 6,687 Idaho adults stay fit, prevent falls, and form lasting friendships during Fiscal Year 2012 in more than 75 class sites statewide.
- A recent national study found that 11.1% of Medicare beneficiaries age 65 and older living in the community reported feeling “sad or depressed much of the time over the previous year” (Administration on Aging Fiscal Year 2011 Report to Congress).
- According to the Administration on Aging Fiscal Year 2011 Report to Congress, exercise has been proven to improve depression, which studies have shown that nearly 20% of U.S. adults 65 years and older experience.

During SFY 2012 and 2013, respectively, 93 and 73 people participated in the Chronic Disease Self-Management Program. Of those participants, 75 completed the class in SFY 2012 and 52 completed the class if SFY 2013. Four lay-leaders were trained during SFY 2012 with 10 additional leaders trained during SFY 2013.

We budgeted \$2,000 of IIID funds to the Chronic Disease Self-Management Program. The CDSMP was developed by Stanford University. It uses a curriculum based, six week workshop to help seniors with chronic diseases become more empowered to improve the way they feel and take care of themselves and manage their condition. In PSA VI, Madison Memorial Hospital administers the program for Bonneville, Jefferson and Madison counties.

We have budgeted \$3,500 of IIID funds for the HomeMeds Medication Reconciliation program. HomeMeds was developed by Vanderbilt University. It involves performing a complete medication inventory within the consumer’s home and then inputting the medications into a computer system. If medication conflicts are detected, the system will alert the Area Agency on Aging. Through an established partnership with a pharmacist or nurse practitioner, the conflicts will be reported to the health professional who will then review the problem, determine whether or not the problem warrants re-evaluation and follow through with the consumer and prescribers to resolve the problem. Area Agency on Aging staff have been trained in performing the medication inventory and using the system. A partnership with a health professional has not yet been formalized.

State Program

Adult Protection Services (AP) (IDAPA 15.01.02)(State Code 67-5011)(IC 39-53 Health and Safety)

Adult Protection (AP) provides services to protect vulnerable adults from abuse, neglect, and exploitation. The AP services are also intended to provide assistance to caregiving

families experiencing difficulties in maintaining functionally impaired relatives in the household. The AP program focuses on promoting education as a means of prevention.

Idaho Code identifies a vulnerable adult as “a person eighteen (18) years of age or older who is unable to protect himself from abuse, neglect or exploitation due to a physical or mental impairment which affects the person’s judgment or capacity to make or communicate or implement decisions regarding his person”. Given the specificities of the statute, it is difficult to quantify the number of vulnerable adults in eastern Idaho. With that said, there are some national and statewide statistics available:

- Every year an estimated 2.1 million older Americans are victims of elder abuse, neglect, or exploitation (Administration on Aging website).
- Experts believe that for every elder abuse or neglect reported, as many as five cases go unreported (Administration on Aging website).
- Elders throughout the United States lose an estimated \$2.6 billion or more annually due to elder financial abuse and exploitation, funds that could have been used to pay for basic needs such as housing, food and medical care (Administration on Aging website).
- According to the Idaho Commission on Aging 2012 annual report, in the State of Idaho FY 2012 there were a total of 1,772 AP investigations, 242 substantiated cases and 170 law enforcement referrals.
- Major financial exploitation was self-reported at a rate of 41 per 1,000 surveyed, which was higher than self-reported rates of emotional, physical, and sexual abuse or neglect (National Center on Elder Abuse Administration on Aging website).
- In the only national study that attempted to define the scope of elder abuse, the vast majority of abusers were family members (approximately 90%), most often adult children, spouses, partners, and others (National Center on Elder Abuse Administration on Aging website).
- A 2010 study found that 47% of participants with dementia had been mistreated by their caregivers (National Center on Elder Abuse Administration on Aging website).
- Elders who experienced abuse, even modest abuse, had a 300% higher risk of death when compared to those who had not been abused (National Center on Elder Abuse Administration on Aging website).

The Area Agency on Aging received 576 AP reports in SFY 2011, 609 in SFY 2012, and 554 in SFY 2013. Of these 141 were determined to meet the requirements of the AP statute to be investigated in SFY 2011, 134 in SFY 2012, and 211 in SFY 2013.

Beginning July 1, 2013, when a call comes in with an individual wanting to make an Adult Protection report, it is received by Information and Assistance. If an impairment is identified and an allegation of abuse, neglect, exploitation, or self-neglect is indicated as presently occurring, the report is passed onto Adult Protection for investigation. This is expected to be a more efficient approach for Adult Protection, as it is clear from the statistics above that a good number of reports are not within the jurisdiction of Adult Protection. Prior to July 1, 2013, it

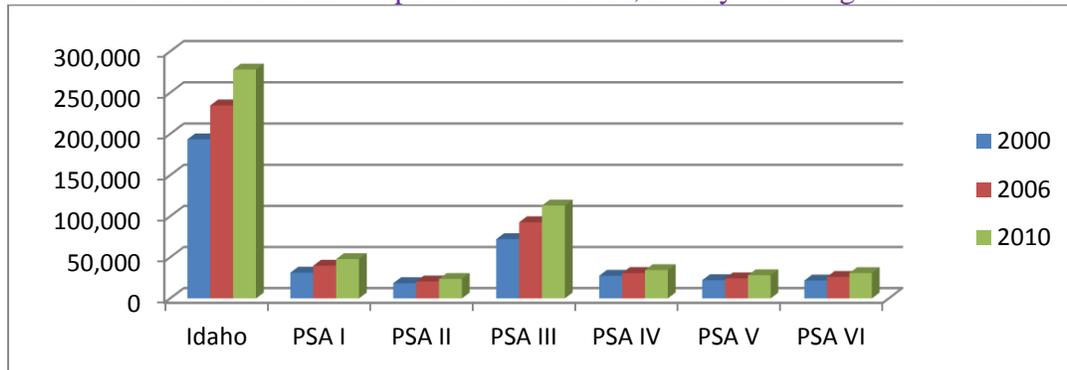
was a function of the Adult Protection staff to determine whether or not an AP Report was within the jurisdiction of Adult Protection, which can be a time consuming process.

In SFY 2014, the Adult Protection program has a budget of \$81,702 of State of Idaho funding. For more information concerning access of these services please contact the AAA at (208) 522-5391 or get information through our website <http://www.eastidahoaging.com>.

Planning and Service Areas

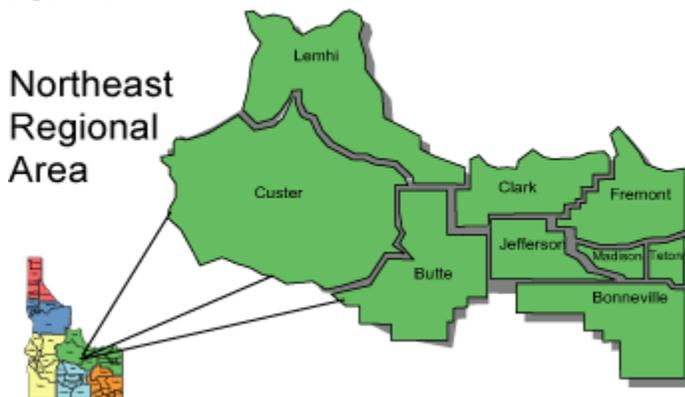
Overview

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



Prepared by the Idaho Commission on Aging from *Idaho Vital Statistics 2010*, Idaho Department of Health and Welfare, Division of Health, Bureau of Vital Records and Health Statistics, March 2012.

PSA VI



Geographic Information:

The region in PSA VI covers 19,330 square miles in nine eastern-most counties in the state: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton. The AAA serving PSA VI operates out of Idaho Falls and is part of Eastern Idaho Community Action Partnership. From the high plains of Bonneville County to the mountainous terrain of Lemhi County, the region's topography is diverse. PSA VI borders Wyoming near Yellowstone National Park and the Teton Mountains.

Demographic Information:

Based on the 2010 Census, the total population in PSA VI was 207,499 of which 30,854 (14.9%) individuals were over the age of 60. Idaho Falls is the largest city. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is 32,370.

Cost Sharing

The OAA includes a provision for a State to implement cost sharing, through the use of a sliding fee scale, with regard to certain services provided with federal funds. States are not permitted to implement cost sharing for the following services:

- Information and Assistance, Outreach, Benefits Counseling, or Case Management services.
- Ombudsman, Elder Abuse Prevention, Legal Assistance, or other consumer protection services.
- Congregate and Home-Delivered Meals.
- Any services delivered through tribal organizations.

When using Federal funds to provide a service, cost sharing by a low-income older individual is not allowed if their income is below 150% the Federal Poverty Guidelines. Assets, savings, or other property owned by older individuals are not considered when defining low-income individuals exempt from cost sharing. Older individuals' eligibility for cost share is determined by a confidential declaration of income. If Idaho permits cost sharing for programs and services that utilize federal funds, then the State shall establish a sliding fee scale, based solely on individual income and the cost of delivering services. Idaho and its AAAs will not deny any service to an older individual due to their income or their failure to make a cost sharing payment.

Rules governing State Act programs also permit cost sharing in the form of a sliding fee scale for services supported with state funds. Cost sharing payments are required from certain clients receiving Homemaker services. Clients, whose household income exceeds 150% of poverty, after certain adjustments for medical expenses, are required to make a cost sharing payment according to an ICOA sliding fee scale. ICOA updates the sliding fee scale annually. A copy of the sliding fee scale is attached as Attachment 3D.

Both the OAA and Idaho's rules governing State Act programs and services provide that the State, AAAs, and providers, will protect the privacy and confidentiality of each older individual, and that the State, AAAs and providers will maintain records of cost sharing payments received and will use each collected cost share payment to expand the service for which such payment was given.

AAA Collaborative Partners

We have a long-standing partnership with **Idaho Legal Aid**. We use Older Americans Act funding to help provide legal assistance to low-income seniors, caregivers, grandparents raising grandchildren and other relative caregivers of minor children. In addition, we have received Community Development Block Grant funding from the City of Idaho Falls to contract with Idaho Legal Aid to provide additional legal assistance to Grandparents Raising Grandchildren.

The Area Agency on Aging has an active partnership with the **Community Council of Idaho's Community Family Clinic**. We provide vouchers to help seniors without dental insurance to receive preventive dental services. Low-income seniors will have the entire service paid for based on the Community Family Clinic's sliding fee scale. Seniors with higher incomes will have up to \$50 per service paid for by the Area Agency on Aging.

One of our most recent partnerships is with **Targhee Regional Public Transit Authority (TRPTA)**. In the spring of 2013, TRPTA shifted from a deviated-route system to a fixed route system. This created a problem for a number of seniors and disabled individuals. Under the deviated route system, the buses could alter their routes to pick up and drop off individual's curbside. However, the new system requires that individuals wait at designated bus stops. TRPTA will provide a demand-response service called para-transit for individuals who live within $\frac{3}{4}$ of a mile from a bus stop but are unable to get to and/or wait at the bus stop due to a physical or cognitive impairment. For seniors, however, this service has a fare of \$3.50, which is nearly five times as expensive as a regular fare. Similarly, for individuals who live more than $\frac{3}{4}$ of a mile from a bus stop, their demand-response fare costs \$6 each way, which is eight times the fare for individuals who are picked up at a bus stop. For low-income seniors, these fares are cost-prohibitive. Through a partnership with TRPTA, the Area Agency on Aging is paying these fares to ensure seniors aren't isolated and are able to make medical appointments, run errands, and stay engaged in the community.

We receive annual funding from the **United Way of Idaho Falls and the Upper Valley** to extend our Homemaker assistance program to vulnerable adults under the age of 60. This is valuable assistance that helps keep individuals who are ineligible for our traditional funding from having to enter a long-term care facility.

In 2012, the Area Agency on Aging was the community-based organization invited to join several regional hospitals to form a **Care Transitions Coalition**. This coalition has worked together to form strategies to reduce hospital readmissions. These strategies include improving coordination between hospitals by standardizing transfer forms and improving discharge planning processes. The coalition is now exploring options such as in-home medication reconciliation, palliative care and evidence-based care transitions models.

The **Senior Health Insurance Benefits Advisor (SHIBA)** office is an ongoing partner with the Area Agency on Aging. We work closely with SHIBA to coordinate Medicare Part D Open Enrollments and other volunteer activities related to Medicare.

LIFE, Inc. is our region's Center for Independent Living. We work closely with LIFE Inc. to provide services and referrals for disabled seniors. We donated our assistive technology to LIFE Inc. and make positive referrals to the agency when individuals need to assistive technology equipment.

Hospice of Eastern Idaho (HEI) is our area's only non-profit hospice agency. We donated our durable medical equipment to HEI to be distributed through their agency. Similar to our

partnership with LIFE, Inc. we are able to make positive referrals to the agency when individuals need durable medical equipment.

We have partnerships with **Brigham Young University – Idaho** and **Idaho State University** to serve as a location for social work students to perform their practicum. In addition, the Idaho State University nursing program sends nursing students to the Area Agency on Aging to spend a day shadowing our staff to learn about resources available in the community.

Finally, we would be remised to not discuss the collaborative partnership that the Area Agency on Aging has with **eastern Idaho’s senior centers**. Currently, there are 13 senior centers in eastern Idaho which provide meals, extend nutrition education, facilitate health-related services, offer social activities and serve as a hub for information sharing, general services and socialization for their community’s seniors.

AAA Strategic Plan: Goals, Objectives, Strategies, Measures and Baselines

The goals and objectives listed below are the same as those presented in the current Idaho Commission on Aging Senior Services State Plan. They have been approved by the federal Administration on Community Living. The strategies listed are the Area Agency on Aging’s specific planned actions for achieving the statewide goals and objectives within PSA VI. The strategies, baselines and measures were identified and determined by the Steering Committee Members at the August 15, 2013 Advisory Council meeting.

ICOA Goal 1: Improve opportunities to access up-to-date community resources addressing health and long-term care options for Idahoans.	
ICOA Objective 1: Increase outreach efforts to target population.	
AAA Strategy 1: Develop partnerships with subsidized senior/disabled housing projects to provide periodic outreach to low-income seniors.	Baseline: The AAA’s umbrella agency owns five senior/disabled housing complexes throughout the Planning and Service Area. Measure: Identify three (3) additional senior/disabled housing complexes annually, in which to expand outreach efforts.
AAA Strategy 2: Develop literature regarding Area Agency on Aging programs to Home Delivered Meals	Baseline: The Area Agency on Aging has developed brochures for several major program areas that can be distributed.

programs to have distributed to meal recipients.	Measure: Develop or update one piece of information quarterly to be distributed to senior centers at the senior center site manager meetings.
AAA Strategy 3: Participate in Medicare Improvements for Patients and Providers Act (MIPPA) programs offered through the Idaho Commission on Aging to increase outreach regarding Medicare Savings Plans and the Low-Income Subsidy.	Baseline: ICOA did not have a MIPPA grant in FFY 2013. The AAA has expressed interest for FFY 2014.
	Measure: In 2014, the Administration on Community Living (ACL) provided funding to states to provide intensified outreach activities to help beneficiaries likely to be eligible for the Low Income Subsidy program (LIS), Medicare Savings Program (MSP), Medicare Prescription Drug Coverage (Part D) and in assisting beneficiaries in applying for benefits. The AAA is currently participating in the MIPPA program.

ICOA Objective 2: Strengthen and sustain the “AAA’s” ADRC website and services as the single entry point for public and private resources.	
AAA Strategy 1: Periodically review the AAA’s ADRC website to ensure content has been update and AAA news has been added.	Baseline: The content is reviewed semi-annually, news stories are not added in a systematic fashion.
	Measure: Review content monthly and incorporate a new news story at least monthly.
AAA Strategy 2: Survey visitors to assess and improve website usability.	Baseline: Survey has been developed and is available on the website.
	Measure: Review survey results quarterly and prioritize any suggested website improvements with the input of the Advisory Council.

ICOA Objective 3: Improve the collection and distribution of resource information on the ADRC website and local AAA offices.	
AAA Strategy 1: Streamline the update process of Information & Referral Provider/Resource Directory by issuing negative confirmation requests to all resources.	Baseline: Resource Directory is updated in the spring annually.
	Measure: Update resource directory semi-annually (in the spring and the fall).
AAA Strategy 2: Pursue grant funding to maintain online resource directory. The solution costs approximately \$11,000 to set up and operate the first year and \$4,000 per year to maintain.	Baseline: Current online resource directory is a Bowman Systems solution and will be active until February 2014.
	Measure: Funding is obtained to transition online directory to Harmony solution for use after current solution goes offline.
AAA Strategy 3: Build awareness of the ADRC website and resource directory.	Baseline: 1,539 people visited website in SFY 2013.
	Measure: Increase visitors by at least 10% each year.

ICOA Goal 2: Strengthen existing home and community-based and evidence-based services.

ICOA Objective 1: Increase the efficiency and effectiveness of home and community-based services.

<p>AAA Strategy 1: Implement fee-for-service in-home assessment.</p>	<p>Baseline: The AAA does not currently have any fee-for-service programs.</p>
	<p>Measure: Develop, market and launch fee-for-service in home assessment offering.</p>
<p>AAA Strategy 2: Facilitate private pay in-home service offerings, such as medication reconciliation.</p>	<p>Baseline: The AAA does not currently offer any private pay services.</p>
	<p>Measure: Develop, market and launch at least one new private pay opportunity per year.</p>
<p>AAA Strategy 3: Evaluate the utilization of services in comparison to consumer need to determine if authorized utilization is adequate to meet need.</p>	<p>Baseline: Current authorization for in-home services is limited to 2 hours per week.</p>
	<p>Measure: Assess consumer need and resources quarterly to ensure funding is being maximized. Report findings to Advisory Council.</p>

ICOA Objective 2: Build participation in evidence based-services.

<p>AAA Strategy 1: Encourage Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) licensees to expand locations for CDSMP and DSMP throughout the Planning Service Area.</p>	<p>Baseline: As of July 1, 2015, the AAA provides financial support to Grand Peaks Medical, the only site in eastern Idaho that still is licensed to run the CDSMP and DSMP classes.</p>
	<p>Measure: Increase geographic locations for the program to one of these counties, each year, during the next four years: Bonneville, Fremont, Jefferson, and Teton Counties.</p>
<p>AAA Strategy 2: Implement the HomeMeds Medication Reconciliation program.</p>	<p>Baseline: The AAA has had employees trained in the program.</p>
	<p>Measure: Identify a pharmacist in which to partner to be able to offer the program as an AAA service.</p>
<p>AAA Strategy 3: Work with the Eastern Idaho Care Transitions Coalition to implement an evidence-based intervention to help reduce hospital readmissions.</p>	<p>Baseline: The AAA is a chartered member of the coalition, but the coalition has not identified an intervention to implement.</p>
	<p>Measure: Be actively involved in the implementation once the coalition has chosen an intervention.</p>

ICOA Goal 3: Promote healthy and active life styles for Idahoans.

ICOA Objective 1: Provide additional opportunities for older adults to engage in social and physical activity to develop healthy behaviors.

<p>AAA Strategy 1: Partner with senior centers to help promote activity schedules via AAA website.</p>	<p>Baseline: AAA currently receives newsletters from most senior centers, but does not add activities to website calendar.</p>
	<p>Measure: AAA will add events to website calendar when monthly/quarterly newsletters are received.</p>
<p>AAA Strategy 2: Pursue a partnership with a fitness center to offer and promote reduce-priced memberships and/or membership specials to seniors.</p>	<p>Baseline: AAA does not have a current partnership with a fitness center.</p>
	<p>Measure: Identify a fitness center to partner with and develop a Memorandum of Understanding.</p>
<p>AAA Strategy 3: Share health tips via social networking.</p>	<p>Baseline: The AAA does not currently share health tips via Facebook and/or twitter.</p>
	<p>Measure: The AAA will use interns to identify health tips and have them shared via EICAP social networking accounts.</p>
<p>AAA Strategy 4: Work with Arts Council, Museums, Symphony, etc. to increase cultural opportunities for low-income seniors.</p>	<p>Baseline: AAA does not have a current partnership with arts council or other organizations.</p>
	<p>Measure: Identify a organizations to partner with and develop a Memorandum of Understanding.</p>

<p>ICOA Objective 2: Increase volunteerism to support long-term care and home and community based services.</p>	
<p>AAA Strategy 1: Continue recruitment and training of volunteer Assistant Ombudsmen.</p>	<p>Baseline: Currently, 13 individuals are trained as Assistant Ombudsmen and have a regular presence at assigned facilities.</p>
	<p>Measure: Recruit and train 4 individuals per year to serve as volunteer Assistant Ombudsmen.</p>
<p>AAA Strategy 2: Implement telephone reassurance program.</p>	<p>Baseline: This volunteer program has not been implemented.</p>
	<p>Measure: Develop volunteer job description, program procedures and have the program added to EICAP's Retired Senior Volunteer Program volunteer job offerings.</p>
<p>AAA Strategy 3: Implement friendly visiting program.</p>	<p>Baseline: This volunteer program has not been implemented.</p>
	<p>Measure: Develop volunteer job description, program procedures and have the program added to EICAP's Retired Senior Volunteer Program volunteer job offerings.</p>

<p>ICOA Objective 3: Increase employment opportunities by connecting employers with unemployed older Idahoans.</p>	
<p>AAA Strategy 1: Enhance partnership with Experience Works, Idaho's Senior Community Service</p>	<p>Baseline: In SFY 2013, our I&A program made 2 referrals to Experience Works. Available positions are defined by SCSEP State Plan.</p>

Employment Program (SCSEP) contractor, to assist eligible seniors access the program.	Measure: At least one Experience Works placement in PSA VI per year is made through referral from the AAA.
AAA Strategy 2: Partner with local agency, such as the Department of Labor or LDS Social Services to identify employment opportunities for seniors.	Baseline: In SFY 2013 our I&A program made 12 referrals to the Department of Labor and 2 to LDS Social Services. Measure: Develop a memorandum of understanding with agency to help unemployed older Idahoans gain employment.
AAA Strategy 3: Develop an online job posting site for senior friendly employers to post job openings.	Baseline: Website currently is not developed. Will utilize open source job site program to implement. Measure: 1,000 hits in the first full year of operation, followed by a 20% increase in hits annually.

ICOA Objective 4: Increase health promotion and disease prevention outreach through materials and education.	
AAA Strategy 1: Update the health lending library by securing resources on health issues highlighted by the National Institute Health's News In Health monthly newsletter.	Baseline: Health Lending Library is in place at EICAP office. Measure: Secure at least one new piece of literature on a pertinent health topic affecting seniors per month.
AAA Strategy 2: Expand financial support to Grand Peaks Medical to grow the Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) to new populations, specifically Spanish speaking populations.	Baseline: As of July 1, 2015, the AAA provides financial support to Grand Peaks Medical, the only site in PSA that is licensed to run the CDSMP and DSMP program. Currently the program is only offered in English. Measure: CDSMP and DSMP classes are offered in Spanish by the end of SFY 2016.
AAA Strategy 3: Pursue private funding to be able to purchase new printed materials for distribution and to keep the health lending library current.	Baseline: The AAA has brochures on a variety of health topics, but has no additional funding to maintain the inventory. It is anticipated that \$100 per year is necessary to maintain the collection of information. \$500 per year would help keep the health lending library current. Measure: Secure \$500 per year in private funds to procure updated literature for distribution through the Health Lending Library.
AAA Strategy 4: Use the American Society of Consultant Pharmacist's STAMP Out Prescription Drug Misuse & Abuse! Toolkit to make presentations regarding medication reconciliation.	Baseline: The AAA has obtained the free toolkit. Measure: Use the toolkit to make at least one presentation per quarter in the community.

ICOA Objective 5: Identify opportunities to increase community transportation options to enable seniors to travel to community events, volunteer work, services, shopping and medical appointments.	
AAA Strategy 1: Promote partnership with Targhee Regional Public Transit Authority (TRPTA) to increase the number of boardings by isolated seniors in Bonneville County.	Baseline: Partnership was implemented in August 2013.
	Measure: A 5% annual increase in AAA funded boardings by seniors not eligible for Medicaid funded transportation.
AAA Strategy 2: Explore the expansion of transportation options in the rural counties of eastern Idaho.	Baseline: Currently, the AAA contracts with the Salmon Senior Center, the South Fremont Senior Center (St. Anthony), the Mackay Senior Center, and the Lost River Senior Center (Arco) to provide transportation to seniors who are primarily senior center participants.
	Measure: Contract with at least one new transportation provider annually, until all nine counties of PSA are served by at least on transportation provider with AAA funds.
AAA Strategy 3: Partner with Community Transportation Association of Idaho (CTAI) to share information on transportation options in rural counties via AAA website.	Baseline: CTAI is developing a web tool that can show all transportation options.
	Measure: Once tool is developed, embed in website and track website hits.
AAA Strategy 4: Work with Local Mobility Management Networks, Economic Development Agencies, and the State of Idaho and its partners to create mobility goals to allow federal funds to be used to improve walking access to senior centers.	Baseline: Coordination with Southeast Idaho Council of Governments, Inc. (SICOG) occurred in October. The AAA will continue to work with SICOG to develop specific mobility goals.
	Measure: Mobility goal is added and senior centers are informed of process to request federal funds.

ICOA Goal 4: Protect the rights of older people and prevent their abuse, neglect and exploitation.	
ICOA Objective 1: Increase coordination with state entities, organizations, and institutions that protect vulnerable adults from abuse, neglect, and exploitation.	
AAA Strategy 1: Enhance advocacy for vulnerable adults through active partnership with Bonneville County’s Crisis Intervention Team.	Baseline: AAA’s Adult Protection team is an active member of the CIT.
	Measure: Attend at least 24 CIT meetings per year and participate in the annual training.
AAA Strategy 2: Ensure common vulnerable clients between the Department of Health & Welfare and Adult Protection receive maximum level of services through meeting with the District VII Regional Medicaid Unit.	Baseline: AAA’s Case Management and Adult Protection teams meet regularly with the RMU to discuss the needs and eligibility of Medicaid clients.
	Measure: Monthly meetings with the RMU.

<p>AAA Strategy 3: Ensure common developmentally delayed clients between the Department of Health & Welfare and Adult Protection receive maximum level of services through meeting with the District VII Certified Family Home program.</p>	<p>Baseline: AAA’s Adult Protection teams meet regularly with the CFH program to discuss needs and concerns regarding vulnerable adults living in certified family homes.</p>
	<p>Measure: Monthly meetings with the CFH team.</p>
<p>AAA Strategy 4: Strengthen response to vulnerable adults with mental health problems through meeting with the eastern Idaho Protective Custody Hub.</p>	<p>Baseline: AAA’s Operations Manager meets quarterly with Protective Custody Hub to discuss needs and concerns regarding vulnerable adults with mental health problems.</p>
	<p>Measure: Quarterly meetings with Protective Custody Hub.</p>

<p>ICOA Objective 2: Provide additional resources to help people make informed decisions about long-term care or assisted living facilities.</p>	
<p>AAA Strategy 1: Distribute contact information for local long-term care facilities via website and through senior centers.</p>	<p>Baseline: Long term care facilities are not listed on AAA website but are on EICAP website. Facilities list not updated systematically.</p>
	<p>Measure: Distribute 250 hard copies through senior centers and 100 digital copies via website.</p>
<p>AAA Strategy 2: Make Long-Term Care price guide available on website.</p>	<p>Baseline: Annual information is not currently provided on AAA or EICAP websites.</p>
	<p>Measure: Make information available and track the number of downloads.</p>
<p>AAA Strategy 3: Distribute the Ombudsman brochure through senior centers.</p>	<p>Baseline: Brochure is currently developed and available in print at the EICAP office and on the AAA website.</p>
	<p>Measure: Projecting 125 brochure downloads via website and the distributed of 250 printed brochures annually.</p>

<p>ICOA Objective 3: Increase public outreach to recognize and report signs of elder abuse, neglect and exploitation.</p>	
<p>AAA Strategy 1: Work with Eastern Idaho Regional Medical Center Geriatric Forum to have the LTC Ombudsman and Adult Protection present for Older Americans Month in May.</p>	<p>Baseline: The AAA is typically the presenter in May. In 2013, the presentation focused on elder abuse, neglect and exploitation. Approximately 60 people attended.</p>
	<p>Measure: Present to 60 providers of services to seniors annually.</p>
<p>AAA Strategy 2: Partner with Idaho State University Nursing students to have student nurses shadow Adult Protection and Ombudsman to learn about AAA services for the elderly.</p>	<p>Baseline: Each semester, approximately half a dozen student nurses come to EICAP.</p>
	<p>Measure: Six student nurses shadow AAA employees each semester.</p>
<p>AAA Strategy 3:</p>	<p>Baseline: This has not been a targeted training initiative in the past.</p>

Facilitate training of in-home service providers, home health agencies, and PCS providers.	Measure: Conduct an annual training and track attendance.
AAA Strategy 4: Work with television stations to create Public Service Announcements regarding identifying the signs of elder abuse, neglect and exploitation.	Baseline: The AAA does not currently utilize PSAs in this fashion. Measure: Air 20 PSAs during a two week period during the year.
AAA Strategy 5: Use social networking to disseminate information on recognizing and reporting the signs of elder abuse, neglect and exploitation.	Baseline: The AAA has not currently used social networking in this fashion. Measure: Prepare information regarding the signs of elder abuse, neglect and exploitation. Have it shared at least quarterly via social networking sites.

ICOA Goal 5: Maintain an effective and responsive management and administrative structure.

ICOA Objective 1: Update state and federal quality assurance review processes.

AAA Strategy 1: Formalize quality assurance procedures to ensure assessments have been performed for consumers receiving services and that consumers are eligible for services received.	Baseline: With new implementation guides being deployed statewide, quality assurance procedures have not yet been developed. Measure: Less than 1% of consumers enrolled for services are later terminated after quality assurance checks.
AAA Strategy 2: Perform additional desktop monitoring of providers to ensure compliance with state and federal laws and proper use of funding.	Baseline: Current requirements are an on-site monitor of providers who receive more than \$50,000 in funding. Measure: Perform annual desktop monitoring of providers who receive more than \$25,000 in funding and additional desktop monitoring of providers who receive more than \$50,000 in funding.
AAA Strategy 3: Ensure all required data for federal reporting is complete.	Baseline: AAA currently evaluates the completeness of data and works to fill in missing data quarterly. Measure: Evaluate the completeness of data and fill-in missing data monthly.

ICOA Objective 2: Implement systematic changes to establish administrative and service continuity.

AAA Strategy 1: Implement Harmony Provider Direct solution to integrate with AAA information management system to increase efficiency of administrative processes at providers and AAA.	Baseline: Solution began being implemented in early 2013. Providers are currently evaluating whether or not it is creating added benefit for their operation. Measure: Complete implementation with current providers by the end of quarter 1 2014.
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<p>AAA Strategy 2: Maximize use of functionality in AAA information management system to improve communication within AAA programs and between AAA and providers.</p>	<p>Baseline: Functionality that could potentially improve collaboration and workflows is available, but not currently used.</p>
<p>AAA Strategy 3: Improve the Request for Proposal process for contracted service.</p>	<p>Measure: SAMS Administrators become familiar with available additional functionality by the end of CY 2014. Evaluate potential functionality and develop procedures for functionality to be implemented by the end of SFY 2015. Train staff and providers on using additional functionality by the end of CY 2015.</p> <p>Baseline: Current RFP process is outdated and uses a process that does not easily facilitate competitive bidding for contracts.</p> <p>Measure: Use models from other areas to create a more effective process for soliciting bids for contracts effective SFY 2015.</p>

Attachment 1 Area Plan Instructions

HOW TO CREATE YOUR AAA AREA PLAN

General Instructions

The AAA Plan should mirror the State Plan both in content and in format to the greatest degree possible. This assures that ACL's current priorities, which form the basis for the state unit's statewide goals, will be addressed on the regional level in each PSA. By presenting the same informational categories within a single shared format, users of these plans will find it easy to discern how needs and priorities identified by ACL or by ICOA will be addressed locally. Readers will be able to easily locate and simply compare items between the Area Plans for each PSA and the State Plan because the document information will be ordered the same way.

The Plan must follow requirements in Chapter 5: AAA Planning Service Areas (PSA) Requirements in ICOA's Program Manual.

Four Year AAA Area Plan Shell: Instructions by Section:

- 1. Cover Page:** Insert the AAA title, street address, city, state, and zip code where indicated at the top center of the cover sheet.
- 2. Verification of Intent:** The AAA Director, the Area Advisory Council Chairperson and the Governing Board Chairperson must each **sign** and **date** the this page in order for the Area Plan to be accepted by the State Unit.
- 3. Table of Contents:** This section should be created *last in order to assure* that pages of all sections are correctly listed.
- 4. Executive Summary:** Explain the data and methods used by the AAA to determine the strategies and priorities. (Start this section on a new page regardless of where the previous section ended).
- 5. The Area Agency:** (start this section on a new page regardless of where the previous section ended).
 - **Overview**— An AAA Introductory section. The purpose is to give basic information about how the AAA functions and its relationship to the state unit, etc.
 - **AAA Vision**— The AAA's current official **vision statement** should be quoted here in **bold type**.

- **AAA Mission**— The AAA’s current official **mission statement** should be quoted here in **bold type**.
- **AAA Funding** This section has been provided by ICOA and should not be modified.

6. Older Americans Act (OAA) Core Programs:

- **Title III B: Supportive Services- This section contains information provided by ICOA regarding:**
- **Title III B: Supportive Services**
- **Title III-C1: Congregate Meals**
- **Title III-C2: Home Delivered Meals**
- **Nutritional Services Incentive Program (NSIP)**
- **Title III-D: Disease Prevention and Health Promotion Services**
- **Title III-E: Family Caregiver Support Program**
- **Title III and Title VII: Ombudsman**
- **Title VII: Vulnerable Elder Rights Protection**
- **Title V: Senior Community Service Employment Program**

The information provided by ICOA should not be modified.

Where space has been provided, after section explain how the AAA supports the service/program in the PSA. Specifically address activities and funds that are being used to support activities. Specifically address activities and the funds that are being used to support these activities.

7. Older Americans Act Discretionary Programs: This section contains information provided by ICOA regarding:

- Senior Medicare Patrol
- Aging and Disability Resource Center
- Money Follows the Person / ADRC
- Veterans Directed Home and Community Based Services
- Title VI Coordination

Where space has been provided, explain how the AAA supports the service/program in the PSA. Specifically address activities and funds that are being used to support these activities.

8. Evidence Based Programs: The purpose of this section is for the AAA to identify projects that are not included in the discretionary funds. (i.e. Fit and Fall Proof). For each evidence based program, explain how the AAA supports the program(s) in the PSA. Specifically address activities and funds that are being used to support these activities.

9. State Program: This section contains information provided by ICOA regarding the Adult Protective Services. The information provided by ICOA should not be modified.

Where space has been provided, explain how the AAA supports the program in the PSA. Specifically address activities and funds that are being used to support these activities.

10. Planning and Service Areas: The information in this section is provided by ICOA.

- **Overview-** This section should not be modified.
- **PSA-** ICOA has prepared geographic and demographic information for each PSA. Keep the information that applies to your AAA and delete the other PSA information.

11. Cost Sharing: The information for this section is provided by ICOA and should not be modified.

12. AAA Collaborative Partners: Each AAA will have “partners” within its PSA. These partners may be agencies that serve other segments (or a broad segment) of the area’s population; they may be county or city agencies, private foundations based in the PSA, or local charitable organizations. Where space has been provided **name the AAA’s partners and describe any recent or ongoing collaborative projects** with particular attention to how such coordination effort is benefiting seniors in the region.

13. AAA Strategic Plan: Goals, Objectives, Strategies, Measures and Baselines:

- Where space is provided write an introduction paragraph to explain the development of the AAA Strategic Plan: Strategies, Measures and Baselines.
- ICOA has prepared a table which indicates the five (5) ICOA goals and corresponding objectives as approved by ACL in the ICOA Senior Services State Plan. Where space has been provided, indicate AAA Strategies, Baselines, and Measures that will support the ICOA Goals and Objectives.

The table and prepopulated information should not be altered.

14. Attachments: The following attachments must accompany the AAA Plan when it is submitted.

Attachment 1: Instruction for completing the PSA Shell.

Documents to be filled out:

Attachment 2A: The Area Agency on Aging Organization Chart. Insert a copy of the AAA Organizational chart onto this page.

Attachment 2B: Steering Committee Members. Identify the Steering Committee Members that assist in the development of the AAA Area Plan. Utilize this template without modification to the format.

Attachment 2C: PSA Development Schedule. Identify the AAA Area Plan development review schedule. Include the dates and purpose of meetings for the AAA Area Plan Steering Committee and Public Comment. Utilize this template without modification to the format or prepopulated information.

Attachment 2D: Public Comment Process and Comments. The format for this document has been provided by ICOA and should not be modified. Provide AAA specific information as indicated where space has been provided.

Attachment 2E: Advisory Council Profile. The template for this attachment had been provided by ICOA and should not be modified. Provide information as indicated where space has been provided.

- Indicate Term End (Dates)
- Indicate Yes or No as appropriate
 - Age 60+
 - Minority
 - Elected Official

Financial Documents:

Attachment 3A: Intra-State Funding Formula. A reference document provided by ICOA. This attachment should not be modified.

Attachment 3B: Allocation of Resources. A reference document provided to the AAA by ICOA. This attachment should not be modified.

Attachment 3C: Budget

- **3C1 ICOA Title III AAA FFY Funding Allocation Comparison.** A reference document that will be updated and provided to the AAA by ICOA.
- **3C2 ICOA Title III, Title VII and State Funding Allocation Summary.** A reference document that will be updated and provided to the AAA by ICOA.

Attachment 3D: Sliding Fee Scale. A reference document provided to the AAA by ICOA. This attachment should not be modified.

Attachment 3E: Poverty Guidelines. A reference document provided to the AAA by ICOA. This attachment should not be modified.

Documents to be signed:

Attachment 4A: Required Area Plan Assurances and Required Activities. A reference document provided to the AAA by ICOA. This attachment should not be modified.

Attachment 4B: Civil Rights. Insert the AAA's address and phone number on page 2 where space has been provided.

Attachment 4C: Emergency Preparedness Plan. The template for this document has been provided by ICOA. Provide AAA specific information as indicated where space has been provided.

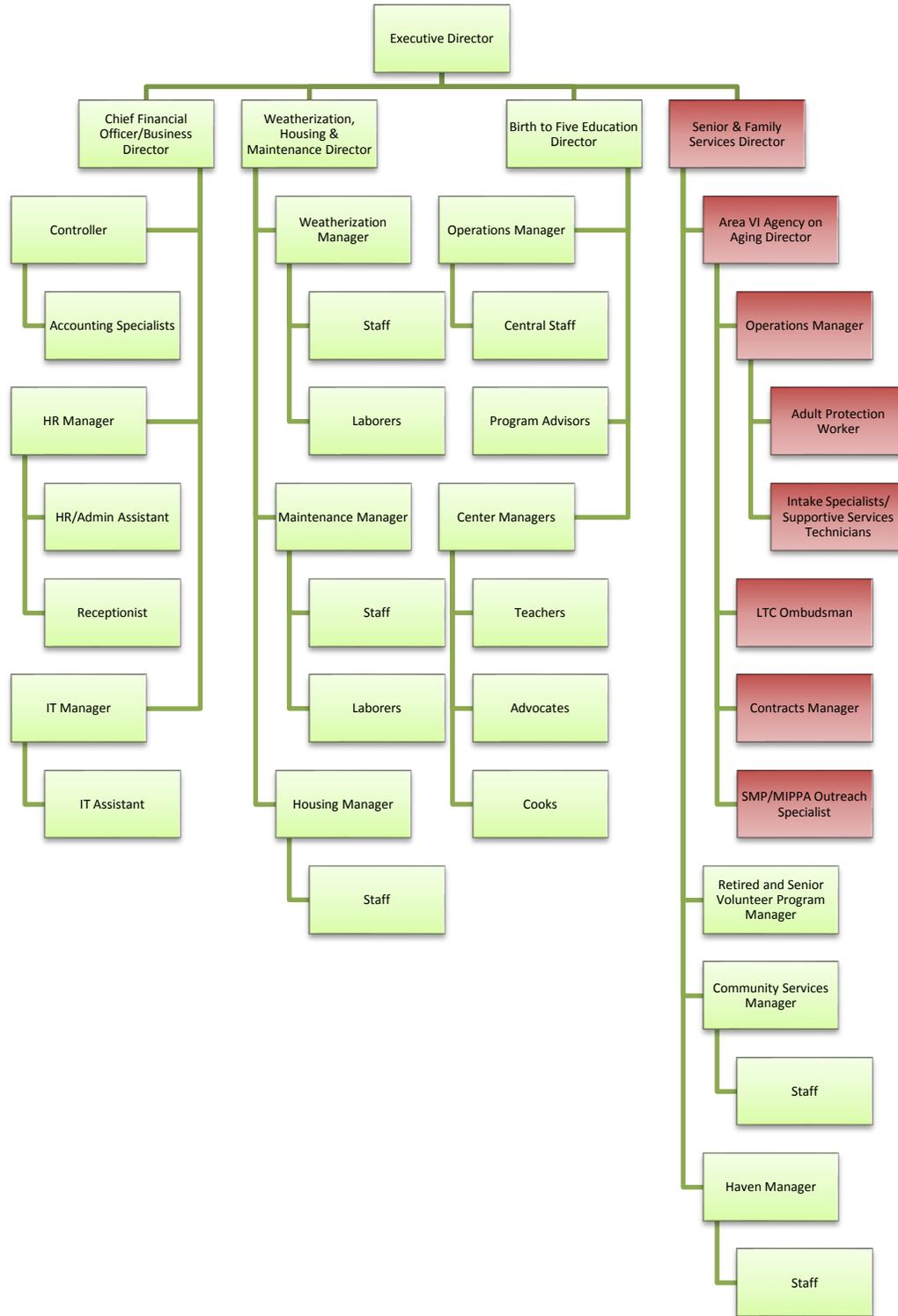
Information Only:

Exhibit 1A: Idaho Growth Change and Demographics. A reference document provided by ICOA. This attachment should not be modified.

Exhibit 1B: Definitions. A reference document provided to the AAA by ICOA. This attachment should not be modified.

Attachment 2A Organization Chart

EICAP Organizational Chart



Attachment 2B Steering Committee

AAA Area Plan Steering Committee Members				
	Name	Affiliation	Telephone Number	E-mail Address
1	Nick Burrows	EICAP	208-522-5391	nburrows@eicap.org
2	Joseph Earnest	Idaho Legal Aid	208-524-3660	joearnest@idaholegalaid.org
3	Shara Eaton	EICAP	208-522-5391	seaton@eicap.org
4	Coleen Erickson	Area VI Commissioner on Aging	208-523-6701	coleen.erickson10@gmail.com
5	Laura Gramirez	Community Council of Idaho	208-524-0980	lgramirez@ccimail.org
6	Ken Hart	Madison County Senior Center	208-356-0080	madcoseniors@yahoo.com
7	Otto Higbee	Mackay Senior Center	208-588-2105	ottobetty@atcnet.net
8	Dean Nielson	LIFE, Inc.	208-529-8610	dean@idlife.org
9	Jeff Osgood	CTAI	208-559-4401	JOsgood@ctai.org
10	Valisa Say	Idaho Falls Senior Center	208-522-5357	ifsgcc@gmail.com
11	Angela Booker	Teton Valley Health Care	208-354-2383	ABooker@tvhcare.org
12	Janell Price	Hands of Hope Hospice	208-523-7441	janell@handsofhopeinc.com
13	Mark Brown	Area VI Commissioner on Aging	208-497-8528	mmnabrown@gmail.com
14	Renee Richardson	US Senator Risch's Office		Renee_Richardson@risch.senate.gov
15	Tina Dean	Seniors West of the Tetons	(208) 354-6973	tetonseniorcenter@hotmail.com
16	Amanda Ely	TRPTA	208-535-0356 Ext. 110	amanda.trpta@gmail.com
17	Morgan Nield	EICAP	208-522-5391	mniel@eicap.org
18	Casie Adams	EICAP	208-522-5391	cadams@eicap.org
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Attachment 2C Development Schedule

AAA Area Plan Steering Committee and Public Comment Review Schedule

Date:	Purpose of Meeting:
May 21, 2013	Received Area Plan Shell
August 9, 2013	Send Area Plan to Steering Committee for review and feedback
August 15, 2013	Develop Strategies, Baselines and Measures for Strategic Plan
August 23, 2013	Send Area Plan to Advisory Council for comment
August 30, 2013	Post Area Plan on www.eicap.org and www.eastidahoaging.com for public comment
September 30, 2013	End public comment period
October 15, 2013	EICAP Board of Directors approve Area Plan
October 17, 2013	Area Plan submitted to Idaho Commission on Aging
December 17, 2013	Feedback on Area Plan draft received from Idaho Commission on Aging
January 27, 2014	First set of revisions submitted to the Idaho Commission on Aging
February 18, 2014	Feedback on first set of revisions received from Idaho Commission on Aging
March 14, 2014	Second set of revisions submitted to the Idaho Commission on Aging
March 19, 2014	Feedback on second set of revisions received from Idaho Commission on Aging. Plan is approved to be released for final public comment
March 20, 2014	Distribute Area Plan to Advisory Council for comment
March 21, 2014	Post Area Plan on www.eicap.org and www.eastidahoaging.com for final public comment
April 14, 2014	End public comment period
April 15, 2014	EICAP Board of Directors approve Area Plan

Attachment 2D Public Comment Process and Comments

Public Comment Process

- August 30, 2013 to September 30, 2013 - Area Plan posted to www.eicap.org and www.eastidahoaging.com websites for public comment
- September 4, 2013 - Advertise in Post Register Area Plan is open for public comment
- September 8, 2013 - Advertise in Post Register Area Plan is open for public comment
- September 15, 2013 - Advertise in Post Register Area Plan is open for public comment
- September 22, 2013 - Advertise in Post Register Area Plan is open for public comment
- March 21, 2014 to April 14, 2014 - Area Plan posted to www.eicap.org and www.eastidahoaging.com websites for public comment
- March 23, 2014 - Advertise in Post Register Area Plan is open for public comment
- March 30, 2014 - Advertise in Post Register Area Plan is open for public comment
- April 6, 2014 - Advertise in Post Register Area Plan is open for public comment
- April 13, 2014 - Advertise in Post Register Area Plan is open for public comment

Comments:

No public comments were received.

Area Council Comment Process

- August 9, 2013 - Send Area Plan to Advisory Council subcommittee - Area Plan Steering Committee for review and comment
- August 15, 2013 - Hold Advisory Council meeting to develop Strategies, Benchmarks and Measures for Strategic Plan
- August 23, 2013 - Send Area Plan to entire Advisory Council for review and comment
- March 20, 2014 – Distribute Area Plan to Advisory Council for review and comment

Comments:

No comments from the Advisory Council were received.

Attachment 2E PSA Advisory Council Profile

ADVISORY COUNCIL PROFILE: 2015						
<p>In Accordance with Section 306 (a)(6)(D) of the Older Americans Act and IDAPA 15.01.20.051.01. The 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;</p>						
<p>NAME & ADDRESS Joseph Earnest 482 Constitution Way, Suite 101 Idaho Falls, ID 83402</p> <p>AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Idaho Legal Aid</p>	<p>TERM ENDS (DATE): December 2016</p>		<p>ELECTED OFFICIAL</p>			
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
		X		X		X
<p>NAME & ADDRESS Laura Gramirez 1349 South Holmes Avenue Idaho Falls, ID 83404</p> <p>AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Community Council of Idaho</p>	<p>TERM ENDS (DATE): December 2016</p>		<p>ELECTED OFFICIAL</p>			
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
		X	X			X
<p>NAME & ADDRESS Lyle Jensen 345 Main Street Ririe, ID 83443</p> <p>AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Ririe Senior Citizens Center</p>	<p>TERM ENDS (DATE): December 2017</p>		<p>ELECTED OFFICIAL</p>			
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	X			X		X
<p>NAME & ADDRESS Sheila Funk 695 Challis Creek Road Challis, ID 83226</p> <p>AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Challis Senior Citizens Center, Inc.</p>	<p>TERM ENDS (DATE): December 2017</p>		<p>ELECTED OFFICIAL</p>			
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	X			X		X
<p>NAME & ADDRESS Dean Nielson 250 South Skyline Idaho Falls, Idaho 83402</p> <p>AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: LIFE Inc.</p>	<p>TERM ENDS (DATE): December 2016</p>		<p>ELECTED OFFICIAL</p>			
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	X			X		X
<p>NAME & ADDRESS</p>	<p>TERM ENDS (DATE):</p>					

<p>Janell Price 1379 East 17th Street Idaho Falls, ID 83404</p> <p>AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Hands of Hope Hospice</p>
<p>NAME & ADDRESS Renee Richardson 901 Pier View Drive, Suite 202A Idaho Falls, Idaho 83402</p> <p>AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: US Senator Risch's Office</p>
<p>NAME & ADDRESS Valisa Say 535 West 31st Street Idaho Falls, ID 83402</p> <p>AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Idaho Falls Senior Center</p>
<p>NAME & ADDRESS Mark Brown 2511 Blue Canyon Circle Idaho Falls, ID 83402</p> <p>AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Area VI Commissioner on Aging</p>
<p>NAME & ADDRESS Amanda Ely 1810 Broadway Suite #7 Idaho Falls, ID 83402</p> <p>AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: TRPTA</p>
<p>NAME & ADDRESS Karolyn Hodge 420 North Bridge Street Suite D St. Anthony, ID 83445</p> <p>AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: South Fremont Senior Citizens, Inc.</p>
<p>NAME & ADDRESS Angela Booker 120 East Howard Avenue Driggs, ID 83422</p>

December 2016				ELECTED OFFICIAL	
AGED 60+		MINORITY			
YES	NO	YES	NO	YES	NO
	X		X		X
TERM ENDS (DATE): December 2017					
AGED 60+				MINORITY	
YES	NO	YES	NO	YES	NO
X			X	X	
TERM ENDS (DATE): December 2017					
AGED 60+		MINORITY		ELECTED OFFICIAL	
YES	NO	YES	NO	YES	NO
	X		X		X
TERM ENDS (DATE): 2018					
AGED 60+		MINORITY		ELECTED OFFICIAL	
YES	NO	YES	NO	YES	NO
	X		X		X
TERM ENDS (DATE): December 2016					
AGED 60+		MINORITY		ELECTED OFFICIAL	
YES	NO	YES	NO	YES	NO
	X	X			X
TERM ENDS (DATE): December 2017					
AGED 60+		MINORITY		ELECTED OFFICIAL	
YES	NO	YES	NO	YES	NO
X			X		X
TERM ENDS (DATE): December 2016					
AGED 60+		MINORITY		ELECTED OFFICIAL	

AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS:	YES	NO	YES	NO	YES	NO
Teton Valley Health Care		X		X		X

Attachment 3A Intrastate Funding Formula

Attachment E

Idaho Intrastate Funding Formula											Adopted April 30, 2013						
OAA Title III Funds (not including Title VII) and State of Idaho General Funds											Effective July 1, 2015						
											Dated 5/21/2015						
Total OAA Federal Funds											\$	5,259,652					
Total State Funds											\$	3,977,100					
Total Funds											\$	9,236,752					
Less 10% Base Amount of Federal and State Funds											\$	923,675					
Balance to be Distributed by Formula:											\$	8,313,077					
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
	2015 TOTAL PSA POPULATION	TOTAL PERSONS AGED 60+ IN PSA	NUMBER OF 65+ LIVING IN POVERTY	65+ LIVING ALONE	60+ RACIAL MINORITY (Not Hispanic)	60+ HISPANIC (ETHNIC MINORITY)	60+ LIVING IN RURAL COUNTY	AGED 75+	AGED 85+								
I	214,309	50,518	2,780	7,882	1,430	835	19,968	14,201	3,501	50,597	16.70%	\$ 87,661	\$ 66,285	\$ 790,640	\$ 597,845	\$ 1,542,431	
II	105,852	24,702	1,288	4,666	955	250	8,925	7,944	2,213	26,241	8.66%	\$ 87,661	\$ 66,285	\$ 410,042	\$ 310,054	\$ 874,042	
III	701,852	121,138	7,094	21,895	4,415	5,714	24,309	34,761	10,365	108,553	35.83%	\$ 87,661	\$ 66,285	\$ 1,696,261	\$ 1,282,632	\$ 3,132,839	
IV	186,676	35,913	2,469	6,503	969	2,513	20,221	11,381	3,479	47,535	15.69%	\$ 87,661	\$ 66,285	\$ 742,792	\$ 561,864	\$ 1,458,402	
V	166,214	28,643	1,358	5,202	1,398	1,280	15,266	9,074	2,554	36,132	11.93%	\$ 87,661	\$ 66,285	\$ 564,598	\$ 426,922	\$ 1,145,466	
VI	208,461	32,906	1,463	5,392	753	1,045	12,626	9,721	2,877	33,876	11.18%	\$ 87,661	\$ 66,285	\$ 529,354	\$ 400,272	\$ 1,083,572	
TOTAL	1,583,364	293,820	16,452	51,540	9,920	11,637	101,314	87,083	24,989	302,935		\$ 525,965	\$ 397,710	\$ 4,733,687	\$ 3,579,390	\$ 9,236,752	
Column Ref. #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

Notes RE Calculations and Sources

The source documentation is from the ID Dept. of Labor.

Column 1	Source: U.S. Bureau of the Census,, 2006-2013 American Community Survey 5-Year Estimates, December 2014, Table S0101
Column 2	Source: U.S. Bureau of the Census,, 2006-2013 American Community Survey 5-Year Estimates, December 2014, Table S0101
Column 3	Source: U.S. Bureau of the Census, American Community Survey,2006-2013, 5-year estimates, December 2014, Table B17001
Column 4	Source: U.S. Bureau of the Census, American Community Survey,2006-2013, 5-year estimates, December 2014, Table B17001
Column 5	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2013, June 2014
Column 6	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2013, June 2014
Column 7	Source: U.S. Bureau of the Census,, 2006-2013 American Community Survey 5-Year Estimates, December 2014, Table S0101
Column 8	Source: U.S. Bureau of the Census,, 2006-2013 American Community Survey 5-Year Estimates, December 2014, Table S0101
Column 9	Source: U.S. Bureau of the Census,, 2006-2013 American Community Survey 5-Year Estimates, December 2014, Table S0101
Column 10	Sum of columns 3 - 9, adds up units of risk for each PSA
Column 11	Weighted At Risk percentage from the Intrastate Funding Formula
Column 12	Federal fund base divided by 6
Column 13	State fund base divided by 6
Column 14	Federal Funds multiplied by the Weighted Percentage
Column 15	State Funds multiplied by the Weighted Percentage
Column 16	Federal and State fund base Plus Federal and State funds distributed by formula

Attachment 3B Allocation of Resources

1. MINIMUM PERCENTAGE FOR TITLE IIIB SERVICES

Older Americans Act Section 307(a)(2)(C): The Plan shall specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

OAA Title III Part B (Supportive Services)	Minimum	
Transportation:	15%*	AAA must expend a minimum of 2% for each service. Total of the three services must be 15% or higher.
Respite:		
Homemaker:		
Outreach:	0%**	
Information and assistance:	0%**	
Case management services:	0%*	
Legal Assistance:	3%**	Minimum of 3% of Title IIIB funding
	Maximum	
Ombudsman:	5%*	
Coordination/Planning and Development	2%*	

*Total federal and state funding.

**Total federal funding only.

2. MINIMUM AND MAXIMUM PERCENTAGES FOR OTHER FEDERAL SERVICES

OAA Title III Part C, Nutrition:	Minimum
Home Delivered & Congregate Meals	37%*

*Total federal and state funding.

OAA Title III, Administration:	Maximum
Administration:	10%*

*Total federal and state funding.

3. TITLE VII, OMBUDSMAN

The Title VII Ombudsman funding is based on the total Assisted Living and Skilled Nursing facility beds in each region.

4. MINIMUM PERCENTAGE FOR TITLE IIID (DISEASE PREVENTION AND HEALTH PROMOTION SERVICES)

The Plan shall specify a minimum percentage of funds received by each area agency for Title III Part D program to support healthy lifestyles and promote healthy behaviors. Evidence-based health promotion programs reduce the need for more costly medical interventions. Priority is given to serving elders living in medically underserved areas of the State or who are of greatest economic need.

5. MAXIMUM PERCENTAGE FOR IDAHO SENIOR SERVICES ACT (SSA)

Adult Protection	Maximum
Adult Protection Services:	15%***

***Total state funding only.

Attachment 3C Budget

3C1 ICOA Title III AAA FFY Funding Allocation Comparison

**Idaho Commission on Aging
Title III AAA Funding Allocation Year to Year Comparison
Federal Fiscal Year 2014 to 2015**

PSA	FFY 2014 Award	FFY 2015 Award	Dollar Change
I	880,400	\$ 878,301	\$ (2,099)
II	504,644	\$ 497,703	\$ (6,941)
III	1,771,409	\$ 1,783,922	\$ 12,512
IV	831,778	\$ 830,453	\$ (1,326)
V	651,994	\$ 652,259	\$ 264
VI	615,142	\$ 617,015	\$ 1,872
TOTAL	5,255,369	\$ 5,259,652	\$ 4,283

FFY 2014 Allocation Percent	FFY 2015 Allocation Percent	Allocation Percent Change
16.76%	16.70%	- 0.06%
8.82%	8.66%	- 0.16%
35.60%	35.83%	0.23%
15.73%	15.69%	- 0.04%
11.93%	11.93%	- 0.01%
11.15%	11.18%	0.03%
100.00%	0.00%	0.00%

3C2 ICOA Title III, Title VII and State Funding Allocation Summary

Idaho Commission on Aging Title III, Title VII and State Funding Allocation Summary State Fiscal Year 2016 **Area VI**

Budget Period 7/1/15 to 6/30/16

CFDA	Program Title	Cumulative Grant Award	Award Percentage
93.044	IIIB: Supportive Services	\$ 1,721,234.00	29.78%
93.045	IIIC1: Congregate Meals	\$ 2,169,045.00	37.52%
93.045	IIIC2: Home-Delivered Meals	\$ 1,071,165.00	18.53%
93.043	IIID: Preventative Health	\$ 98,248.00	1.70%
93.052	IIIE: NFCSP	\$ 720,651.00	12.47%
Total Statewide Title III Funding		\$ 5,780,343.00	100.00%

Fund Distribution	Title III	Total
Total AAA ADMIN	\$ 61,702.00	
Total IIIB: Supportive Services	\$ 165,358.00	
Total IIIC1: Congregate Meals	\$ 208,378.00	
Total IIIC2: Home-Delivered Meals	\$ 102,906.00	
Total IIID: Preventative Health	\$ 9,439.00	
Total IIIE: NFCSP	\$ 69,232.00	
Total Federal Title III Funding		\$ 617,015.00
Total State Funding		\$ 466,557.00
Total Funding for SFY 2014		\$ 1,083,572.00

Total Federal Title VII Funding	\$ 8,619.00
Total Title III, Title VII and State Funding	\$ 1,092,191.00

Note: Title III funding are only an estimate as of 4/30/2015.

Attachment 3D Sliding Fee Scale

SLIDING FEE SCALE

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

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

Client's Name: _____

Date: _____

MONTHLY INCOME		ANNUAL INCOME		FEE	HMK FEE	RESPITE FEE	ADULT DAY CARE FEE
Individual Income				_____ %	_____ %	_____ %	_____ %
	\$1,471.00		\$17,655.00	0%			
\$1,472.00	- \$1,766.00	\$17,656.00	- \$21,186.00	20%			
\$1,767.00	- \$2,060.00	\$21,187.00	- \$24,717.00	40%			
\$2,061.00	- \$2,354.00	\$24,718.00	- \$28,248.00	60%			
\$2,355.00	- \$2,648.00	\$28,249.00	- \$31,779.00	80%			
\$2,649.00	- & Over	\$31,780.00	- & Over	100%			
TWO Persons in Household				_____ %	_____ %	_____ %	_____ %
	\$1,991.00		\$23,895.00	0%			
\$1,992.00	- \$2,390.00	\$23,896.00	- \$28,674.00	20%			
\$2,391.00	- \$2,788.00	\$28,675.00	- \$33,453.00	40%			
\$2,789.00	- \$3,186.00	\$33,454.00	- \$38,232.00	60%			
\$3,187.00	- \$3,584.00	\$38,233.00	- \$43,011.00	80%			
\$3,585.00	- & Over	\$43,012.00	- & Over	100%			
THREE Persons in Household				_____ %	_____ %	_____ %	_____ %
	\$2,511.00		\$30,135.00	0%			
\$2,512.00	- \$3,014.00	\$30,136.00	- \$36,162.00	20%			
\$3,015.00	- \$3,516.00	\$36,163.00	- \$42,189.00	40%			
\$3,517.00	- \$4,018.00	\$42,190.00	- \$48,216.00	60%			
\$4,019.00	- \$4,520.00	\$48,217.00	- \$54,243.00	80%			
\$4,521.00	- & Over	\$54,244.00	- & Over	100%			
FOUR Persons in Household				_____ %	_____ %	_____ %	_____ %
	\$3,031.00		\$36,375.00	0%			
\$3,032.00	- \$3,638.00	\$36,376.00	- \$43,650.00	20%			
\$3,639.00	- \$4,244.00	\$43,651.00	- \$50,925.00	40%			
\$4,245.00	- \$4,850.00	\$50,926.00	- \$58,200.00	60%			
\$4,851.00	- \$5,456.00	\$58,201.00	- \$65,475.00	80%			
\$5,457.00	- & Over	\$65,476.00	- & 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 150%

GU.AD.01. Sliding Fee Scale: 2/12/2015: Previous Editions are Obsolete

Attachment 3E Poverty Guidelines

Department of Health And Human Services 2015 Poverty Guidelines

Person In Family or Households	100% Poverty	125 % Poverty	150 % Poverty
1	11,770	14,713	17,655
2	15,930	19,913	23,895
3	20,090	25,113	30,135
4	24,250	30,313	36,375
5	28,410	35,513	42,615
6	32,570	40,713	48,855
7	36,730	45,913	55,095
8	40,890	51,113	61,335
*families with more than 8 persons	(100% add \$4,160)	(125% add \$5,200)	(150% add \$6,240)

Federal Register/Vol. 80, No. 14/Thursday, January 22, 2015/Notice 3237

HHS Website for obtaining program fiscal year poverty guidelines is located at <http://aspe.hhs.gov/poverty/index.shtml>.

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 Shell Attachment 3 E

Attachment 4A Required Area Plan Assurances and Required Activities

Older Americans Act, as Amended in 2006

GENERAL ASSURANCES

Each area agency on aging “AAA” must maintain documentation to substantiate compliance with the following assurance items paraphrased from the Older Americans Act of 1965, as amended and published June 15, 1993 and re-authorized in 2006 (the “Act”), from Federal Register publications, from the Idaho State Senior Services Act, or from other federal or state regulations. The Idaho Commission on Aging “ICOA” will review all documentation for adequacy, accuracy and completeness.

By signing this document, the authorized official commits the Area Agency on Aging to performing all listed assurances and required activities.

ASSURANCES

Sec. 306, AREA PLANS

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

___ (1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, 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—

(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; 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;

___ (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

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

___ (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;

(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

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

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

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

(II) 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

(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

(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;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);
- (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**
 - (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
- (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;
- ___ (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;
- ___ (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;
 - (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;

(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

(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**

(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;

(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;

(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

(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;

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

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

— (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;

(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;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in 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

(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

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

___ (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;

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

(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;

(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;

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

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

(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;

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

(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;

(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

(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

(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.

(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;

(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;

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

(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

(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;

(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;

(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

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

(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.

(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) 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.

(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)



Senior Services Director

October 15, 2013

Date

Year

Nick Burrows

935 Lincoln Road

Idaho Falls, ID 83401

Attachment 4B 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

AREA AGENCIES ON AGING IN IDAHO

SECTION I:

Statement of Policy

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

Director, Area VI Agency on Aging
Eastern Idaho Community Action Partnership
935 Lincoln Road
Idaho Falls, ID 83401
(208) 522-5391 or 1-800-632-4813 (Weekdays, 8:00 A.M. to 4:30 P.M.)

or

Administrator, Idaho Commission on Aging
341 West Washington 3rd Floor
Boise, ID 83702
(208) 334-3833 (Weekdays, 8:00 A.M. to 5:00 P.M.)

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, ICOA 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 ICOA program or activity receiving federal or state funds.

This policy applies to all aspects of ICOA programs/services and other activities and to programs/services and other activities administered by the six Area Agencies on Aging (AAAs) 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, but Not Limited to:

1. The AAA, its contracting agencies and grantees 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 nor its contracting agencies and grantees 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:
 - potential participation in programs,
 - actual (historic) participation in programs,
 - employment patterns, especially, their use as employees or staff in programs administered by the agency or contractor,
 - membership on advisory councils,
 - number and nature of complaints alleging discrimination which have been filed,
 - 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 all 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 its 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:

Affirmative Action and Nondiscrimination Language in Contracts

A. Affirmative Action Language in Contracts

1. As a part of the contract document, each AAA shall comply with a Statement of Assurance that the legal contractor entity will maintain an affirmative action plan for the duration of the contract period. This assurance shall address sufficient information to meet, at a minimum, requirements of Title VI of the Civil Rights Act of 1964, Title VII of the Equal Employment Opportunity Act of 1972, Title II of the Americans with Disabilities Act of 1990, and the Older Americans Act of 1965, as amended.
2. All subcontractors shall submit, as part of each contract, an "Affirmative Action Statement of Compliance," dated and bearing the original signature(s) of the person(s) authorized to commit such assurances on behalf of the contracting organizations.

B. Contract Reference to "Nondiscrimination in Client Services"

1. The state unit, e.g., the Idaho Commission on Aging (ICOA) requires a policy of nondiscrimination in services as an integral part of each contract between the AAAs and contracting organizations.
2. Each contract with an AAA shall contain an inclusion, by reference or attachment, of 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*
- c) others under this agreement, or any contract awards pursuant to this agreement;*

- d) *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;*
- e) *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.*
- f) *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.*

C. AAA Assurances of Compliance

1. Each AAA shall submit the following to the ICOA:
 - a) an appropriate Assurance of Compliance with Title VI of the Civil Rights Act of 1964, dated and bearing the original signature of the person authorized to commit the legal contractor entity of the AAA; and
 - b) an appropriate Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973 and with Title II of the Americans with Disabilities Act of 1990, dated and bearing the original signature of the person authorized to commit the legal contractor entity of the AAA. Each assurance must indicate whether the recipient of the funds employs fewer than 15 persons, or 15 or more persons. If the recipient employs 15 or more persons, one or more persons must be designated and named on the Assurance of Compliance as the coordinator of the effort to comply with the Health and Human Services (HHS) regulation.

The 15 or more employees criterion applies to the larger agency rather than to employees located at a specific program location.
2. Each AAA shall have on file appropriate Assurances of Compliance with Title VI documents and with Section 504/Title II of ADA from each subcontractor.

D. Nondiscrimination in Employment

1. The ICOA requires that a nondiscrimination in employment policy, in addition to the affirmative action requirement, be an integral part of every agreement with each AAA and its subcontractors.
2. Each AAA shall have on file appropriate Assurance of Compliance with Title VI documents and the Americans with Disabilities Act from *each* of its subcontractors.

**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 Applicant 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 Applicant hereby agrees to comply with:

1. **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 Applicant receives Federal financial assistance from the Department.
2. **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 Applicant receives Federal financial assistance from the Department.
3. **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 Applicant receives Federal financial assistance from the Department.
4. **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 Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, 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 Applicant by the Department, this assurance shall obligate the Applicant, 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 Applicant for the period during which it retains ownership or possession of the property. The applicant 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 Applicant to the above provisions.


Senior Services Director

October 15, 2013
Date *Year*

Nick Burrows
935 Lincoln Road
Idaho Falls, ID 83401

Attachment 4C Emergency Preparedness Plan

**IDAHO COMMISSION ON AGING DISASTER PLAN
TO MEET THE NEEDS OF SENIORS
IN THE EVENT OF
NATURAL OR MAN-MADE DISASTER
OR OTHER WIDESPREAD EMERGENCY**

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

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

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

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

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

Area Agency on Aging PSA Emergency Preparedness Plan

To meet the needs of are seniors in the event of natural or man-made disaster or other widespread emergency.

The Administration on Aging and the Aging Network composed of State and Area Agencies on Aging, 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 the Administration on Aging 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, Disaster Relief Reimbursements, which provides for limited resources to fund disaster response services.

Older people will not be served as well as the general population unless they can receive the special assistance that only the Aging Network can provide in disasters. To elevate the capability of the Aging Network to be able to respond quickly and effectively in serving older disaster victims, the Administration on Aging developed the *Emergency and Disaster Preparedness and Assistance* guide, which is available online at http://www.aoa.gov/aoaroot/Preparedness/Resources_Network/pdf/Attachment_1357.pdf This guidance is a useful tool for State and Area Agencies on Aging to use as they develop disaster preparedness plans and train staff to better serve the needs of older disaster victims.

Statement of Understanding 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.

State of Idaho Executive Order No. 2010-09 and the Idaho Emergency Operations Plan assign specific emergency support activities to the Idaho Commission on Aging and the Area Agencies on Aging in assisting and in support of local and state government prior to and during emergencies and disasters. Among these are:

1. Develop area-wide plans for the following:

- a. Assessing the needs of the elderly and homebound elderly.
- b. Coordination of senior services through the Area Agencies on Aging during natural or man-made disasters.
- c. Providing information/assistance to their clientele and the public.
- d. Utilization of senior citizen centers for shelter, mass feeding and rest centers.
- e. Identification of homebound isolated elderly clients.

To help meet these obligations, to insure business continuity and to meet the needs of older citizens in an emergency, the Idaho Commission on Aging requires that each Area Agency on Aging develop an All-Hazard Disaster Preparedness Plan in cooperation with state and local emergency management officials, voluntary organizations, and service providers.

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 / CELLULAR / EMAIL
Morgan Nield	Area Agency on Aging Director	208-522-5391 / mniield@eicap.org

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

NAME (AAA staff)	TITLE/POSITION	TELEPHONE	EMERGENCY ASSIGNMENT
Nick Burrows	Senior and Family Services Director	208-522-5391	Contact employees and support Area Agency on Aging Director
Casie Adams	Contracts Manager	208-522-5391	Contact contractors
Jennifer Keith	Operations Manager	208-522-5391	Coordinate incoming calls & messages and link clients to resources
Tera Fellows	Ombudsman	208-522-5391	Coordinate Skilled Nursing & Assisted Living Centers
Ruby Messerli	Intake Specialist	208-522-5391	Coordinate Spanish speaking incoming calls & messages
Brian Payton	Intake Specialist	208-522-5391	Document all Events

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

LOCATION NAME AND ADDRESS	TELEPHONE / OTHER CONTACT NUMBERS
275 Stationery Place Rexburg, ID	208-356-8849
955 Riverfront Dr., Suite A Salmon, ID	208-756-3999

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

YES **NO**

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

NAME	AGENCY NAME AND ADDRESS	TELEPHONE – CELLULAR #S	COUNTY/ OTHER JURISDICTION
Tom Lenderink	Emergency Management Services 605 N Capital Ave. IF	208-529-1223	Bonneville
Wes Collins	Butte County Sheriff's Dept. 256 Grande Ave., Arco	208-527-8553	Butte
Russ Kerr	Clark County Emergency Management 320 W. Main, Dubois	208-374-5403 208-768-7549	Clark
Michael Graham	Custer County Disaster Coordinator PO Box 385, Challis	208-833-6168	Custer
Keith G. Richey	Fremont County Emergency Management 146 N. 2 nd W., St. Anthony	208-624-1535	Fremont
Emily Cramer	Jefferson County Emergency Management 134 N Clark, Rigby	208-745-0868	Jefferson
Janet Nelson	Lemhi County Emergency Services 206 Courthouse Dr., Salmon	208-756-2815 x266	Lemhi
John Corpany	Madison County CERT 145 E Main, Rexburg	208-502-0742	Madison
Greg Adams	Teton County Civil Defense 89 N Main, Driggs	208-201-6898	Teton
Trevor Covington	American Red Cross 410 Memorial Dr. #204, Idaho Falls	800-853-2570 ext702 208-243-0517 cell	Area VI

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

YES **NO**

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

NAME / ADDRESS OF SERVICE PROVIDER	TELEPHONE AND CELLULAR NUMBER	PROGRAM OR SERVICE / DISASTER RESPONSE
Ashton Senior Center 52 Main Street Ashton, ID 83420	208-652-3594	Shelter, food
Challis Senior Citizens Center, Inc. 695 Challis Cr Rd. Challis, ID 83226	208-879-6338	Shelter, food
Idaho Falls Senior Center 535 W 21st St. Idaho Falls, ID 83402	208-522-4357	Shelter, food
Lost River Senior Center 555 S Water Street Arco, ID 83213	208-527-8296	Shelter, food
Mackay Senior Citizens Inc. PO Box 413 Mackay, ID 83251	208-588-2105	Shelter, food
Madison County Senior Citizens Center 41 S. 2nd W. Rexburg, ID 83440	208-356-0080	Shelter, food
Rigby Senior Center 392 Community Ln. Rigby, ID 83442	208-745-8211	Shelter, food
Ririe Senior Citizens Center 395 Main Street Ririe, ID 83443	208-538-7313	Shelter, food
Salmon Nutrition Site, Inc. 200 Main Street Salmon, ID 83467	208-756-3556	Shelter, food
South Freemont Senior Citizens, Inc. 420 N Bridge St., Ste. D St. Anthony, ID 83445	208-624-3458	Shelter, food
Senior West of the Tetons 60 S Main St. Driggs, ID 83422	208-354-6973	Shelter, food
West Jefferson Senior Citizens 1075 E. 1500 N. Mud Lake, ID 83450	208-663-4916	Shelter, food

8. Does the AAA have a process to identify homebound, frail, disabled, isolated and/or vulnerable clients who may need assistance in the event of a man-made or natural disaster?

YES **NO**

Describe the process: All recipients of Home Delivered Meals, Homemaker, and Respite Services have an addresses and/or directions to their home on file at the AAA in the SAMS database. Those files also include listings of drugs and oxygen needs of clients per their annual assessments. The data base has client demographics and emergency contact information in order to determine the status of the individual that there may be a concern about.

9. Does the AAA disaster plan include a process for “call downs” to service providers, nursing homes and residential care facilities, individual case management clients, etc., to check on their preparedness status and welfare in the event of an emergency?

If YES, be sure to list staff member and emergency assignment in # 2.

YES **NO**

10. Does the AAA disaster plan include a process for intake and recording of information about the disaster related needs of older people, providing access to needed services, and follow-up during and beyond the recovery period?

YES **NO**

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

YES **NO**

12. Describe activities the AAA will undertake during the contract period to expand emergency preparedness of the Aging Network within the PSA (i.e. attend LEPC meetings, work with local emergency management officials to advocate for inclusion of older citizens’ needs in emergency planning, establish CERT Training in senior centers, make 72-hour kits available for homebound clients, establish “call-down’ lists and procedures to be used during emergencies, include emergency preparedness activities in contracts with providers, etc.)

- We will attend Emergency Management Meetings (East Idaho Volunteer Organizations Active in Disasters EIDVOAD) and Emergency Preparedness Meetings to continue to forge relationships with those individuals in addition to the Department of Homeland Security. We will also work to update our call down lists annually.
- AAA will research grant opportunities to purchase 72 hour kits that can be distributed to seniors. Excess kits will be kept at the AAA or senior centers.
- AAA will contact the senior centers in the area to identify person who wish to become CERT trained.
- AAA will contact senior centers to assist them in organizing call down lists.

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 are 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	% 85+	% 65+
1900	0.2	4.1
1910	0.2	4.3
1920	0.2	4.7
1930	0.2	5.4
1940	0.3	6.8
1950	0.4	8.1
1960	0.5	9.2
1970	0.7	9.8
1980	1	11.3
1990	1.2	12.5
2000	1.5	12.4
2010	2.0	13.0
2020	2.2	16.3
2030	2.6	19.7
2040	3.9	20.4
2050	5.0	20.7

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 (for 2010, published by the Census Bureau in July 2011), show that Idaho’s overall population had increased another 21.1% to 1,567,582.

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.

Of Idaho’s 2010 total population of 1,567,582 people, 277,984 (17.7%) were aged 60 or older. Of that older subpopulation, 25,242 (9%) were at least 85 years old. This oldest group comprised 1.6% of the state’s total population.

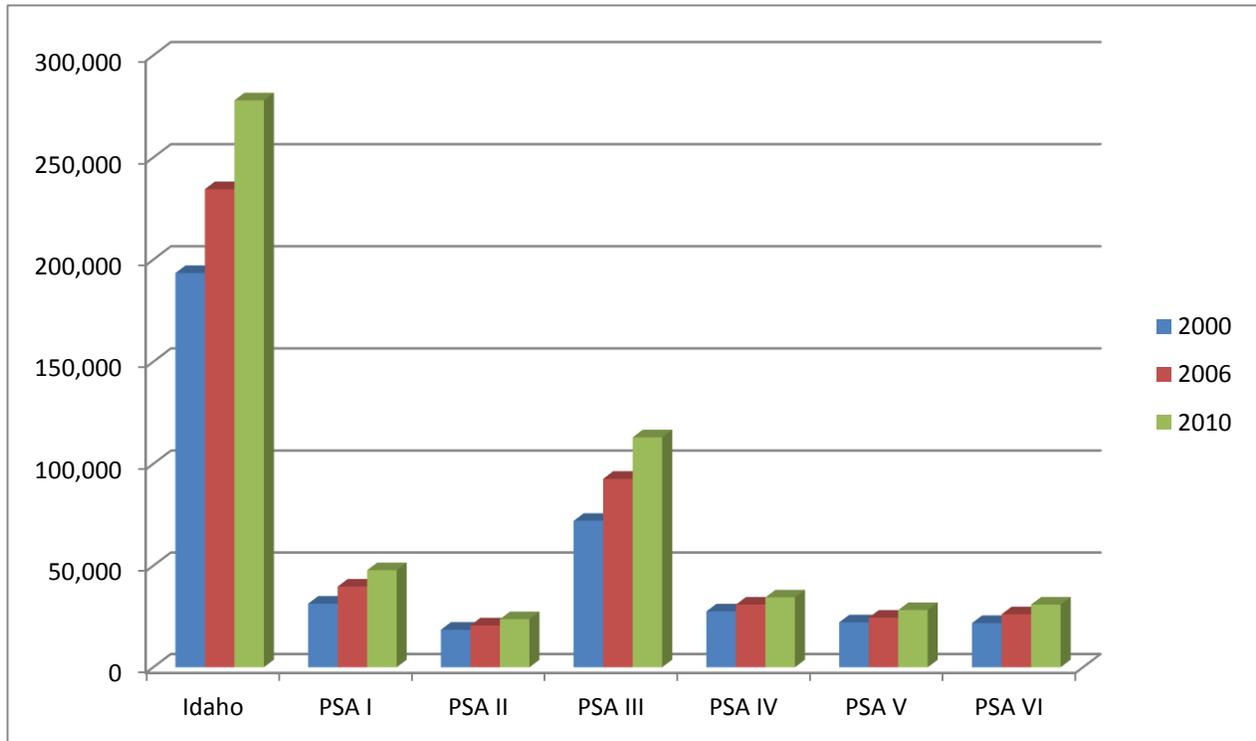
For those individuals who in the past did survive to the traditional age of retirement (65), their likelihood of living many more years was diminished by a level of medical knowledge and technology far below that which exists today. It has only been within the last few decades of the 20th century that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

60+ Population	Census COUNT	Census COUNT
	TOTAL POPULATION in 2010	TOTAL 60+ in 2010
STATEWIDE	1,567,582	277,984

YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	
PERSONS AGED 60 - 69 (2010)	PERSONS AGED 70 - 84 (2010)	PERSONS AGED 85+ (2010)	% of 2010 POPULATION AGED 60 - 69	% of 2010 POPULATION AGED 70 - 84	% of 2010 POPULATION AGED 85+	
146,744	105,998	25,242	9.3%	6.7%	1.6%	STATEWIDE

Numbers in these charts are derived from Census data.

Growth of the 60+ Population, Statewide and by Area
 Prepared by the Idaho Commission on Aging from *Idaho Vital Statistics 2010*, March 2012



Idaho's highest growth counties: April 1, 2000 to April 1, 2010 ¹

<u>County</u>	<u>PSA</u>	<u>Percent Growth</u>
Teton	VI	69.5%
Canyon	III	43.7%
Madison	VI	36.7%
Jefferson	VI	36.5%

...and greatest loss counties:

<u>County</u>	<u>PSA</u>	<u>Percent Decline</u>
Shoshone	I	-7.3%
Elmore	III	-7.2%
Bear Lake	V	-6.6%
Caribou	V	-4.7%

The state (overall):

	<u>Percent Growth</u>	<u>Number Added (all ages)</u>
Idaho	21.1%	273,629

¹ From *2010 Idaho Vital Statistics*, 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 population bulge known as the Baby Boom, 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.

U.S. Life expectancy as of 2010: male/female ²

If you have reached age 50, you can expect another 30.3/33.8 years of life

55	26.2/29.2
60	22.2/24.9
65	18.2/20.7
70	14.6/16.8
75	11.3/13.2
80	8.5/9.8
85	6.3/ 7.3

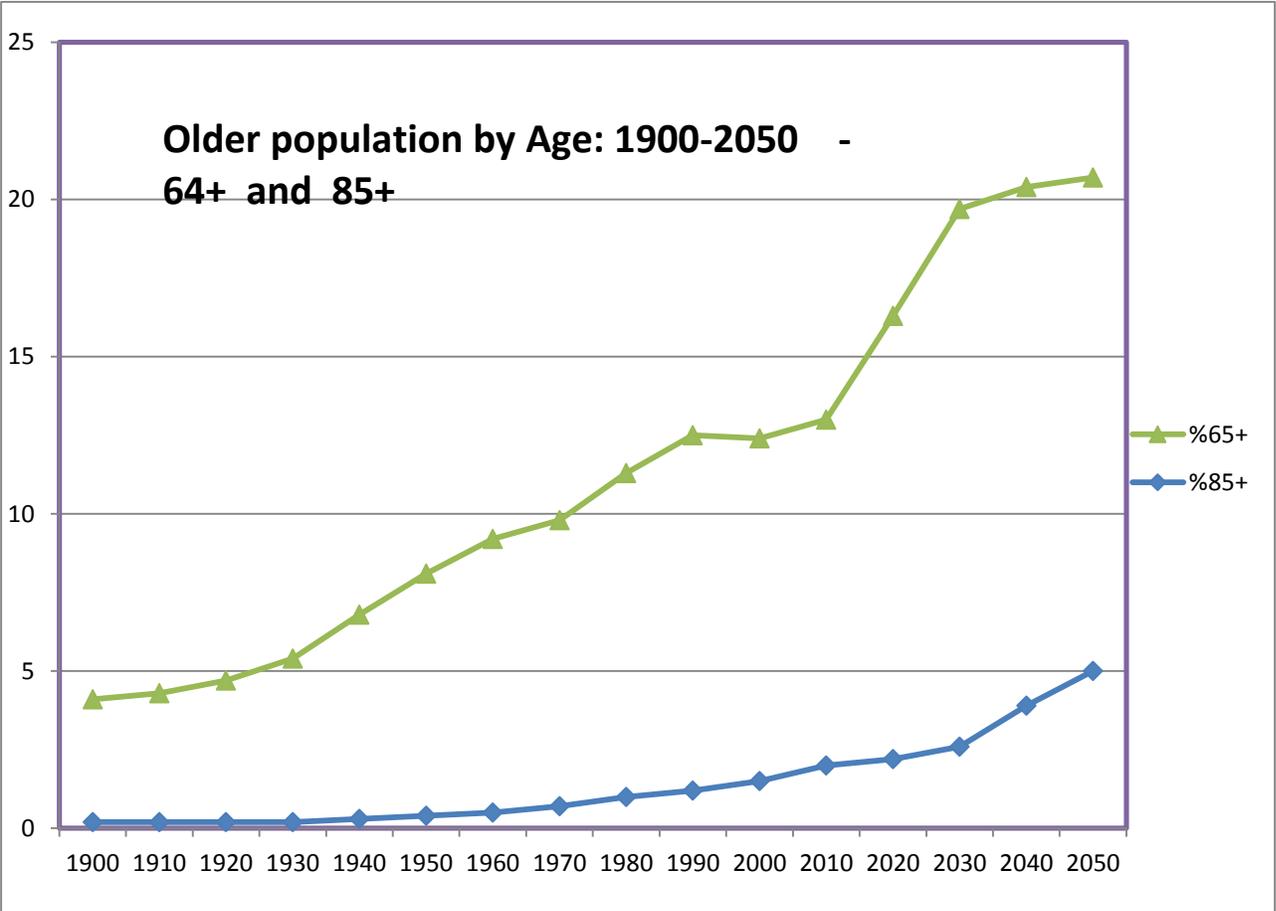
Idaho's population also reflects another national trend in that it is becoming more racially and ethnically diverse. This diversification is occurring across all age groups although it is most pronounced among younger people, leaving the oldest cohort the most homogeneous. Between 2006 and 2010, the state's white population (all age groups) increased by 6.1%, its black population by 19.1%, its American Indian/Alaska Native population by 30.1%, its Asian/Pacific Islander population by 30%, and its Hispanic population by 26.7%. 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 2010 total population of 1,567,582 people, 1,496,784 (95.5%) are estimated to be white, non-minority while only 15,104 (1%) are black, 29,801 (1.9%) are American Indian or native Alaskan, 25,893 (1.7%) are Asian or Pacific Islander, and 175,901 (11.2%) are ethnic Hispanic of any race.³

Diversity in the older (aged 60+) segment of Idaho's population is less, but growth, in terms of percentages, has been dramatic. The 2000 Census found only 6,260 persons aged 60+ (3.2% of the state's total 60+) who identified themselves as belonging to an ethnic or racial minority; the 2010 Census count was 14,960 (5.2% of all persons aged 60+ in Idaho). This is 138% growth in the number of minority seniors over just a ten-year period. The entire 60+ segment of the population grew by 53.4% in the same time period.

² From *2010 Idaho Vital Statistics*, published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

³ Source: bridged-race April 1, 2010 Population Estimates, National Center for Health Statistics, Internet release date November 17, 2011.

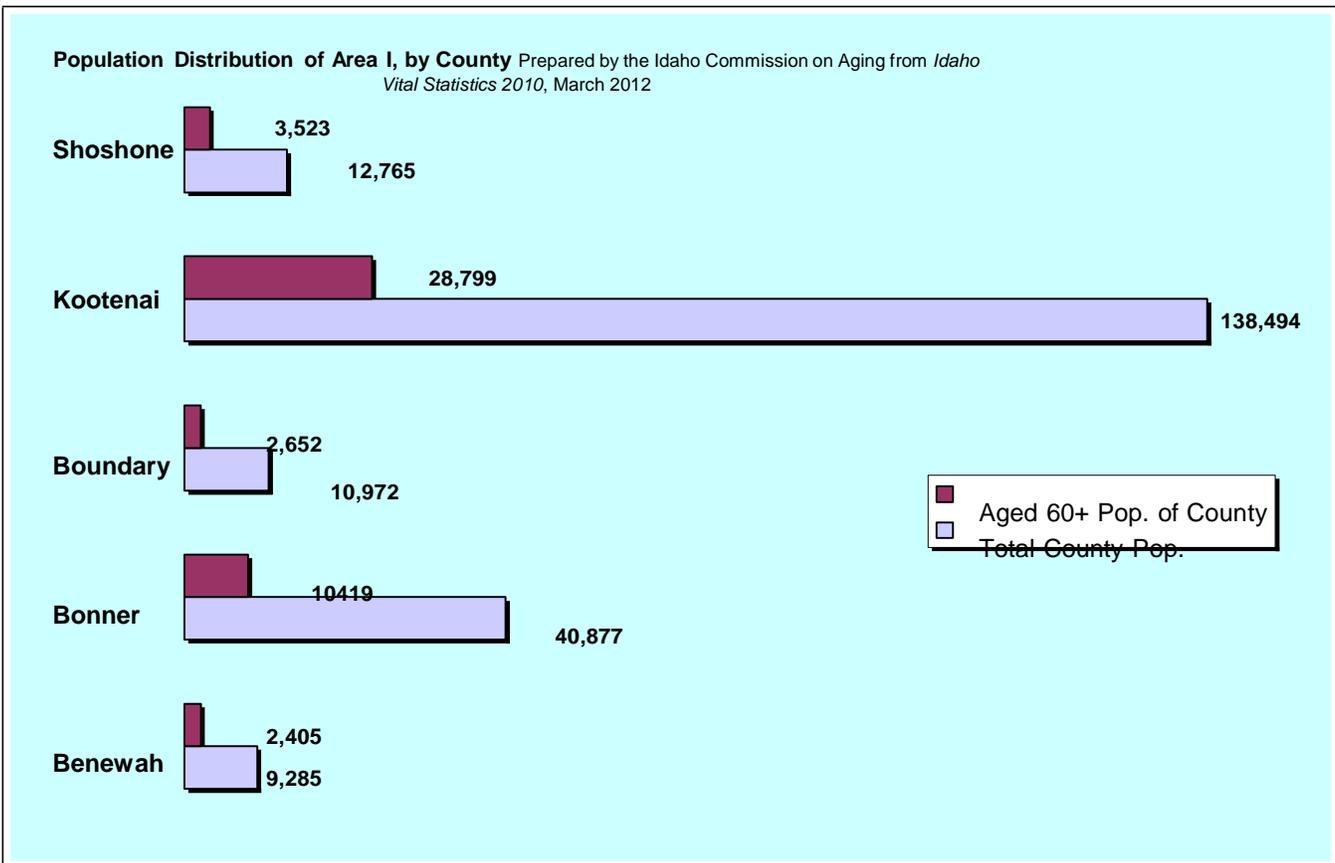


The growth of Idaho's older population reflects predicted growth in this population nationwide as a consequence of the aging of the Baby Boomer generation. The chart above depicts this anticipated growth in Idaho and in the US overall.

Idaho's Six Planning and Service Areas (PSAs)

60+ Population	Census Update ESTIMATE	Census COUNT	Census Update ESTIMATE	Census COUNT
PSA I	TOTAL POPULATION in 2006	TOTAL POPULATION in 2010	TOTAL 60+ in 2006	TOTAL 60+ in 2010
PSA I TOTALS	206,140	212,393	39,767	47,798

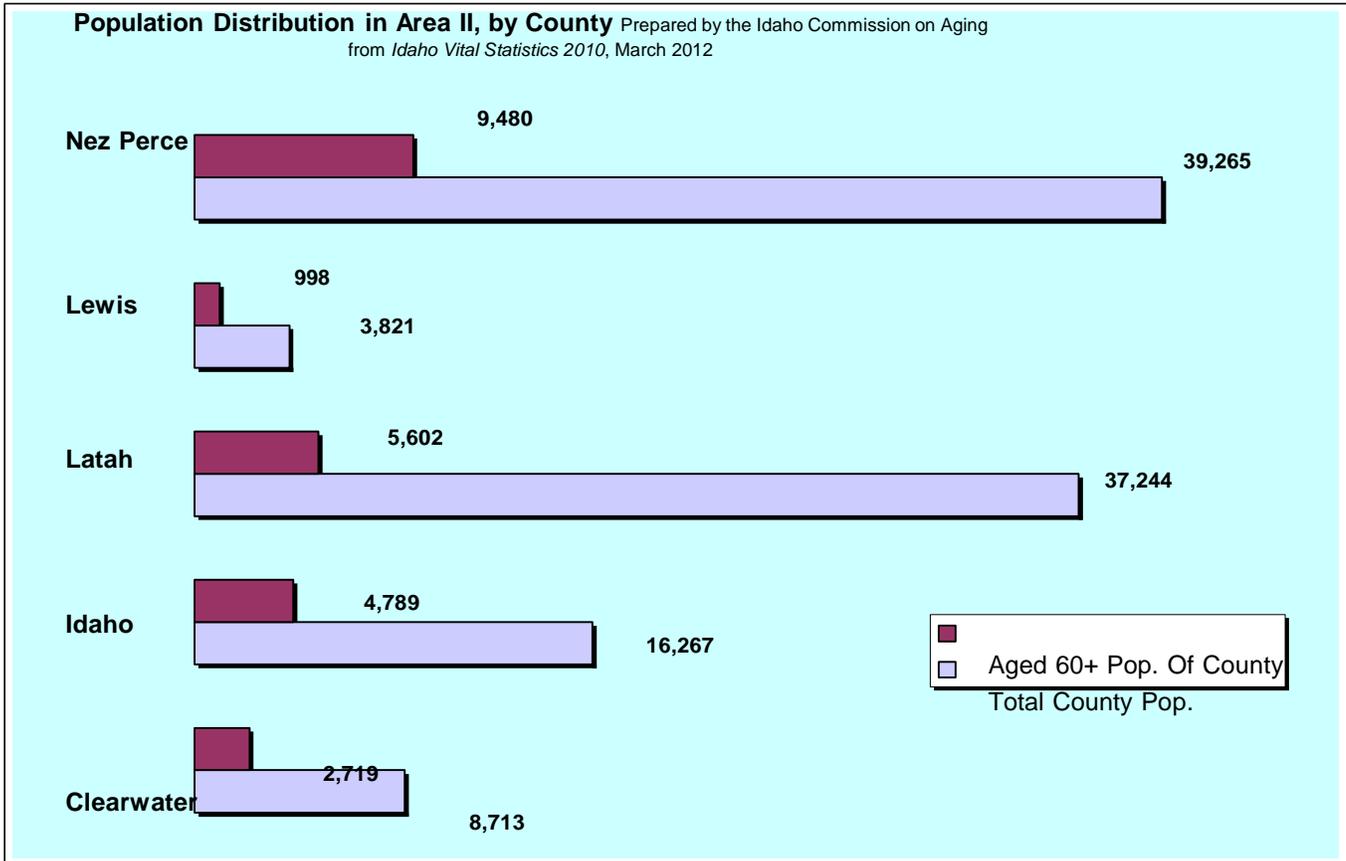
YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	PSA I TOTALS
PERSONS AGED 60 - 69 (2010)	PERSONS AGED 70 - 84 (2010)	PERSONS AGED 85+ (2010)	% of 2010 POPULATION AGED 60 - 69	% of 2010 POPULATION AGED 70 - 84	% of 2010 POPULATION AGED 85+	
25,860	18,105	3,833	12.2%	8.5%	1.8%	



The chart shows the PSA's older population as a proportion of each county's total population.

60+ Population	Census Update ESTIMATE	Census COUNT	Census Update ESTIMATE	Census COUNT
PSA II	TOTAL POPULATION in 2006	TOTAL POPULATION in 2010	TOTAL 60+ in 2006	TOTAL 60+ in 2010
PSA II TOTALS	101,195	105,310	20,618	23,712

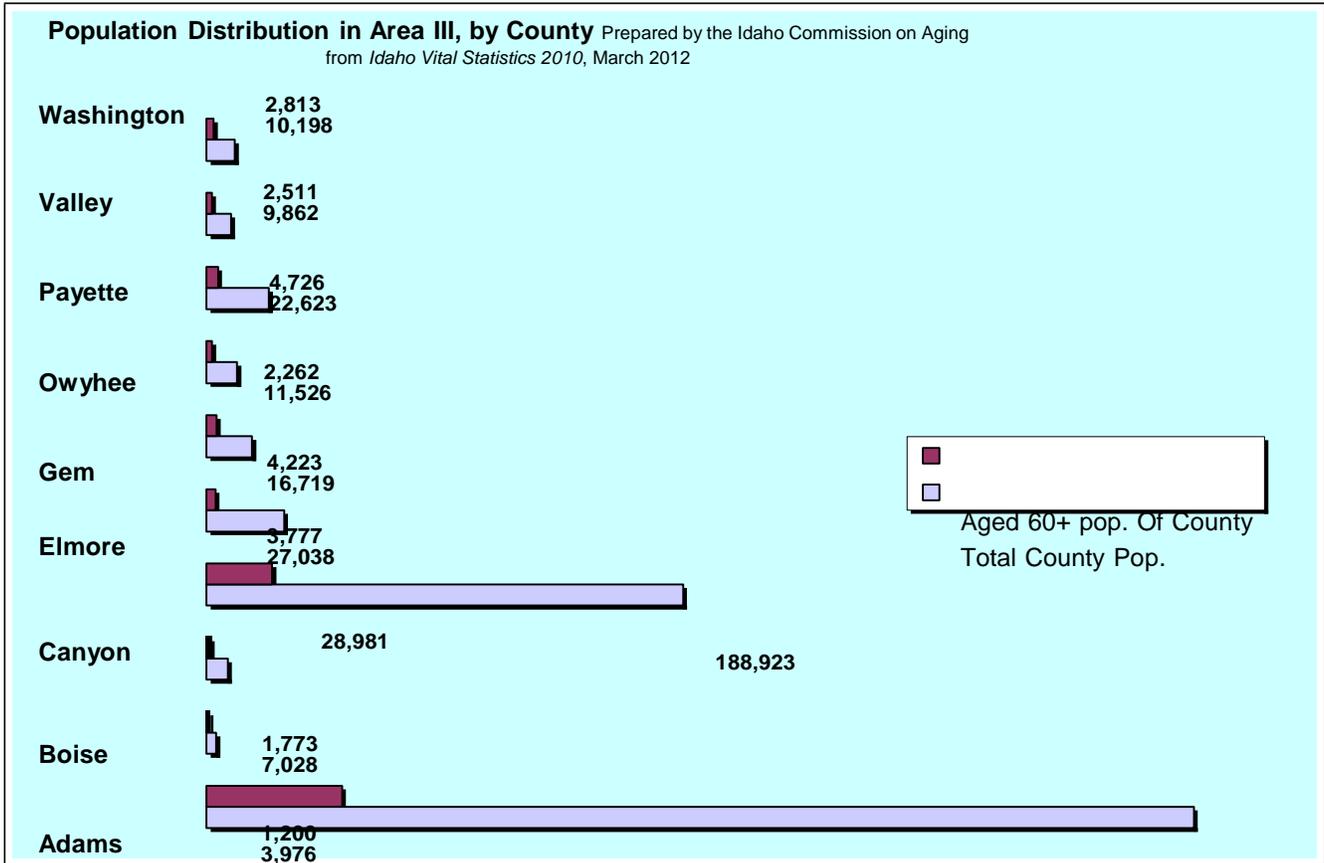
YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	PSA II TOTALS
PERSONS AGED 60 - 69 (2010)	PERSONS AGED 70 - 84 (2010)	PERSONS AGED 85+ (2010)	% of 2010 POPULATION AGED 60 - 69	% of 2010 POPULATION AGED 70 - 84	% of 2010 POPULATION AGED 85+	
11,879	9,435	2,398	11.3%	9.0%	2.3%	

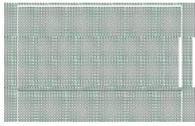


The chart shows the PSA's older population as a proportion of each county's total population.

60+ Population	Census Update ESTIMATE	Census COUNT	Census Update ESTIMATE	Census COUNT
PSA III	TOTAL POPULATION in 2006	TOTAL POPULATION in 2010	TOTAL 60+ in 2006	TOTAL 60+ in 2010
PSA III TOTALS	640,872	690,258	92,701	113,014

YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	
PERSONS AGED 60 - 69 (2010)	PERSONS AGED 70 - 84 (2010)	PERSONS AGED 85+ (2010)	% of 2010 POPULATION AGED 60 - 69	% of 2010 POPULATION AGED 70 - 84	% of 2010 POPULATION AGED 85+	PSA III TOTALS
61,003	41,590	10,421	8.8%	6.0%	1.5%	





Ada

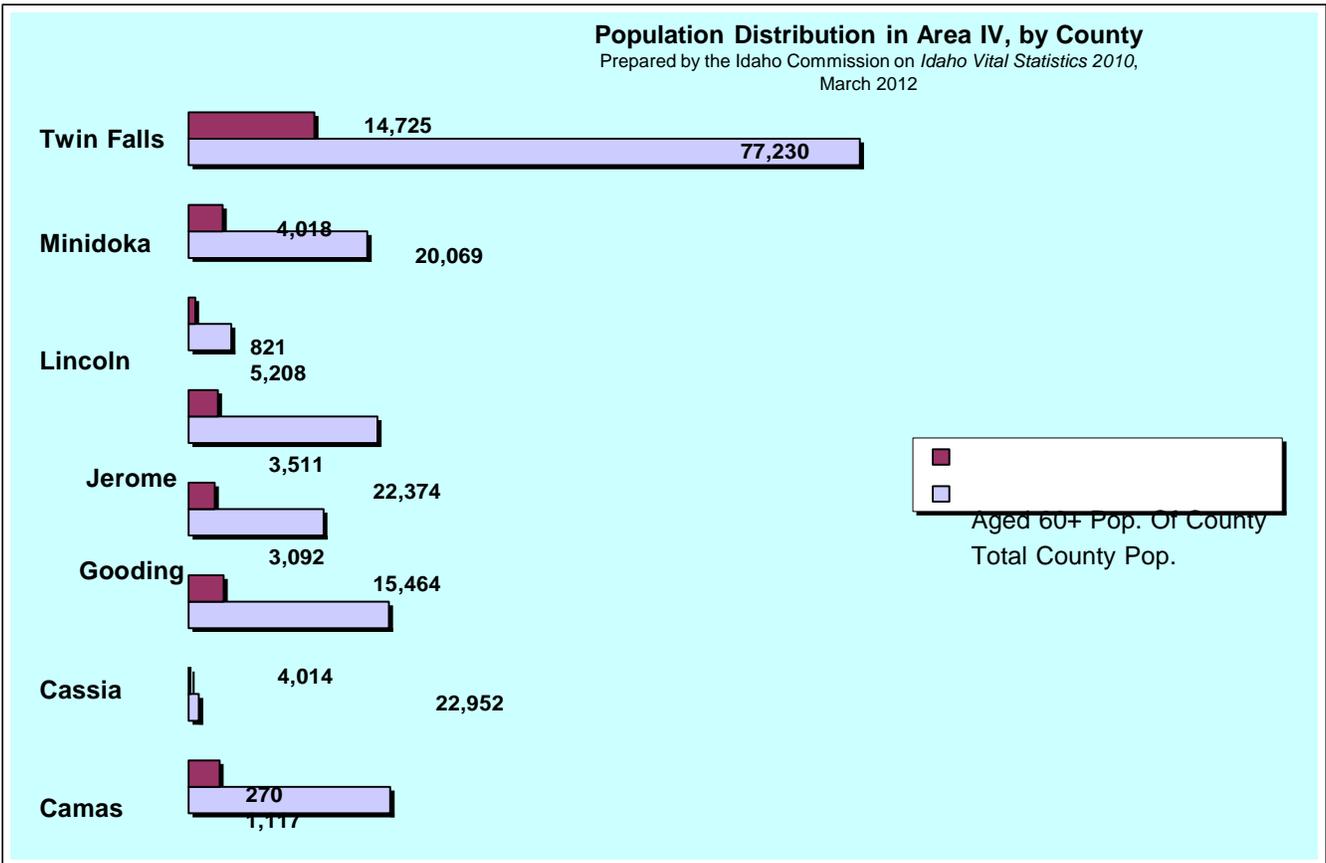
60,748

392,365

The chart shows the PSA's older population as a proportion of each county's total population.

60+ Population	Census Update ESTIMATE	Census COUNT	Census Update ESTIMATE	Census COUNT
PSA IV	TOTAL POPULATION in 2006	TOTAL POPULATION in 2010	TOTAL 60+ in 2006	TOTAL 60+ in 2010
PSA IV TOTALS	173,626	185,790	30,876	34,419

YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	
PERSONS AGED 60 - 69 (2010)	PERSONS AGED 70 - 84 (2010)	PERSONS AGED 85+ (2010)	% of 2010 POPULATION AGED 60 - 69	% of 2010 POPULATION AGED 70 - 84	% of 2010 POPULATION AGED 85+	PSA IV TOTALS
17,459	13,670	3,290	9.4%	7.4%	1.8%	

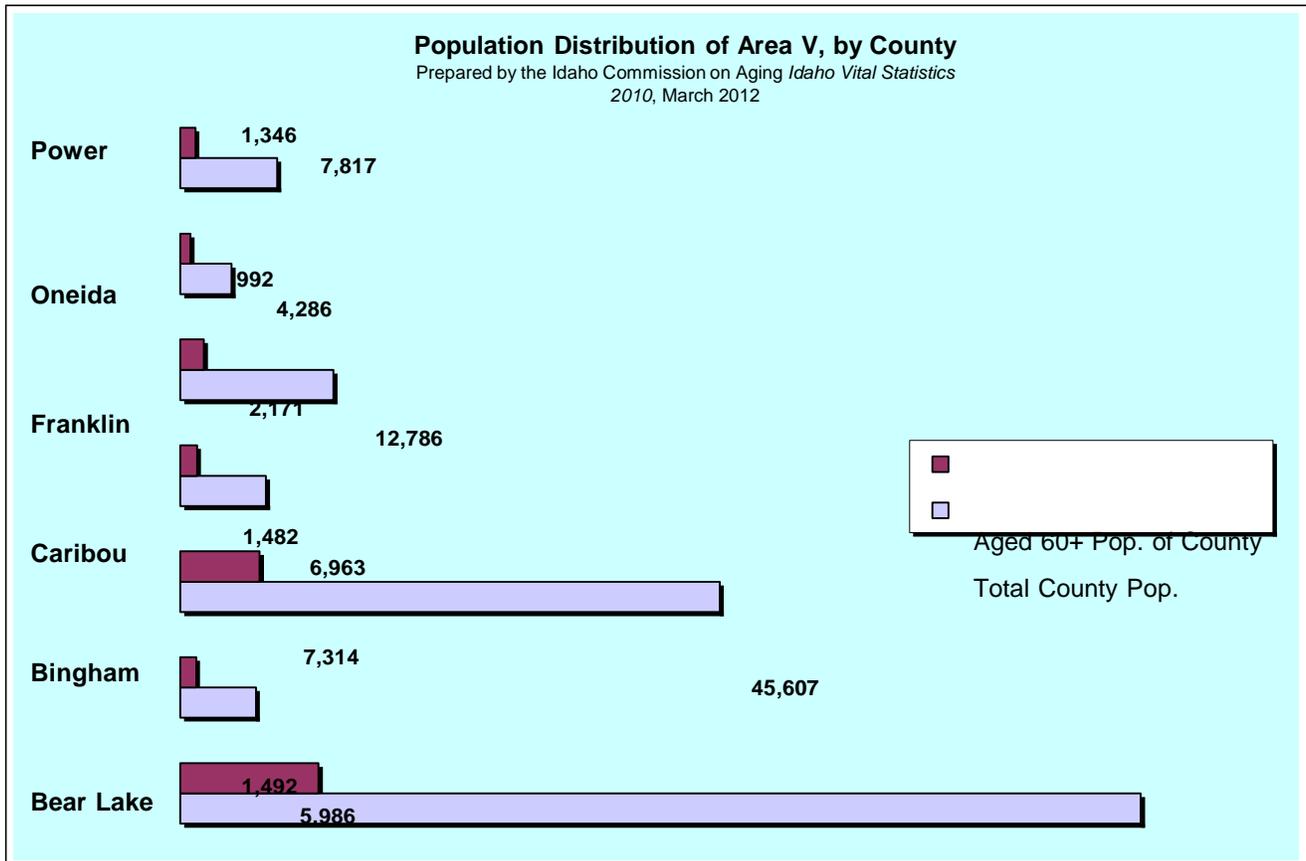


The chart shows the PSA's older population as a proportion of each county's total population.
Blaine 3,968

21,376

60+ Population	Census Update ESTIMATE	Census COUNT	Census Update ESTIMATE	Census COUNT
PSA V	TOTAL POPULATION in 2006	TOTAL POPULATION in 2010	TOTAL 60+ in 2006	TOTAL 60+ in 2010
PSA V TOTALS	160,241	166,284	24,427	28,194

YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	
PERSONS AGED 60 - 69 (2006)	PERSONS AGED 70 - 84 (2006)	PERSONS AGED 85+ (2006)	% of 2006 POPULATION AGED 60 - 69	% of 2006 POPULATION AGED 70 - 84	% of 2006 POPULATION AGED 85+	PSA V TOTALS
14,359	11,248	2,587	8.6%	6.8%	1.6%	



Bannock

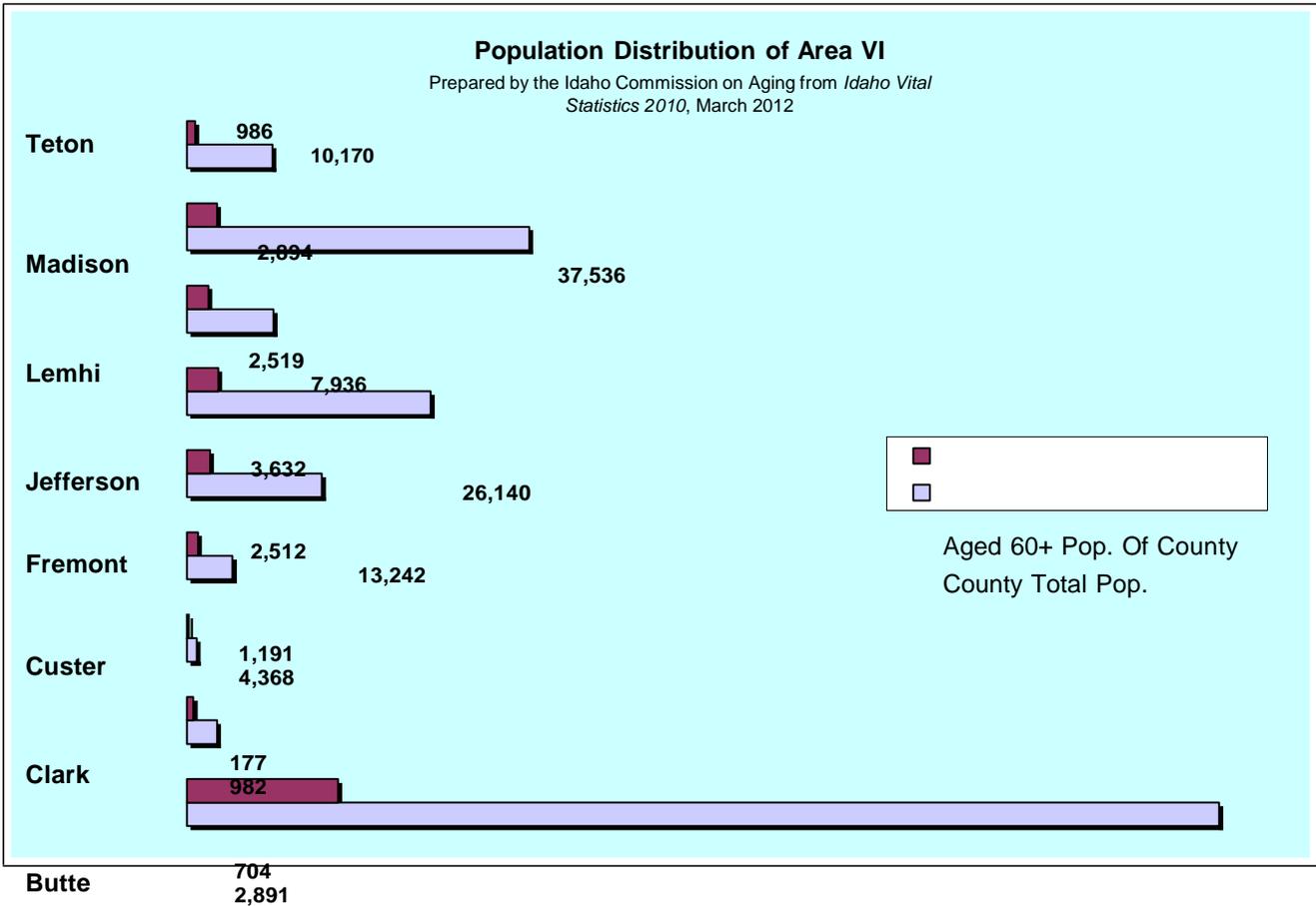
13,397

82,839

The chart shows the PSA's older population as a proportion of each county's total population.

60+ Population	Census Update ESTIMATE	Census COUNT	Census Update ESTIMATE	Census COUNT
PSA VI	TOTAL POPULATION in 2006	TOTAL POPULATION in 2010	TOTAL 60+ in 2006	TOTAL 60+ in 2010
PSA VI TOTALS	184,391	207,499	26,123	30,854

YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	PSA VI TOTALS
PERSONS AGED 60 - 69 (2010)	PERSONS AGED 70 - 84 (2010)	PERSONS AGED 85+ (2010)	% of 2010 POPULATION AGED 60 - 69	% of 2010 POPULATION AGED 70 - 84	% of 2010 POPULATION AGED 85+	
16,181	11,970	2,703	7.8%	5.8%	1.3%	



Bonneville

16,133

104,234

The chart shows the PSA's older population as a proportion of each county's total population.

Exhibit 1B Definitions

SOURCE OF DEFINITIONS.

1. Older Americans Act (OAA)
2. IC, Title 67, Chapter 50 and Title 39, Chapter 53
3. Idaho Administrative Procedures Act (IDAPA) (15)

DEFINITIONS.

1. **Abuse.** (OAA Section 102(a)(1))
 - A. Infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish;
 - B. Deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.
2. **Abuse.** (IC 39-5302(1)) means the intentional or negligent infliction of physical pain, injury or mental injury.
3. **Access.** (IDAPA Ombudsman 15.01.03.010.01) Right to enter long-term care facility upon notification of person in charge. (7-1-98)
4. **Access Services.** (IDAPA 15.01.21.010.01) Transportation, Outreach, Information and Assistance and Case Management. (7-1-98)
5. **Act.** (IDAPA 15.01.01.010.01 & 15.01.20.010.01) The Idaho Senior Services Act (SS Act). Programs and services established in Sections 67-5001 et seq., Idaho Code. (3-20-04)
6. **Activities of Daily Living (ADL).** (IDAPA 15.01.01.010.02) Bathing, dressing, toileting, transferring, eating, walking. (7-1-98)
7. **Adult child with a disability.** (OAA Section 102(a)(3)) means a child who—
 - A. Is 18 years of age or older;
 - B. Is financially dependent on an older individual who is a parent of the child; and
 - C. Has a disability.
8. **Adult Day Care.** (IC 67-5006(5)) a structured day program which provides individually planned care, supervision, social interaction and supportive services for frail older persons in a protective setting, and provides relief and support for caregivers.
9. **Adult Day Care.** (IDAPA 15.01.01.010.03) A structured day program which provides individually planned care, supervision, social interaction, and supportive services for frail older persons in a protective group setting, and provides relief and support for caregivers. (7-1-98)
10. **Adult Protection (AP).** (IDAPA 15.01.02.010.01) Statutory protections safeguarding vulnerable adults through investigations of reports alleging abuse, neglect, self-neglect or exploitation, and

arrangements for the provision of emergency or supportive services necessary to reduce or eliminate risk of harm. (7-1-98)

11. **AP Supervisor.** (IDAPA 15.01.02.010.02) AAA employee responsible for overseeing the provision of AP services. The Supervisor's duties include:
 - A. the direct supervision of AP staff,
 - B. case assignments,
 - C. the monitoring of caseloads and documentation,
 - D. and the maintenance of cooperative relationships with other agencies, organizations or groups serving vulnerable "at risk" populations.
 - E. The employee shall be a social worker licensed to practice in Idaho.(5-3-03)
12. **AP Worker.** (IDAPA 15.01.02.010.03) AAA employee providing AP services. The worker's duties include:
 - A. the investigation of AP reports,
 - B. client risk assessment ,
 - C. and the development of plans for protective actions, supportive services and/or law enforcement referral.
 - D. The employee shall be any one (1) of the following: (4-2-08)
 1. A social worker licensed to practice in Idaho; or (4-2-08)
 2. An individual with a Bachelor of Arts (BA) or Bachelor of Science (BS) in a human services field or equivalent and at least two (2) years' experience in direct service delivery to vulnerable adults; or (4-2-08)
 3. An individual with an Associate of Arts (AA) or Associate of Science (AS) degree and at least two (2) years' experience in law enforcement. (4-2-08)
13. **Advance Directive.** (IDAPA 15.01.01.010.05) A Living Will or Durable Power of Attorney for Healthcare executed under the Natural Death Act, Section 39-4501, Idaho Code. (5-3-03)
14. **Affected Parties.** (IDAPA Ombudsman 15.01.03.010.02) Long-term care facilities, state or county departments or agencies, or others against whom a complaint has been lodged.
15. **Aging and Disability Resource Center.** (IC 67-5006(8)) (OAA Section 102(a)(4)) means an entity established by a state as part of the state system of long-term care, to provide a coordinated system for providing:
 - A. Comprehensive information on the full range of available public and private long-term care programs, options, service providers and resources within a community, including information on the availability of integrated long-term care;

- B. Personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and
 - C. Consumers' access to the range of publicly supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.
16. **Aging Network.** (OAA Section 102(a)(5)) the network of—
- A. State agencies, area agencies on aging, title VI grantees, and the Administration; and
 - B. organizations that—
 - 1. are providers of direct services to older individuals; or
 - 2. are institutions of higher education; and
 - 3. receive funding under this Act.
17. **Aging Network.** (IDAPA 15.01.01.010.04) The ICOA, the AAAs, and other providers. (5-3-03)
18. **Area I.** Planning and service area made up of: Benewah, Boundary, Bonner, Kootenai, and Shoshone counties.
19. **Area II.** Planning and service area made up of: Clearwater, Idaho, Latah, Lewis, and Nez Perce counties.
20. **Area III.** (IDAPA **Ombudsman** 15.01.03.010.03) Planning and service area made up of: Canyon, Valley, Boise, Gem, Elmore, Washington, Ada, Adams, Payette, and Owyhee counties. (7-1-98)
21. **Area IV.** Planning and service area made up of: Blaine, Camas, Cassis, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls counties.
22. **Area V.** Planning and service area made up of: Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power counties.
23. **Area VI.** Planning and service area made up of: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton counties.
24. **Area Agency on Aging.** (OAA Section 102(a)(6)) an area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5).
25. **Area Agency on Aging (AAA).** (IDAPA 15.01.01.010.06 & 15.01.20.010.02) Separate organizational unit within a multipurpose agency which functions only for purposes of serving as the area agency on aging that plans, develops, and implements services for older persons within a planning and service area. (3-20-04)
26. **Area Plan.** (IDAPA 15.01.01.010.07 & 15.01.20.010.03) Plan describing aging programs and services which an AAA is required to submit to the Idaho Commission on Aging, in accordance with the OAA, in order to receive OAA funding. (3-20-04)
27. **Assessment Instrument.** (IDAPA 15.01.01.010.08) A comprehensive instrument utilizing uniform criteria to assess a client's needs. (5-3-03)

28. **Assistive (technology) device.** (OAA Section 102(a)(8)(B)) assistive technology, assistive technology device, and assistive technology service' have the meanings given such terms in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002).
29. **At Risk for Institutional Placement.** (OAA Section 102(a)(9)) with respect to an older individual, that such individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility.
30. **Board and Care Facility.** (OAA Section 102(a)(10)) an institution regulated by a State pursuant to section 1616(e) of the Social Security Act (42 U.S.C. 1382e(e)).
31. **Caregiver.** (OAA Section 102(a)(18)(B)) means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual.
32. **Caretaker.** (IC 39-5302(2)) means any individual or institution that is responsible by relationship, contract, or court order to provide food, shelter or clothing, medical or other life-sustaining necessities to a vulnerable adult.
33. **Case Manager.** (IDAPA 15.01.01.010.09) A licensed social worker, licensed professional nurse (RN), or Certified Case Manager, or an individual with a BA or BS in a human services field or equivalent and at least one (1) years' experience in service delivery to the service population. (3-30-01)
34. **Case Management.** (IDAPA 15.01.01.010.10) Case management is a service provided to older individuals and disabled adults, at the direction of the individual or a family member of the individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs.
 - A. Activities of case management include:
 1. comprehensive assessment of the individual;
 2. development and implementation of a service plan with the individual to mobilize formal and informal resources and services;
 3. coordination and monitoring of formal and informal service delivery;
 4. and periodic reassessment. (3-30-01)
35. **Case Management Services.** (OAA Section 102(a)(11))
 - A. A service provided to an older individual, at the direction of the older individual or a family member of the individual—
 1. By an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph (2); and
 2. To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and
 - B. Includes services and coordination such as—

1. Comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);
2. Development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services—
 - a. With any other plans that exist for various formal services, such as hospital discharge plans; and
 - b. With the information and assistance services provided under this Act;
3. Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
4. Periodic reassessment and revision of the status of the older individual with—
 - a. The older individual; or
 - b. If necessary, a primary caregiver or family member of the older individual
5. In accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

36. **Case Management Services.** (IC 67-5006(9))

- A. Means a service provided to an older individual at the direction of the older individual or a family member of the individual:
 1. By an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in section (2) of this subsection; and
 2. To assess the needs and to arrange, coordinate and monitor an optimum package of services to meet the needs of the older individual; and
- B. Includes services and coordination such as:
 1. Comprehensive assessment of the older individual, including the physical, psychological and social needs of the individual;
 2. Development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services:
 - a. With any other plans that exist for various formal services such as hospital discharge plans; and
 - b. With the information and assistance services provided herein;
 3. Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;

4. Periodic reassessment and revision of the status of the older individual with:
 - a. The older individual; or
 - b. If necessary, a primary caregiver or family member of the older individual; and
5. In accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

37. **Case Management Supervisor.** (IDAPA 15.01.01.010.11) An individual who has at least a BA or BS degree and is a licensed social worker, psychologist or licensed professional nurse (registered nurse/RN) with at least two (2) years' experience in service delivery to the service population. (4-5-00)
38. **Certified Case Manager.** (IDAPA 15.01.01.010.12) A Case Manager who has met the requirements for certification as established by the National Academy of Care/Case Managers or other professional association recognized by the Idaho Commission on Aging. (5-3-03)
39. **Child.** (OAA Section 372(a)(1)) means an individual who is not more than 18 years of age or who is an individual with a disability.
40. **Chore Services.** (IDAPA 15.01.01.010.13) 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. (5-3-03)
41. **Civic Engagement.** (OAA Section 102(a)(12)) an individual or collective action designed to address a public concern or an unmet human, educational, health care, environmental, or public safety need.
42. **Client.** (IDAPA 15.01.01.010.14) Person who has met program eligibility requirements for services addressed in this chapter. (7-1-98)
43. **Cognitive Impairment.** (IDAPA 15.01.01.010.15) A disability or condition due to mental impairment. (7-1-98)
44. **Commission.** (IC 39-5302(3)) means the Idaho Commission on Aging (ICOA), established pursuant to [chapter 50, title 67](#), Idaho Code.
45. **Complainant.** (IDAPA Ombudsman 15.01.03.010.04) The substate ombudsman or any individual or organization who registers a complaint with the substate ombudsman. (7-1-98)
46. **Complaints.** (IDAPA Ombudsman 15.01.03.010.06) Allegations made by or on behalf of eligible clients, whether living in long-term care facilities or in the community. (7-1-98)
47. **Comprehensive and coordinated system.** (OAA Section 302(1)) means a system for providing all necessary supportive services, including nutrition services, in a manner designed to
 - A. Facilitate accessibility to, and utilization of, all supportive services and nutrition services provided within the geographic area served by such system by any public or private agency or organization;
 - B. Develop and make the most efficient use of supportive services and nutrition services in meeting the needs of older individuals;
 - C. Use available resources efficiently and with a minimum of duplication; and

- D. Encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.
48. **Congregate Meals.** (IC 67-5006(3)) meals prepared and served in a congregate setting which provide older persons with assistance in maintaining a well-balanced diet, including diet counseling and nutrition education.
49. **Congregate Meals.** (IDAPA 15.01.01.010.16) Meals that meet the requirements of the OAA, as amended, served in a group setting. (7-1-98)
50. **Contract.** (IDAPA 15.01.20.010.04) A legally binding, written agreement between two (2) or more parties which outlines the terms and provisions to which both parties agree.
51. **Contractor.** (IC 39-5302(4)) means an Area Agency on Aging (AAA) and its duly authorized agents and employees providing adult protection services pursuant to a contract with the commission in accordance with section [67-5011](#), Idaho Code. The commission designates area agencies on aging pursuant to OAA.Section. 305(a)(2)(A) and may establish by rule when duties or obligations under this chapter may be fulfilled by an area agency on aging.
52. **Cost Sharing Payment.** (IDAPA 15.01.01.010.17) An established payment required from individuals receiving services under the Act. The cost sharing payment varies according to client’s current annual household income. (4-6-05)
53. **Department.** (IDAPA 15.01.01.010.18) (IC 39-5302) Department of Health and Welfare. (7-1-98)
54. **Designation.** (IDAPA Ombudsman 15.01.03.010.07) Process by which the Office approves the location of substate ombudsman programs within AAAs and delegates to such programs the authority to carry out the purposes of the program. (7-1-98)
55. **Direct Costs.** (IDAPA 15.01.01.010.19) Costs incurred from the provision of direct services. These costs include, but are not limited to, salaries, fringe benefits, travel, equipment, and supplies directly involved in the provision of services. Salaries of program coordinators and first line supervisors are considered direct costs. (7-1-98)
56. **Disability.** (OAA Section 102(a)(13)) (except when such term is used in the phrase “severe disability”, “developmental disability- “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity:
- A. Self-care,
 - B. Receptive and expressive language,
 - C. Learning,
 - D. Mobility,
 - E. Self-direction,
 - F. Capacity for independent living,

- G. Economic self-sufficiency,
- H. Cognitive functioning, and
- I. Emotional adjustment.

57. **Disease Prevention and Health Promotion Services.** (OAA Section 102(a)(14))

- A. Health risk assessments;
- B. Routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;
- C. Nutritional counseling and educational services for individuals and their primary caregivers;
- D. Evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition;
- E. Programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—
 - 1. an institution of higher education;
 - 2. a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or
 - 3. a community-based organization;
- F. Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;
- G. Screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services;
- H. Educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
- I. Medication management screening and education to prevent incorrect medication and adverse drug reactions;
- J. Information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular

diseases, diabetes, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction;

K. Gerontological counseling; and

L. Counseling regarding social services and follow up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.).

58. **Education and Training Service.** (OAA Section 302(2)) means a supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, pre-retirement education, financial planning, and other education and training services which will advance the objectives of this Act.

59. **Elder Abuse.** (OAA Section 102(a)(15)) abuse of an older individual.

60. **Elder Abuse, Neglect and Exploitation.** (OAA Section 102(a)(16)) abuse, neglect, and exploitation, of an older individual.

61. **Elder Justice.** (OAA Section 102(a)(17))

A. Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy; and

B. Used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation.

62. **Elder Rights.** (OAA Section 761(1)) means a right of an older individual.

63. **Eligible Clients.** (IDAPA 15.01.01.010.20) Residents of the state of Idaho who are sixty (60) years or older. (5-3-03)

64. **Eligibility Entity.** (OAA Section 422(a)(1))

A. Means a nonprofit health or social service organization, a community-based nonprofit organization, an area agency on aging or other local government agency, a tribal organization, or another entity that—

1. The Assistant Secretary determines to be appropriate to carry out a project under this part; and

2. Demonstrates a record of, and experience in, providing or administering group and individual health and social services for older individuals; and

- B. Does not include an entity providing housing under the congregate housing services program carried out under section 802 of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 8011) or the multifamily service coordinator program carried out under section 202(g) of the Housing Act of 1959 (12 U.S.C. 1701q(g)).
65. **Emergency.** (IC 39-5302(6)) means an exigent circumstance in which a vulnerable adult's health and safety is placed in imminent danger. Imminent danger is when death or severe bodily injury could reasonably be expected to occur without intervention.
66. **Exploitation.** (OAA Section 102(a)(18)(a))
- A. The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.
- B. In subparagraph (1), the term 'caregiver' means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual.
67. **Exploitation.** (IC 39-5302(7)) 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.
68. **Family Caregiver.** (OAA Section 302(3)) means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
69. **Family Violence.** (OAA Section 102(a)(19)) same meaning given the term in the Family Violence Prevention and Services Act (42 U.S.C. 10408).
70. **Fiscal Effectiveness.** (IDAPA 15.01.01.010.21) A financial record of the cost of all formal services provided to insure that maintenance of an individual at home is more cost effective than placement of that individual in an institutional long-term care setting. (7-1-98)
71. **Fiduciary.** (OAA Section 102(a)(20))
- A. Person or entity with the legal responsibility –
1. to make decisions on behalf of and for the benefit of another person; and
 2. to act in good faith and with fairness; and
- B. Includes a trustee, a guardian, a conservator, an executor, an agent under a financial power of attorney or health care power of attorney, or a representative payee.
72. **Focal Point.** (OAA Section 102(a)(21)) a facility established to encourage the maximum collocation and coordination of services for older individuals.

73. **Formal Services.** (IDAPA 15.01.01.010.22) Services provided to clients by a formally organized entity, including, but not limited to, Medicaid HCBS. (5-3-03)
74. **Frail.** (OAA Section 102(a)(22))
- A. With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual—
1. is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
 2. at the option of the State, is unable to perform at least three such activities without such assistance; or
- B. Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.
75. **Functional Impairment.** (IDAPA 15.01.01.010.23) A condition that limits an individual’s ability to perform ADLs and IADLs. (7-1-98)
76. **Grandparent or Older Individual Who is a Relative Caregiver.** (OAA Section 372(2)) The term “grandparent or older individual who is a relative caregiver” means a grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption who is 55 years of age or older and—
- A. Lives with the child;
- B. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- C. Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.
77. **Greatest Economic Need.** (OAA Section 102(a)(23)) the need resulting from an income level at or below the poverty line.
78. **Greatest Social Need.** (OAA Section 102(a)(24)) the need caused by non-economic factors, which include—
- A. Physical and mental disabilities;
- B. Language barriers; and
- C. Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that—
1. restricts the ability of an individual to perform normal daily tasks; or
 2. threatens the capacity of the individual to live independently.

79. **Hispanic-serving institutions.** Section 502 of the Higher Education Act of 1965 (20 U.S.C. 1101a) defines the term as an institution of higher education that –
- A. Is an eligible institution;
 - B. At the time of application, has an enrollment of undergraduate full-time equivalent students that is at least 25 percent Hispanic students; and
 - C. Provides assurances that not less than 50 percent of the institution’s Hispanic students are low-income individuals, which assurances –
 1. May employ statistical extrapolation using appropriate data from the Bureau of the Census or other appropriate Federal or State sources; and
 2. The Secretary shall consider as meeting the requirements of this subparagraph, unless the Secretary determines, based on a preponderance of the evidence, that the assurances do not meet the requirements.
80. **Home-Delivered Meals.** (IDAPA 15.01.01.010.24) Meals delivered to eligible clients in private homes. These meals shall meet the requirements of the OAA. (7-1-98)
81. **Homemaker.** (IDAPA 15.01.01.010.25) A person who has successfully completed a basic prescribed training, who, under the supervision of a provider, supplies homemaker services. (4-6-05)
82. **Homemaker Service.** (IDAPA 15.01.01.010.26) Assistance with housekeeping, meal planning and preparation, essential shopping and personal errands, banking and bill paying, medication management, and, with restrictions, bathing and washing hair. (7-1-98)
83. **Household.** (IDAPA 15.01.01.010.27) For sliding fee purposes, a “household” includes a client and any other person permanently resident in the same dwelling who shares accommodations and expenses with the client. (7-1-98)
84. **Idaho Commission on Aging (ICOA).** (IDAPA 15.01.01.010.28 & 15.01.20.010.05) State agency that plans, sets priorities, coordinates, develops policy, and evaluates state activities relative to the objectives of the OAA. (3-20-04)
85. **In-home Services.** (OAA Section 102(a)(30)) Includes—
- A. Services of homemakers and home health aides;
 - B. Visiting and telephone reassurance;
 - C. Chore maintenance;
 - D. In-home respite care for families, and adult day care as a respite service for families;
 - E. Minor modification of homes that is necessary to facilitate the ability of older individuals to remain at home and that is not available under another program (other than a program carried out under this Act);
 - F. Personal care services; and

- G. Other in-home services as defined—
1. by the State agency in the State plan submitted in accordance with section 307; and
 2. by the area agency on aging in the area plan submitted in accordance with section 306.
86. **In-home Services.** (IC 67-5006(2)) Provide care for older persons in their own homes and help them maintain, strengthen, and safeguard their personal functioning in their own homes. These services shall include, but not be limited to case management, homemakers, chores, telephone reassurance, home delivered meals, friendly visiting and shopping assistance, and in-home respite care.
87. **Indian.** (OAA Section 102(a)(26)) Means a person who is a member of an Indian tribe.
88. **Indian Tribe.** (OAA Section 102(a)(27)) Means any tribe, band, nation, or other organized group or community of Indians (including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (Public Law 92–203; 85 Stat. 688) which (A) is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or (B) is located on, or in proximity to, a Federal or State reservation or Rancheria.
89. **Information and Assistance Service.** (OAA Section 102(a)(28)) (IC 67-5006(6)) Means a service for older individuals that—
- A. Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
 - B. Assesses the problems and capacities of the individuals;
 - C. Links the individuals to the opportunities and services that are available;
 - D. To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
 - E. Serves the entire community of older individuals, particularly—
 1. Older individuals with greatest social need;
 2. Older individuals with greatest economic need; and
 3. Older individuals at risk for institutional placement.
90. **I & A.** (IDAPA 15.01.21.010.02) Information and Assistance Services initiated by an older person or their representative that: (7-1-98)
- A. Provides current information about services available within the community, including information about assistive technology; (7-1-98)
 - B. Assesses the problem, determines the appropriate available service, and makes the referral; (7-1-98)

- C. To the maximum extent practicable, by establishing adequate follow-up procedures, ensures that the client receives the needed service and is made aware of other available services. (7-1-98)
91. **Information and Referral.** (OAA Section 102(a)(29)) includes information relating to assistive technology.
92. **Information and Referral.** (IC 67-5006(7)) means and includes information relating to assistive technology.
93. **Informal Supports.** (IDAPA 15.01.01.010.29) Those supports provided by church, family, friends, and neighbors, usually at no cost to the client. (7-1-98)
94. **Institution of Higher Education.** (OAA Section 102(a)(31)) has the meaning given the term in section 101 of the Higher Education Act of 1965.
95. **Instrumental Activities of Daily Living (IADL).** (IDAPA 15.01.01.010.30) Meal preparation, money management, transportation, shopping, using the telephone, medication management, heavy housework, light housework. (7-1-98)
96. **Integrated Long-term Care.** (OAA Section 102(a)(32))
- A. Means items and services that consist of –
1. With respect to long-term care –
 - a. Long-term care items or services provided under a State plan for medical assistance under the Medicaid program established under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), including nursing facility services, home and community-based services, personal care services, and case management services provided under the plan; and
 - b. Any other supports, items, or services that are available under any federally funded long-term care program; and
 2. with respect to other health care, items and services covered under –
 - a. The Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
 - b. The State plan for medical assistance under the Medicaid program;
 - or
 - c. Any other federally funded health care program; and
- B. Includes items or services described in subparagraph (A) that are provided under a public or private managed care plan or through any other service provider.
97. **Legal Assistance.** (OAA Section 102(a)(33))
- A. Means legal advice and representation provided by an attorney to older individuals with economic or social needs; and
- B. Includes—

1. To the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and
 2. Counseling or representation by a non-lawyer where permitted by law.
98. **Legal Assistance.** (IDAPA 15.01.21.010.03) Advice, counseling, or representation by an attorney or by a paralegal under the supervision of an attorney.
99. **Legal Representative.** (IDAPA 15.01.01.010.31) A person who carries a Power of Attorney or who is appointed Guardian or Conservator with legal authority to speak for a client. (5-3-03)
100. **Long-Term Care.** (OAA Section 102(a)(34)) means any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service –
- A. Intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living;
 - B. Furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and
 - C. Not furnished to prevent, diagnose, treat, or cure a medical disease or condition.
101. **Long-Term Care Facility.** (OAA Section 102(a)(35)) means—
- A. Any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i–3(a));
 - B. Any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a));
 - C. For purposes of sections OAA 307(a)(12)^[1] and 712, a board and care facility; and
 - D. Any other adult care home, including an assisted living facility, similar to a facility or institution described in subparagraphs (1) through (3).
102. **Long-Term Care Facility.** (IDAPA Ombudsman 15.01.03.010.10) Skilled nursing facilities as defined in IDAPA 16.03.02, Subsection 002.33, “Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities,” and residential care facilities as defined in IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho.” (7-1-98)
103. **Meal Site.** (IDAPA 15.01.21.010.04) A facility or location where eligible persons (and spouses) assemble for a meal, either site prepared or catered. (7-1-98)
104. **Medicaid HCBS.** (IDAPA 15.01.01.010.32) Services approved under the Medicaid Waiver for the aged and disabled. (3-30-01)
105. **Multipurpose Senior Center.** (OAA Section 102(a)(36)) Means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

106. **National Aging Program Information System (NAPIS)**. (IDAPA 15.01.01.010.33) Standardized nationwide reporting system that tracks: (7-1-98)
- A. Service levels by individual service, identifies client characteristics, State and AAA staffing profiles, and identifies major program accomplishments; and (4-5-00)
 - B. Complaints received against long term care facilities and family members or complaints related to rights, benefits and entitlements. (7-1-98)
107. **Native American**. (OAA Section 102(a)(37)) Means—
- A. An Indian as defined in paragraph (5); and
 - B. A Native Hawaiian, as defined in section 625.
108. **Naturally Occurring Retirement Community**. (OAA Section 422(a)(2)) Means a community with a concentrated population of older individuals, which may include a residential building, a housing complex, an area (including a rural area) of single family residences, or a neighborhood composed of age-integrated housing—
- C. Where—
 - 1. 40 percent of the heads of households are older individuals; or
 - 2. A critical mass of older individuals exists, based on local factors that, taken in total, allow an organization to achieve efficiencies in the provision of health and social services to older individuals living in the community; and
 - D. That is not an institutional care or assisted living setting.
109. **Neglect**. (OAA Section 102(a)(38)) Means-
- A. The failure of a caregiver (as defined in paragraph (27) or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or
 - B. self-neglect.
110. **Neglect**. (IC 39-5302(8)) 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 himself.
111. **Non-Institutional**. (IDAPA 15.01.01.010.34) Living arrangements which do not provide medical oversight or organized supervision of residents' activities of daily living. Non-institutional residences include:
- A. Congregate housing units,
 - B. Board and room facilities,
 - C. Private residential houses,
 - D. Apartments,

- E. Condominiums,
- F. Duplexes and multiplexes,
- G. Hotel/ motel rooms, and
- H. Group homes in which residents are typically unrelated to individuals.

Non-institutional does not include:

- A. skilled nursing homes,
- B. residential care facilities,
- C. homes providing adult foster care,
- D. hospitals,
- E. or residential schools/hospitals for the severely developmentally disabled or the chronically mentally ill. (7-1-98)

- 112. **Non-Jurisdictional Complaints.** (IDAPA Ombudsman 15.01.03.010.08) Complaints made by or on behalf of residents of long-term care facilities who are under the age of sixty (60) or complaints concerning persons outside the statutory jurisdiction of an ombudsman. (7-1-98)
- 113. **Nonprofit.** (OAA Section 102(a)(39)) As applied to any agency, institution, or organization means an agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which injuries, or may lawfully inure, to the benefit of any private shareholder or individual.
- 114. **Office.** (OAA 712(a)(2)) For purposes of Long Term Care Ombudsman only, "Office" is defined as: the individual described in section 712(a)(2) Ombudsman – the Office shall be headed by an individual, to be known as the State Long Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long term care and advocacy.
- 115. **Office.** (IDAPA Ombudsman 15.01.03.010.09) Office of the State Ombudsman for the Elderly pursuant to Title 67, Chapter 50, Idaho Code, Section 67-5009. (7-1-98)
- 116. **Older Americans Act.** (IDAPA 15.01.01.010.35 & 15.01.20.010.06) Federal law authorizing funding to states for supportive and nutrition services for the elderly. (3-20-04)
- 117. **Older Individual.** (OAA Section 102(a)(40)) means an individual who is 60 years of age or older.
- 118. **Older Persons.** (IC 67-5006(4)) individuals sixty (60) years of age or older.
- 119. **Ombudsman.** (IDAPA 15.01.01.010.36) An individual or program providing a mechanism to receive, investigate, and resolve complaints made by, or on behalf of, residents of long-term care facilities. (5-3-03)
- 120. **Outreach Service.** (IDAPA 15.01.21.010.05) A service which actively seeks out older persons, identifies their service needs, and provides them with information and assistance to link them with appropriate services. (7-1-98)

121. **Pension and Other Retirement Benefits.** (OAA Section 215(a)(1)) means private, civil service, and other public pensions and retirement benefits, including benefits provided under—
- A. The Social Security program under title II of the Social Security Act (42 U.S.C. 401 et seq.);
 - B. The railroad retirement program under the Railroad Retirement Act of 1974 (45 U.S.C. 231 et seq.);
 - C. The government retirement benefits programs under the Civil Service Retirement System set forth in chapter 83 of title 5, United States Code, the Federal Employees Retirement System set forth in chapter 84 of title 5, United States Code, or other Federal retirement systems; or
 - D. Employee pension benefit plans as defined in section 3(2) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(2)).
122. **Physical Harm.** (OAA Section 102(a)(41)) means bodily injury, impairment, or disease.
123. **Planning and Service Area (PSA).** (IDAPA 15.01.01.010.38 & 15.01.20.010.07) ICOA designated geographical area within Idaho for which an AAA is responsible. (3-20-04)
124. **Planning and Service Area.** (OAA Section 102(a)(42)) means an area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A).
125. **Poverty Line.** (OAA Section 102(a)(43)) means the official poverty line (as defined by the Office of Management and Budget, and adjusted by the Secretary in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).
126. **Program.** (IDAPA 15.01.01.010.37) The Idaho Senior Services Program. (7-1-98)
127. **Protective Action Plan (PAP).** (IDAPA 15.01.02.010.05) An individual plan addressing the remedial, social, legal, medical, educational, mental health or other services available to reduce or eliminate the risk of harm to a vulnerable adult. A PAP may include a Supportive Services Plan as defined in IDAPA 15.01.01, “Rules Governing Idaho Senior Services.
128. **Provider.** (IDAPA 15.01.01.010.39) An AAA or another entity under contract with the AAA to provide a specific service. (5-3-03)
129. **Representative Payee.** (OAA Section 102(a)(44)) means a person who is appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, any funds owed to such individual by such entity.
130. **Resident.** (OAA Section 711(6)) The term “resident” means an older individual who resides in a long-term care facility.
131. **Resident.** (IDAPA Ombudsman 15.01.03.010.11) Resident as defined in IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho.” (7-1-98)
132. **Respite.** (IDAPA 15.01.01.010.40) Short-term, intermittent relief provided to caregivers (individuals or families) of a functionally-impaired relative or custodial charge. (4-5-00)
133. **Rural.** (IDAPA 15.01.21.010.06) Communities having a population of fewer than twenty thousand (20,000) persons.(7-1-98)

134. **Secretary.** (OAA Section 102(a)(45)) means the Secretary of Health and Human Services, except that for purposes of title V such term means the Secretary of Labor.
135. **Self-directed Care.** (OAA Section 102(a)(46)) means an approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which –
- A. Such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;
 - B. Such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual’s care options;
 - C. The needs, capabilities, and preferences of such individual with respect to such services, and such individual’s ability to direct and control the individual’s receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;
 - D. Based on the assessment made under subparagraph (3), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual’s family, caregiver (as defined in paragraph (27)), or legal representative –
 1. A plan of services for such individual that specifies which services such individual will be responsible for directing;
 2. A determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and
 3. A budget for such services; and
 4. The area agency on aging or State agency provides for oversight of such individual’s self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.
136. **Self-neglect.** (OAA Section 102(a)(47)) means an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including –
- A. Obtaining essential food, clothing, shelter, and medical care;
 - B. Obtaining goods and services necessary to maintain physical health, mental health, or general safety; or
 - C. Managing one’s own financial affairs.
137. **Serious Injury or Serious Imposition of Rights.** (IDAPA 15.01.02.010.04) A situation of substantiated abuse or neglect involving serious mental or physical injury, or exploitation. (5-3-03)
138. **Serious Physical Injury.** (IDAPA 15.01.02.010.06) Includes, but is not limited to: (3-30-01)

- A. Severe skin bruising; (5-3-03)
 - B. Burns; (3-30-01)
 - C. Bone fractures; (3-30-01)
 - D. Decubitis ulcers; (5-3-03)
 - E. Internal injuries; (5-3-03)
 - F. Lacerations; (3-30-01)
 - G. Malnutrition resulting in serious medical consequences; (5-3-03)
 - H. Subdural hematoma; or (5-3-03) i. Soft tissue swelling. (5-3-03)
139. **Severe Disability.** (OAA Section 102(a)(48)) means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that—
- A. Is likely to continue indefinitely; and
 - B. Results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs.
140. **Sexual Assault.** (OAA Section 102(a)(49)) has the meaning given the term in section 2003 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796gg–2).
141. **Shopping Assistance.** (IDAPA 15.01.01.010.41) Accompaniment and provision of assistance to an elderly individual for the purpose of purchasing food, medicine and other necessities for an elderly individual who is disabled or homebound. (7-1-98)
142. **Sliding Fee Scale.** (IDAPA 15.01.01.010.42) A fee scale ranging from zero percent (0%) to one hundred percent (100%) of the cost of services. Cost of services shall be based on the contractor’s or provider’s actual unit costs. A client’s percentage (payment) shall be determined by ranking the client’s annual household income against the federally determined poverty guidelines for that year. (3-19-99)
143. **State System of Long-term Care.** (OAA Section 102(a)(52)) Means the Federal, State, and local programs and activities administered by a State that provide, support, or facilitate access to long-term care for individuals in such State.
144. **Substate Ombudsman.** (IDAPA Ombudsman 15.01.03.010.12) An individual associated with a designated local Ombudsman for the Elderly Program, who performs the duties of ombudsman. (7-1-98)
145. **Supportive Service.** (OAA Section 102(a)(53)) means a service described in section 321(a).
146. **Supportive Service.** (IC 39-5302(9)) means non-investigatory remedial, social, legal, health, educational, mental health and referral services provided to a vulnerable adult.
147. **Supportive Service Plan (SSP).** (IDAPA 15.01.01.010.43) An individual support plan outlining an array of services or the components of an individual service required to maintain a client at home or to reduce risks and meet the care needs of a vulnerable adult. (4-6-05)

148. **Supportive Services Technician.** (IDAPA 15.01.01.010.44) AAA employee working under the supervision of a licensed social worker or case manager assisting with investigation of Adult Protection reports, completion of the ICOA approved assessment instrument for services of clients of ICOA funded in-home services, or development and initiation of SSPs. The employee shall have a High School diploma and at least two (2) years' experience delivering services to the elderly or at-risk populations. (5-3-03)
149. **Transportation.** (IC 67-5006(1)) services designed to transport older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or otherwise promoting independent living, but not including a direct subsidy for an overall transit system or a general reduced fare program for a public or private transit system.
150. **Transportation Services.** (IDAPA 15.01.01.010.45) Services designed to transport eligible clients to and from community facilities/resources for the purposes of applying for and receiving services, reducing isolation, or otherwise promoting independence.
151. **Unit of General Purpose Local Government.** (OAA Section 302(4)) means—
1. A political subdivision of the State whose authority is general and not limited to only one function or combination of related functions; or
 2. An Indian tribal organization.
152. **USDA Eighty/Twenty (80/20) Commodity Program.** (IDAPA 15.01.21.010.07) Federal program in which the participating AAA agrees to accept a minimum of twenty percent (20%) of its total entitlement in commodities with the balance of eighty percent (80%) being paid in cash at the current USDA reimbursement rate. (7-1-98)
153. **USDA One Hundred Percent (100%) Cash-in-Lieu Community Program.** (IDAPA 15.01.21.010.08) Federal program in which the participating AAA receives one hundred percent (100%) cash reimbursement in lieu of commodities. (7-1-99)
154. **Vulnerable adult.** (IC 39-5302(10)) means a person eighteen (18) years of age or older who is unable to protect himself from abuse, neglect or exploitation due to physical or mental impairment which affects the person's judgment or behavior to the extent that he lacks sufficient understanding or capacity to make or communicate or implement decisions regarding his person.
155. **Vulnerable Elder Rights Protection Activity.** (OAA Section 761(2)) means an activity funded under subtitle A. (42 U.S.C. 3058bb)