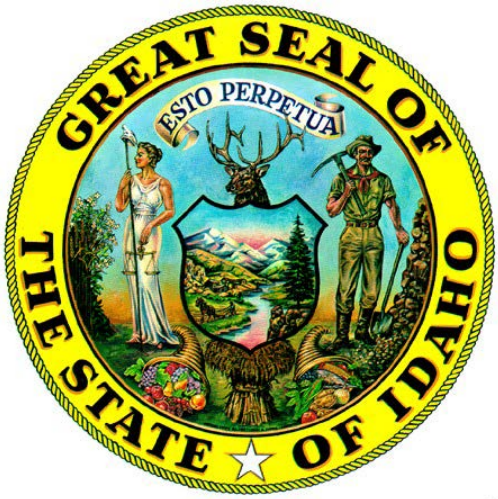
Idaho Commission on Aging

Senior Services State Plan for Idaho

October 1, 2016 – September 30, 2020



VERIFICATION OF INTENT

This State Plan is submitted for the State of Idaho for the period October 1, 2016 through September 30, 2020. The Idaho Commission on Aging (ICOA) has been given the authority to develop and administer the State Plan in accordance with the Older Americans Act. The ICOA is primarily responsible for the coordination of all state activities related to the purpose of the Act, i.e. the development of comprehensive and coordinated systems for the delivery of supportive services, including information and assistance, in-home programs, nutrition and caregiver support services, and to serve as the effective and visible advocate for the elderly in the state.

This Plan includes all assurances, plans, provisions, and specifications to be made or conducted by the ICOA under provisions of the Older Americans Act.

This Plan is approved for the Governor by his designee Sam Haws, Administrator, ICOA, State of Idaho, and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary of Aging.

The Idaho Senior Services State Plan as submitted has been developed in accordance with all federal statutory and regulatory requirements.

_____ _____

Sam Haws, Administrator Date
Idaho Commission on Aging

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Executive Summary

Every four years, the Idaho Commission on Aging (ICOA) submits Idaho's Senior Services State Plan (Plan) to the Administration for Community Living (ACL). This Plan not only ensures Older Americans Act (OAA) funding continues to be awarded to Idaho, but outlines the direction ICOA is taking over the next four years and provides guidance to the AAA on the delivery of services. This Plan is in effect October 1, 2016 through September 30, 2020 and identifies OAA and Idaho's Senior Services Act (SSA) services and supports available to help seniors and people with disabilities avoid institutionalization and remain as independent as possible in their homes and communities. The emphasis of the funding is to support those individuals "At Risk" of institutional placement:

> (i) older individuals residing in rural areas. (ii) older individuals with 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. (iii) older individuals with 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; (iv) older individuals with severe disabilities; (v) older individuals with limited English-speaking ability; (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals)

This Plan identifies how the federal and state funds are allocated to the six planning and service areas (PSAs) in Idaho, and identifies the planning efforts and data analysis that were used in its development. It identifies the goals, objectives and strategies to improve the delivery of senior services and identifies performance measures, sets baselines and benchmarks to evaluate efficiencies, effectiveness and the quality of services being delivered.

There are six Area Agencies on Aging (AAAs) in Idaho that implement OAA and SSA services. These AAAs record and collect data in a single system, which is used to track performance. ICOA uses the Performance Based Contract with the AAAs to manage services and address any remediation needed to ensure efficiencies, effectiveness and the quality of services are being delivered.

In 1968, Idaho's State Unit on Aging (SUA) was created as the Idaho Office on Aging with a 17-member advisory council to administer federally funded programs under the OAA of 1965 and state-funded programs for older Idahoans. In 1995, legislation was adopted to change the name to the Idaho Commission on Aging (ICOA) and replaced the council with a seven member commission. By state statute, the ICOA Administrator is appointed by the Governor and confirmed by the Senate. The Governor also appoints the seven member Board of Commissioners to advise the Administrator on aging issues across Idaho.

The ICOA is responsible to:

- Develop the State Plan that addresses the needs of seniors, vulnerable adults, persons with disabilities and their caregivers.

- Serve as an advocate within state government and the community for older Idahoans.
- Propose statutory changes and administrative rules and as addressed in Idaho Code title 67 Chapter 52, promulgate, adopt, amend and rescind rules related to programs and services.
- Enter into funding agreements within the limits of appropriated funds to carry out programs and services for older Idahoans.
- Administer and perform any other related functions or activities assigned by the Governor.

ICOA's Mission is to provide the services and supports that improve the quality of life for seniors, vulnerable adults, and persons with disabilities, so they can live independent, meaningful, and dignified lives within the community of their choice.

ICOA's Vision is to serve a growing senior population; the Idaho Commission on Aging envisions the continuation and strengthening of the aging services network throughout the State of Idaho.

As approved by the Idaho State Legislature, ICOA has spending authority for $12,570,000 of federal and state funds for State Fiscal Year 2017. The six Area Agencies on Aging (AAAs) are allocated 75% or $9,439,850 of these funds to provide long-term care services and supports in their respective PSA. The remaining funds support discretionary grant programs such as Senior Community Services Employment Program (SCSEP) and the Senior Medicare Patrol (SMP) to name a few and the newly administered Commodity Supplement Food Program (CSFP) that is implemented by the Idaho Foodbank as well as the operations of the State Unit on Aging/ICOA. The federal and state funds are allocated to the AAAs based on a federally approved Intrastate Funding Formula (IFF). To meet the OAA program requirements, 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 the greatest social or economic need.

The formula is based on "At Risk Factors" that identify the vulnerable population within a PSA. These At-Risk Factors are frail (those who are over 75 or over 85), those living in rural communities and/or in poverty, those of a racial or ethnic minority and those living alone. Under the formula, the PSAs having a higher percentage of At-Risk residents receive a larger proportion of funding.

At the February 4, 2016 ICOA Board of Commissioners' meeting, Commissioners and the AAAs agreed to form a subcommittee to analyze the IFF methodology. Multiple scenarios were developed by the subcommittee and presented to the AAAs. All AAA Directors agreed to keep the existing IFF. A copy of the funding formula is attached: Attachment C.

Included in the Plan are budget parameters put in place to ensure OAA and SSA services reach the target population and maintain or increase services. These funds promote socialization, reduce institutionalization and allow seniors and people with disabilities to stay in their homes for as long as possible: Attachment D.

The AAAs use the OAA and SSA funds to implement the following services in their multi-county PSA:

Information and Assistance	Case Management
Home Delivered Meals	Adult Protection
Congregate Meals	Ombudsman Assistance
Transportation	Disease Prevention and Health Promotion
Homemaker	Caregiver Support and Respite
Chore	Legal Assistance
Minor Home Modification	Outreach

As part of a larger network of social services, ICOA, Idaho Medicaid, Health and Welfare, Idaho State Independent Living Council (SILC) and Idaho Council on Developmental Disabilities (ICDD) are developing a three year strategic plan to implement a No Wrong Door (NWD) system in Idaho. The NWD system will streamline access to Long-Term-Care services through the Aging and Disability Resources Center (ADRC) partnerships with 211 CareLine, State Health Insurance Benefits Advisors (SHIBA) disability agencies and the AAAs. The NWD provides information regardless of payer source and connects consumers to organizations that provide Person Centered Counseling (PCC). This service assists consumers in making informed choices regarding their long-term services and support (LTSS) needs.

As part of the ADRC, the AAAs provide Information and Assistance (I&A) through OAA's Title III funding. Through working with entities around the state, who support I&A through their own funding sources, such as, SHIBA, Health & Welfare, Disability groups, and 211 Careline, a No-Wrong-Door approach delivering long-term-care information can be achieved. The state is pursuing additional ADRC funding to implement the three-year ADRC strategic plan, which includes Governance, Coordination, Marketing, Implementation and Performance Evaluation.

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

Summary of Planning Process:

The Idaho Commission on Aging coordinated and collaborated with stakeholders to develop assessments, reports and statewide plans. Each of these planning activities involved stakeholder, consumer and public input. Additional involvement included the development of a State Plan Steering Committee (Attachment H) public meetings held around the state and a statewide public comment period (Attachment I). The comments received are provided in Attachment J.

This section summarizes issues identified and provides a reference to the four areas where they can be found in the State Plan along with the corresponding Objective/s.

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

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

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

the regional and local level among public health districts, behavioral health boards, long-term service providers, AAAs, CILs, and others. **Focus Areas: B.** Objective 2. ADRC, **Area C.** Objective 1. Participating-Directed/Person-Centered Planning.
  - Streamlining access to care requires collaboration and innovation. **Focus Areas: A.** Objective 3. I&A, and **Area B**. Objective 2. ADRC.
  - Need for public outreach, coordinated applications for service, staff training, and service plan management (including quality assurance) **Focus Areas: A.** Objectives 2. Outreach, **Area B.** Objective 2. ADRC.
  - People are open and interested in the ADRC, but know there are costs, benefits and challenges to change the existing system, so there needs to be a clear direction. **Focus Area: B.** Objective 2. ADRC.

3. **<u>Senior Capacity (Legal) Assessment (Final Report, April 2015):</u>** Data and information was collected on existing legal delivery system for low-income older adults. A focus group was created, which consisted of elder law attorneys, legal aid attorneys, administrators of aging services programs, and representatives from community organizations. A research team also conducted interviews including AAA directors, AAA information and referral specialists, AP supervisors, county government and Idaho Legal Aid staff, and individuals involved with local boards of the community guardian (BOCG).
   - **Identified Issues:**
     - Need to further coordinate existing informational legal resources. **Focus Areas: A.** Objectives 3. I&A, and 8. Legal Assistance, **Area B**. Objective 2. ADRC.
     - Need to develop additional educational materials related to planning for less-restrictive guardianship alternatives and Medicaid/government benefits. **Focus Area: D.** Objectives 1. Legal Service Developer and 3. Elder Rights.
     - Work with health care providers to facilitate an additional point of contact through which to promote and distribute aging and Medicaid/government benefits planning educational materials. **Focus Areas: A.** Objectives 2. Outreach, **Area B.** Objective 2. ADRC **Area D.** Objectives 1. Legal Service Developer and 3. Elder Rights.
     - Make the sustainability of the Senior Legal Hotline a priority. **Focus Areas: A.** Objective 8. Legal Assistance, **Area B**. Objective 2. ADRC.
     - Capitalize on national efforts to implement person-centered and family-centered strategies in promoting less restrictive alternatives to full guardianship, including durable powers of attorney, care coordination, and limited guardianship. **Focus Area: D.** Objectives 1. Legal Service Developer and 3. Elder Rights.
     - Proactively pursue partnerships with hospitals, health care delivery systems, and other health care providers to address legal issues seniors face. **Focus Area: D.** Objectives 1. Legal Service Developer and 3. Elder Rights.
     - Resources are not available to fully implement Idaho's protections for vulnerable adults, including the use of limited guardianships whereby the protected individual continues to retain some rights. **Focus Area: D.** Objectives 1. Legal Service Developer and 3. Elder Rights.

- Increase coordination between services for older adults and younger vulnerable adults at the state level to mirror such coordination at the federal level through the Administration for Community Living. **Focus Area: D.** Objectives 1. Legal Service Developer and 3. Elder Rights.

4. **<u>Caregivers in Idaho (Final Report, December 2015):</u>** The Report examined policies, resources and programs available for caregivers in Idaho and other states. This project consisted of 50 plus partners ranging from Care Managers, to Disability entities, Insurance, Hospitals, Government Agencies, AARP, Association of Counties and Hospice providers to name a few.
   - **Identified Issues:**
     - Need to equip and expand a network of individuals who assist family caregivers to understand, access, and arrange complex services. **Focus Areas: A.** Objectives 2. Outreach, 12. NFCSP, **Area B.** Objective 2. ADRC and **Area C:** Objective 1. Person Centered Planning.
     - Provide access to training for caregivers on fundamental care responsibilities and self-care strategies. **Focus Areas: A.** Objective 12. NFCSP, and **Area C.** Objective 1. Person Centered Planning.
     - Increase public awareness about caregiving including helping people identify as caregivers. **Focus Area: A.** Objectives 2. Outreach and 12. NFCSP.
     - Influence health care providers to recognize family caregivers as integral members of the health care team. **Focus Areas: A.** Objective 12. NFCSP, **Area B.** Objective 2. ADRC.
     - Build community resources within the medical-health neighborhood to support those in a family caregiver role, through the State Health Innovation Plan (SHIP). **Focus Areas: A.** Objective 12. NFCSP, **Area B.** Objective 2. ADRC.
     - Integrate the needs and contributions of unpaid family caregivers in other system transformation efforts. **Focus Areas: A.** Objective 12. NFCSP, **Area B.** Objective 2. ADRC.

5. **<u>Idaho State University Needs Assessment (Final Report, April 2016):</u>** The overall goal was to gain information on the current and future long-term care needs of Idahoans. There were 1,800 surveys mailed to Idaho residents age 50 and older based on target population demographics (greatest economic and social needs). Additional surveys were made available online as well as hardcopies provided to Senior Centers. There were 626 respondents across Idaho.
   - **Identified Issues:**
     - The top three current needs most often identified were Information and Assistance (61%), Disease Prevention & Health Promotion Programs (37%), and Transportation (34%). **Focus Areas: A.** Objectives 1. Transportation, 3. I&A, and 11. Disease Prevention & Health Promotions, **Area B.** Objective 2. ADRC.

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

6. **Combined Workforce Investment Opportunity Act (WIOA) State Plan incorporated ICOA's Senior Community Services Employment Program (SCSEP) (Submitted to Employment and Training Administration (ETA) March 2016):** The Senior Community Service Employment Program (SCSEP) provides unemployed, low income, individuals 55 and older with part-time, work-based training opportunities. The SCSEP State Plan was submitted as part of the Idaho Department of Labor's Workforce Innovation and Opportunity Act Combined State Plan. Public Comment period closed on February 19, 2016.
   - **Identified Issues:**
     - Need MOU with one-stop partners outlining roles and responsibilities. **Focus Areas: A.** Objectives 2. Outreach and 3. I&A, **Area B.** Objective 2. ADRC, and 4. SCSEP.
     - Coordinate employment resource sharing between SCSEP contractor, and the Centers for Independent Living with the Area Agencies on Aging's Information and Assistance service. **Focus Areas: A.** Objectives 2. Outreach and 3. I&A, **Area B.** Objective 2. ADRC. 4. SCSEP.
     - Need for "On the Job Experience" policy to provide private entities an opportunity to participate in the program. **Focus Area: B.** Objective 4. SCSEP.
     - Ensure rural and urban counties are served equitably. **Focus Area: B.** Objective 4. SCSEP.

Focus Area A:
Older Americans Act (OAA) Core Programs

ICOA Goal: Increase OAA core services by:

- Utilizing financial and operational data to increase services to older individuals and standardizing proven best practices for service delivery throughout the state.
- Coordinating with health and social service partners to broaden access for long-term care services.
- Establishing policies that support greater efficiency in the delivery of OAA services.

1: Transportation Objective: To utilize best available data and resources from current transportation systems to maximize available services to older individuals.

Service Description: Transportation funds are used for operating expenses only and are designed to transport older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or otherwise promoting independent living. The funds need to be used in conjunction with local transportation service providers, public transportation agencies, and other local government agencies, that result in increased provision. Service is provided to: congregate meal sites, supportive services (health services, programs that promote physical and mental well-being and shopping) community facilities and resources for the purpose of applying for and receiving services, which include comprehensive counseling and legal assistance. *ICOA is a member of the Interagency Working Group (IWG) that focuses on transportation issues with other State Agencies: (a) Idaho Commission on Aging; (b) Idaho Head Start Association; (c) Two (2) representatives from the Idaho Department of Health and Welfare, one (1) of whom shall represent the Division of Medicaid; (d) Idaho Department of Education; (e) Idaho Transportation Department; (f) Community Transportation Association; (g) Idaho Council on Developmental Disabilities; (h) Division of Vocational Rehabilitation; and (i) Idaho Department of Labor, Workforce Development Council. The IWG is responsible to advise and assist the Idaho Transportation Department in analyzing public transportation needs, identifying areas for coordination, and developing strategies for eliminating procedural and regulatory barriers to coordination at the state level.*

Service Eligibility: Individual 60 years of age or older.

Service Implemented by: Area Agency on Aging (AAA) Sub-Contractors.

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

A. Service Delivery: Identify best practices in conjunction with local transportation service providers, public transportation agencies, and other local government agencies that result in increased service provision.

Performance Measure:

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

Baseline:

Service Area	Boardings	Total Cost	Cost Per Boarding	Consumer Satisfaction
PSA I	14,290	N/A	N/A	N/A
PSA II	1,670	N/A	N/A	N/A
PSA III	48,345	N/A	N/A	N/A
PSA IV	19,910	N/A	N/A	N/A
PSA V	13,362	N/A	N/A	N/A
PSA VI	25,003	N/A	N/A	N/A

Benchmark: First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and

	fourth year monitor performance and develop corrective actions as needed.
B. **Coordination:** Work with the Interagency Working Group (IWG) to identify ways to improve access to senior transportation information and resources through the ADRC/No Wrong Door.	**Performance Measure:** Transportation information access points for seniors throughout the state.
	Baseline: No baseline.
	Benchmark: Access to transportation information through ADRC/No Wrong Door.
C. **Changes**: Establish transportation policy to increase senior transport capacity and access by maximizing available funding.	**Performance Measure**: Establish Transportation Policy.
	Baseline: No current Transportation Policy.
	Benchmark: ICOA will establish policy to increase transportation capacity in all planning and service areas.

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

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

Service Eligibility: Individual 60 years of age or older.

Service Implemented by: Area Agencies on Aging (AAAs).

Funding Source: Federal: Administration for Community Living (ACL).

A. **Service Delivery:** Identify best practice through tracking core performance data for each OAA Core service prior to and for a period after outreach events to see if outreach was successful. Each outreach activity should emphasis reaching the six target areas identified in the Service Description above.	**Performance Measure:** Outreach units for each OAA service.
	Baseline: Units are not tracked by specific OAA service.
	Benchmark: Target outreach to specific services based on performance data. Outreach efforts must show a direct impact to the targeted service.
B. **Coordination:** At the state level, coordinate efforts with state partners to increase "access to" and "participation in" OAA core services through the development of the ADRC/No Wrong Door.	**Performance Measure:** State level partner for each OAA core service.
	Baseline:

Service		Partner
Transportation		Interagency Working Group
Homemaker		Idaho Medicaid
National Family Caregiver Support Program		
	Respite	AAAs, Centers for Independent Living
	Caregiver Counseling	Idaho Dept. of Health and Welfare
	Caregiver Evidence Based Program	AAAs
Chore		Centers for Independent Living
Minor Home		Idaho Assistive Technology

Modification	
Legal Assistance	Idaho Legal Aid Services, Idaho Volunteer Lawyers Program
Evidence Based Programs	AAAs
Congregate Meals	Senior Centers/Meal Sites
Home Delivered Meals	Senior Centers/Meal Sites
Disease Prevention Health Promotions	Idaho Dept. of Health and Welfare-Public Health/AAAs

Benchmark: Increase in coordinated efforts.

C. Changes: Establish an outreach policy that focuses on increasing consumer awareness, access and utilization of OAA core services.

Performance Measure: Outreach Policy.

Baseline: No current Outreach Policy.

Benchmark: Target outreach to specific services based on performance data. Outreach efforts must show a direct impact to the targeted service.

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

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

Service Eligibility: General public needed long-term care resources and supports.

Service Implemented by: Area Agencies on Aging (AAAs).

Funding Source: Federal: Administration for Community Living (ACL).

A. Service Delivery: Utilize performance data from Idaho's aging network to evaluate service delivery of I&A.

Performance Measure:

- Efficiencies = Cost per contact, average units per employee.
- Effectiveness = Total contacts, total costs.
- Quality = Consumer satisfaction (standardized survey).

Baseline:

Service Area	Total Contacts	Total Cost	Cost Per Contact	Average Units per Employee	Conusmer Satisfaction
PSA I:	3,576	N/A	N/A	N/A	N/A
PSA II:	880	N/A	N/A	N/A	N/A
PSA III:	15,323	N/A	N/A	N/A	N/A
PSA IV:	6,267	N/A	N/A	N/A	N/A
PSA V:	2,902	N/A	N/A	N/A	N/A
PSA VI:	4,339	N/A	N/A	N/A	N/A

Benchmark: First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and

	fourth year monitor performance and develop corrective actions as needed.
B. **Coordination:** Coordinate roles and responsibilities with Statewide "No Wrong Door" partners to provide access to long-term care I&A resources and supports. Definition: The No Wrong Door Mission is to empower people to make long term care (LTC) decisions by providing reliable resource information and person centered counseling through a network of community organizations.	**Performance Measure:** No Wrong Door Partner Roles and Responsibilities. **Baseline**: Roles and Responsibility in Development. **Benchmark**: Establish roles and responsibility to access long-term care information through the aging and disability networks.
C. **Changes:** Identify State Code or Idaho Administrative Procedures Act (IDAPA) rule changes that would incorporate efficiencies, effectiveness and quality into I&A services across the state. Definition: A contact is a one-on-one contact between a service provider (i.e. AAA) and an older individual or caregiver.	**Performance Measure:** Information and Assistance State Code and IDAPA rule. **Baseline**: • **Information and Assistance:** (IDAPA 15.01.21.021). • **Definitions for Information and Assistance Services:** (OAA Section 102(a)(28)) (IC 67-5006(6)) and (IDAPA 15.01.21.010.02). **Benchmark**: Changes to Idaho Code or IDAPA rule.

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

Service Description: Case Management funds are used for eligible older individuals and disabled adults, at the direction of the older individual or a family member of the older individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs. Activities of case management include: comprehensive assessment of the older individual; development and implementation of a service plan with the individual to mobilize formal and informal resources and services; coordination and monitoring of formal and informal service delivery; and periodic reassessment.

Service Eligibility: Individuals 60 years of age or older who cannot manage services on their own.

Service Implemented by: Area Agencies on Aging (AAAs).

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

A. **Service Delivery:** Utilize performance data from Idaho's aging network to evaluate service delivery of Case Management.

Performance Measure:

- Efficiencies = Cost per consumer, employee per units of work.
- Effectiveness = Total consumers served, total cost, and total units.
- Quality = Consumer satisfaction (use ACL's POMP-Performance Outcome Management Project).

Baseline: Establish baselines for each performance measure.

Service Area	Total Consumers	Total Cost	Cost Per Consumer	Total Units	Average Units per Employee	Consumer Satisfaction
PSA I:	48	N/A	N/A	110	N/A	N/A
PSA II:	1	N/A	N/A	1	N/A	N/A
PSA III:	0	N/A	N/A	0	N/A	N/A
PSA IV:	11	N/A	N/A	55	N/A	N/A
PSA V:	6	N/A	N/A	24	N/A	N/A
PSA VI:	23	N/A	N/A	15	N/A	N/A

	Benchmark: First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.
B. **Coordination:** Coordinate a standardized referral protocol between case management providers who serve the following: dual eligible (care coordinators), veterans (care advisors), Health and Welfare families (navigators), facility residents (transition managers), and people with disabilities (independent living specialists) and seniors who are unable to manage multiple services (AAAs).	**Performance Measure:** Standardized MOU that includes case management protocols.
	Baseline: AAA MOUs with Centers for Independent Living.
	Benchmark: Referral protocol in place with each No Wrong Door partner.
C. **Change:** Idaho Administrative Procedures Act (IDAPA) rule changes that would incorporate efficiencies, effectiveness and quality into the Case Management service across the state.	**Performance Measure**: Case Management Idaho Code, IDAPA Rule.
	Baseline: • **Policy: (**IDAPA 15.01.01.056.01). • **Qualifications:** (IDAPA 15.01.01.056.02). • **Service Priority:** (IDAPA 15.01.01.056.03). • **Screening and Referral:** (IDAPA 15.01.01.056.04). • **Referral for Case Management:** (IDAPA 15.01.01.056.05). • **Working Agreements:** (IDAPA 15.01.01.056.06). • **Core Services:** (IDAPA 15.01.01.056.07). • **Program Intake:** (4-6-05) (IDAPA 15.01.01.056.08). • **Individual Supportive Service Plan (SSP):** (IDAPA 15.01.01.056.09). • **Other Supportive Services:** (IDAPA 15.01.01.056.10). • **Structure and Role:** (IDAPA 15.01.01.056.11). • **Area Plans:** (OAA, Section 306(a)(8)). • **Standards of Performance:** (IDAPA 15.01.01.056.12). • **Evaluation:** (IDAPA 15.01.01.056.13).
	Benchmark: Changes to IDAPA Rule.

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

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

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

a. They have been assessed to have Activities of Daily Living (ADL) deficits, and/or Instruments of Activities of Daily Living (IADL) deficits, which prevent them from maintaining a clean and safe home environment. b. Clients aged 60 years or older, who have been assessed to need homemaker service, may be living in the household of a family member (of any age) who is the primary caregiver.

c. They are Adult Protection referrals and homemaker service is being requested as a component of a Supportive Service Plan (SSP) to remediate or resolve an adult protection complaint. d. They are home health service or hospice clients who may be eligible for emergency homemaker service.

Service Implemented by: Area Agency on Aging (AAA) Contractor.

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

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

Performance Measure:

- Efficiencies = Total cost, total cost per unit, total units per consumer.
- Effectiveness = Total consumers served, total units.
- Quality = consumer satisfaction.

Baseline:

Service Area	Total Consumers	Total Units Hrs	Total Cost	Total Cost per Unit	Total Units per Consumer	Consumer Satisfaction
PSA I:	202	13,347	N/A	N/A	N/A	N/A
PSA II:	117	5,396	N/A	N/A	N/A	N/A
PSA III:	403	12,093	N/A	N/A	N/A	N/A
PSA IV:	229	8,254	N/A	N/A	N/A	N/A
PSA V:	129	7,915	N/A	N/A	N/A	N/A
PSA VI:	105	6,139	N/A	N/A	N/A	N/A

Benchmark: First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

B. Coordination: Establish standardized service units and cost-sharing parameters through coordination and collaboration with statewide partners.

Performance Measure: Establish service unit and cost-sharing standards.

Baseline:

- No standard service units.
- Current cost-share starts at 150% of poverty.

Benchmark: Implement service unit and cost-sharing standards statewide.

C. Change: Develop policy to standardize units served per consumer throughout the state and identify additional consumers that could cost-share to increase the Homemaker services.

Performance Measure: Homemaker Policy that standardizes units, and establish cost-sharing parameters.

Baseline: No current Homemaker policy.

Benchmark: Consumers are eligible for the same level of service units and cost-sharing requirements no matter where they live in the state. Cost-sharing supports expand consumer capacity of the program.

6: Chore Objective: To expand chore services statewide.

Service Description: Chore funds are used to improve the client's or older individual's safety at home or to enhance the client's use of existing facilities in the home. These objectives shall be accomplished through one-time or intermittent service to the client. Providing assistance with routine yard work, sidewalk maintenance, heavy cleaning, or minor household maintenance to persons who have functional limitations that prohibit them from performing these tasks.

Service Eligibility: Seniors 60 years of age or older.
Service Implemented by: Area Agency on Aging (AAA) contractor.
Funding Source: Both federal and state funds are eligible; however different requirements apply: If only federal funds are used, the AAA must use individual income when determining cost-share and participants cannot be terminated for refusal to pay. If only using state funds, the AAA must use household income when determining cost-share and person can be terminated for refusal to pay. If a combination of federal and state funds is used, the AAA must follow federal requirements.

A. Service Delivery: Expand Chore through contracts or community referrals.

Performance Measure: Total Consumers, total cost, total hours and total cost per hour.

Baseline:

Service Area	Contracted /Referral	Total Consumers	Total Cost	Total hours	Cost per hour
PSA I:	Contracted	5	N/A	25	N/A
PSA II:	No	N/A	N/A	N/A	N/A
PSA III:	Contracted	36	N/A	390	N/A
PSA IV:	No	N/A	N/A	N/A	N/A
PSA V:	No	N/A	N/A	N/A	N/A
PSA VI:	Contracted	2	N/A	15	N/A

Benchmark: First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

B. Coordination: Coordinate with AAAs to determine if they can implement Chore service or can meet the need through community referrals.

Performance Measure: Chore contracted provider or community referral.

Baseline:

Service Area	Contracted Service	Community Referrals
PSA I:	Yes	N/A
PSA II:	No	N/A
PSA III:	Yes	N/A
PSA IV:	No	N/A
PSA V:	No	N/A
PSA VI:	Yes	N/A

Benchmark: All AAAs have identified Chore providers or community referrals.

C. Change: Develop policy that includes service definition, and addresses contracted service or available community referrals. If the service is available in the community, the AAAs should identify their collaboration and coordination efforts to connect consumers to the existing service in their Area Plans.

Performance Measure: Approved Policy, Incorporated in Area Plan.

Baseline: No current statewide chore policy.

Benchmark: Increase chore through the AAAs or through referrals throughout state.

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

Service Description: Minor home modification funds are used to facilitate the ability of older individuals to remain at home where funding is not available under another program. Not more than $150 per client may be expended under this part for such modification. Types of modification: bathroom grab bars, handrails for outdoor steps, materials to help build wheelchair ramps, etc.
Service Eligibility: Seniors 60 years of age or older.

Service Implemented by: Area Agency on Aging (AAA) contractor.

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

A. Service Delivery: Expand Minor Home Modification through contracts or community referrals.

Performance Measure: Total Consumers, total cost, total hours and total cost per hour.

Baseline:

Service Area	Contracted /Referral	Total Consumers	Total Cost	Total hours	Cost per hour
PSA I:	N/A	N/A	N/A	N/A	N/A
PSA II:	N/A	N/A	N/A	N/A	N/A
PSA III:	N/A	N/A	N/A	N/A	N/A
PSA IV:	Contracted	24	N/A	220	N/A
PSA V:	N/A	N/A	N/A	N/A	N/A
PSA VI:	N/A	N/A	N/A	N/A	N/A

Benchmark: First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

B. Coordination: Coordinate with AAAs to determine if they can implement Minor Home Modification service or can meet the need through community referrals.

Performance Measure: Minor Home Modification contracted provider or community referral.

Baseline:

Service Area	Contracted Service	Community Referrals
PSA I:	No	N/A
PSA II:	No	N/A
PSA III:	No	N/A
PSA IV:	Yes	N/A
PSA V:	No	N/A
PSA VI:	No	N/A

Benchmark: Increase minor home modification throughout state.

C. Change: Develop policy that includes service definition, and addresses contracted service or available community referrals. If the service is available in the community, the AAAs should identify their collaboration and coordination efforts to connect consumers to the existing service in their Area Plans.

Performance Measure: Approved Policy, Incorporated in Area Plan.

Baseline: No current minor home modification policy.

Benchmark: Increase minor home modification through the AAAs or through referrals throughout state.

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

Service Description: Legal Assistance funds are used for the following priority of legal issues related to: income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse or neglect, and age discrimination. (OAA), Section 307(a)(11)(E) and the AAAs will follow legal assistance contracting requirements as described in (OAA, Section 307(a)11(A) and (B).

Service Eligibility: Seniors 60 years of age or older.
Service Implemented by: Area Agency on Aging (AAA) Contractor.
Funding Source: Federal: Administration for Community Living (ACL), and the State of Idaho.

A. Service Delivery: Establish best practices to report legal assistance data.

Performance Measure: Types/categories of service.

Baseline: Need to develop service type/category tracking.

Benchmark: Ability to track types and categories of legal assistance provided.

B. Coordination: Coordinate efforts with Idaho Legal Aid Services to maintain the Senior Legal Hotline through grant and other funding opportunities.

Performance Measure: Grant and funding opportunities.

Baseline: Senior Legal Hotline.

Benchmark: Increase support based on funding opportunities for Senior Legal Hotline.

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

Service Description: Congregate Meal program funds are used to prepare and serve meals in a congregate setting (mostly at Senior Centers), which provide older persons with assistance in maintaining a well-balanced diet, including diet counseling and nutrition education. The purpose of the program is to reduce hunger and food insecurity, promote socialization and the health and well-being of older individuals in Idaho. This service assists seniors to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.
Service Eligibility: Seniors 60 years of age or older. Additional eligibility: An adult under 60, whose spouse is 60 or older and receives a meal **(must attend together)**, Person with a disability under 60 living in the home with a person 60 or older **(must attend together)**, Person under 60 providing volunteer services during the meal hours.
Service Implemented by: Area Agency on Aging (AAA) contractor.
Funding Source: Federal: Administration for Community Living (ACL), and the State of Idaho.

A. Service Delivery: Implementing best practices to increase participation at meal sites.

Performance Measure: Consumers served, visitor meals, total meals served and reimbursement rate.

Baseline: Six Planning and Service Areas (PSAs)

Service Area	2015 Registered Consumers	2015 Visitor Meals	2015 Total Meals	Current Reimbursement Rate
PSA I:	1,869	2,550	60,892	$3.95
PSA II:	1,698	2,448	53,737	$3.07
PSA III:	3,565	17,835	165,967	$3.50
PSA IV:	3,626	0	93,311	$3.21
PSA V:	1,936	7,820	64,222	$3.00
PSA VI:	1,083	10,837	52,867	$2.30

Benchmark: Increase participation at meal sites.

B. Coordination: Coordinate with AAAs and Meal sites to determine barriers to participation.

Performance Measure: Unduplicated consumer count, average meals per consumer.

Baseline:

Service Area	2015 Registered Consumers	Total Annual Meals per Registered Consumer	Average Annual Meals per Consumer
PSA I	1,869	58,342	31
PSA II	1,698	51,289	30
PSA III	3,565	148,132	42
PSA IV	3,626	93,311	26
PSA V	1,936	56,402	29
PSA VI	1,083	42,030	39

Benchmark: Increase consumers and meals served.

C. **Change**: Work with AAAs to develop a comprehensive area plan with clear baselines and benchmarks that show service efficiencies, effectiveness and quality in the delivery of each service. As performance is established and funding is being maximized for each service, ICOA will consult with the AAAs to establish statewide policy and support local efforts to manage program.

Performance Measure:

- Efficiencies = Total cost per meal, reimbursement cost, consumer contributions and donations, volunteer time.
- Effectiveness = Number of consumers served.
- Quality = Consumer satisfaction (use ACL's POMP-Performance Outcome Management Project).

Baseline: Establish data collection for each performance measure:

Service Area	2015 Registered Consumers	2015 Total Cost Per meal	Current Reimbursement Cost	2015 Consumer contributions/ donations	2015 Volunteer time	2015 Consumer Satisfaction
PSA I:	1,869	N/A	$3.95	N/A	N/A	N/A
PSA II:	1,698	N/A	$3.07	N/A	N/A	N/A
PSA III:	3,565	N/A	$3.50	N/A	N/A	N/A
PSA IV:	3,626	N/A	$3.21	N/A	N/A	N/A
PSA V:	1,936	N/A	$3.00	N/A	N/A	N/A
PSA VI:	1,083	N/A	$2.30	N/A	N/A	N/A

Benchmark: First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

10: Home Delivered Meals Objective: To utilize best available resources to identify potential consumers or older individuals who could benefit from the program.

Service Description: Home Delivered Meal funds are used to provide meals five or more days a week (except in a rural area where such frequency is not feasible) and at least one meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart elects to provide.

Service Eligibility: Seniors 60 years of age or older. Additional Requirements: (a) Persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part. (b) The spouse of the older person, regardless of age or condition, may receive a home delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older person. Also, a client's eligibility to receive home delivered meals shall be based upon the degree to which Activities of Daily Living (ADLs)/Instrumental Activities of Daily Living (IADLs) limit ability to independently prepare meals.

Service Implemented by: Area Agency on Aging (AAA) contractor.

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

A. **Service Delivery:** Identify best practice for managing contractors to ensure all eligible consumers are served and there are no waiting lists.

Performance Measure: Consumers, meals served, yearly meal per consumer and reimbursement rate.

Baseline:

Service Area	2015 Registered Consumers	2015 Meals Served	2015 Yearly Meals per Consumer	Current Reimbursement Rate
PSA I:	556	62,647	113	$4.40
PSA II:	296	47,656	161	$3.32
PSA III:	1,432	193,199	135	$4.25
PSA IV:	569	74,865	132	$3.35
PSA V:	503	68,947	137	$3.25
PSA VI:	676	85,152	126	$3.10

Benchmark: Ensure that there are no waiting lists and all

eligible consumers are served.

B. Coordination: Coordinate with AAAs and statewide partners to identify consumers who could most benefit from the Home Delivered Meal program.

Performance Measure: Number of Consumers, eligibility criteria.

Baseline:

Service Area	Consumers
PSA I:	556
PSA II:	296
PSA III:	1,432
PSA IV:	569
PSA V:	503
PSA VI:	676

Benchmark: Increase eligible consumers.

C. Change: Work with AAAs to develop a comprehensive area plan with clear baselines and benchmarks that show service efficiencies, effectiveness and quality in the delivery of each service. As performance is established and funding is being maximized for each service, ICOA will look for ways to bring additional funding to the nutrition program as the AAA do at local level.

Performance Measure:

- Efficiencies = Total cost per meal, reimbursement cost, consumer contributions and donations, volunteer time.
- Effectiveness = Number of consumers served.
- Quality = Consumer satisfaction (use ACL's POMP-Performance Outcome Management Project).

Baseline: Establish data collection for each performance measure:

Service Area	2015 Registered Consumers	2015 Meals Served	Total Cost Per Meal	Reimbursement Cost	Consumer contribution/ donation	Volunteer Time	Volunteer Miles	Participant time in Program
PSA I:	556	62,647	N/A	$4.40	N/A	N/A	N/A	N/A
PSA II:	296	47,656	N/A	$3.32	N/A	N/A	N/A	N/A
PSA III:	1,432	193,199	N/A	$4.25	N/A	N/A	N/A	N/A
PSA IV:	569	74,865	N/A	$3.35	N/A	N/A	N/A	N/A
PSA V:	503	68,947	N/A	$3.25	N/A	N/A	N/A	N/A
PSA VI:	676	85,152	N/A	$3.10	N/A	N/A	N/A	N/A

Benchmark: First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

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

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

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by: Area Agency on Aging (AAA) contractor.

Funding Source: Federal: Administration for Community Living (ACL).

A. Service Delivery: Evaluate AAA program(s) to determine if implementation meets federal guidelines.

Performance Measure: Federal Program Guidelines per AAA selected program.

Baseline: The review requirements have not been identified.

	Benchmark: Review each program for compliance with federal requirements.
B. **Coordination**: Coordinate with AAAs to identify evidence-based programs that meet the needs of the older individuals in the Planning and Service Area and implement performance measures to track program effectiveness.	**Performance Measure**: Evidence-Based Program per AAA, cost per program, consumer participation and cost per consumer.

Baseline:

Service Area	Program	Total Program Cost	Number of Consumers	Cost per Consumer
PSA I:	N/A	N/A	N/A	N/A
PSA II:	N/A	N/A	N/A	N/A
PSA III:	N/A	N/A	N/A	N/A
PSA IV:	N/A	N/A	N/A	N/A
PSA V:	N/A	N/A	N/A	N/A
PSA VI:	N/A	N/A	N/A	N/A

Benchmark: First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

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

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

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

Service Eligibility: Seniors 60 years of age or older: (1) family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder, (2) grandparents or older individuals who are relative caregivers, the State involved shall give priority to caregivers who provide care for children with severe disabilities, (3) caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals), and (4) older individuals providing care to individuals with severe disabilities, including children with severe disabilities.

Service Implemented by: Area Agency on Aging (AAA) contractor.

Funding Source: Federal: Administration for Community Living (ACL), State of Idaho, and cost-share.

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

A. **Service Delivery:** Identify best practices to increase cost efficiencies, effectiveness and quality of the Title IIIE Caregiver program.

Performance Measure:

- Efficiencies = Total program cost, cost per contact, average units per employee, average units per consumer.
- Effectiveness = Number of consumers served, number of presentations, number of counseling/group sessions.
- Quality = Consumer satisfaction.

Determine performance measures for each Activity Unit: 1. Information Services, 2. Access Assistance, 3. Counseling, 4. Respite, 5. Supplemental Services.

Baseline: Below, "Yes" indicates the activity that will be tracked.

Measures	Activity 1	Activity 2	Activity 3	Activity 4	Activity 5
Total Program Cost	Yes				
Cost Per Contact	-	Yes	Yes	-	-
Average units per employee	Yes	Yes	Yes	-	-
Average units per consumer	-	-	Yes	Yes	Yes
Number of consumers served	-	Yes	Yes	Yes	Yes
Number of presentations	Yes	-	-	-	-
Number of counseling/group sessions	-	-	Yes	-	-
Consumer Satisfaction	Yes	Yes	Yes	Yes	Yes

Benchmark: Increase efficiency in service delivery.

B. **Coordination**: Utilize the initiatives of the Idaho Caregiver Alliance and the Alzheimer's grant to strengthen the activities.

Performance Measure: Activity Units: 1. Information Services, 2. Access Assistance, 3. Counseling, 4. Respite, 5. Supplemental Services.

Baseline:

Number of Hours per Activity:					
Service Area	Activity 1	Activity 2	Activity 3	Activity 4	Activity 5
PSA I:	0	367	0	5,278	0
PSA II:	435	35	0	6,121	0
PSA III:	0	1,239	0	6,297	17,305
PSA IV:	71	1,147	1	3,430	220
PSA V:	0	445	0	2,691	8,991
PSA VI:	0	285	0	1,772	7,267

Benchmark: AAAs utilize current NFCSP funding based on activities.

C. **Change:** Develop policy to standardize and define the following caregiver activities related to Title IIIE National Family Caregiver Support Program: 1. Information Services, 2. Access Assistance, 3. Counseling, 4. Respite, 5. Supplemental Services (Legal Assistance, Chore, Other Emergency Response).

Performance Measure: National Family Caregiver Support Program Policy.

Baseline: No current Title IIIE NFCSP Policy.

Benchmark: Establish policy that defines caregiver activities in Title IIIE NFCSP to fully implement the National Family Caregiver Support Program in Idaho.

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

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

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

Grant Description: SMP funds are used to educate Medicare and Medicaid beneficiaries to detect, report, and prevent health care fraud. Trained SMP staff and volunteers conduct group education sessions, provide one-to-one counseling with Medicare beneficiaries, and hold regional Scam Jams co-sponsored by the Idaho Scam Jam Alliance which includes the SMP, Idaho Attorney General's Office, Idaho Department of Insurance, Idaho Department of Finance, Idaho Legal Aid Services, AARP, Better Business Bureau and other valued partners to help consumers learn to protect against fraud.
Service Eligibility: Medicare beneficiaries and their Caregivers.
Implemented by: Area Agencies on Aging (AAAs) and CCOA for PSA III.
Funding Source: Federal: Health Care Fraud and Abuse Control Act (HCFAC).

A. Service Delivery: Identify best practices from in-state SMP contractors and other state SMP programs. Utilize best practices to strengthen regional SMP programs in the areas of volunteer recruitment and retention, delivery of group presentations, and helping beneficiaries with complex Medicare billing issues and fraud.

Performance Measure:

- Number of volunteers recruited, trained and sustained.
- Number of group presentations including community events.
- Number of one-on-one counseling sessions.
- Compliance with Volunteer Risk and Program Management (VRPM) policies.

Baseline:

Service Area	Volunteers (12/31/15)	Group Presentations	Community Events	One-to-one Counseling Sessions	Fully Implemented Risk Management Program
PSA I	7	23	14	107	no
PSA II	1	69	12	116	no
PSA III	3	29	49	340	no
PSA IV	1	47	41	30	no
PSA V	3	8	28	410	no
PSA VI	3	10	68	3	no

Benchmarks: Meet or exceed the following:

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

B. Coordination: Coordinate with the Senior Health Insurance Benefits Advisors (SHIBA) to train volunteers and staff to achieve efficient SMP program education about Medicare fraud prevention. Additionally, coordinate with the Idaho Scam Jam Alliance to conduct day-long community events two to four times a year, which include education about Medicare fraud prevention, identity theft, and exploitation.

Performance Measure: SHIBA staff and volunteers who provide Medicare Fraud counseling and Consumer Survey results from Scam Jams.

Baseline: Current MOU and Scam Jam survey results.

Benchmarks:

1. Increase the number of SMP one-on-one counseling sessions.
2. Increase satisfaction of consumers who attend Scam Jams.

2: Aging and Disability Resource Center (ADRC) Objective: To provide older individuals and people with disabilities access to long term care services and supports (LTCSS).	
Grant Description: ADRC funds would be used to implement the Idaho three-year No Wrong Door strategic plan to streamline access by older individuals and persons with disabilities to long-term care services and supports through partnerships with 211 CareLine, disability agencies and the Area Agencies on Aging. **Service Eligibility:** General Public. **Implemented by:** Idaho Commission on Aging (ICOA) and Aging and Disability Resource Center (ADRC) Stakeholders. **Funding Source:** Multiple Federal and State sources.	
A. **Service Delivery:** Collaborate/Partner with aging, disability, and human services agencies to identify and implement best practices for accessing long-term care services and supports, which include performance evaluation.	**Performance Measure:** Coordinated system for consumers to access long-term care services and supports including the following measures: • Efficiencies = Total cost for service, equivalent cost per consumer served. • Effectiveness = Number of consumers served. • Quality = Consumer satisfaction.
	Baseline: • Area Agencies on Aging (AAAs). • 211 Careline. • State Health Insurance Benefits Advisors (SHIBA). • Health & Welfare. • Disability.
	Benchmark: Implement coordinated system to access long-term care services and supports.
B. **Coordination:** Formalize No Wrong Door governance with stakeholders and identify roles and responsibilities of state agencies to implement the three-year strategic plan.	**Performance Measure:** Governance body.
	Baseline: Governance body includes the following agencies: • Medicaid. • Idaho Commission on Aging. • Idaho State Independent Living Council. • Idaho Council on Developmental Disabilities. • Idaho Department of Health and Welfare Mental Health.
	Benchmark: Governance body that oversees the implementation of the three-year No Wrong Door strategic plan.
C. **Change**: Identify any Idaho Code, Rule or ICOA Policy changes based on federal program requirements.	**Performance Measure**: Pending requirement of new grant.
	Baseline: • All six AAA are designated ADRCs. • ADRC five-year State Plan. • Three-year No Wrong Door Strategic Plan. • ADRC definition identified in Idaho Code.
	Benchmark: Code and Rule changes needed to implement statewide governance and the three-year strategic plan.
3: Commodity Supplement Food Program (CSFP) Objective: To provide low-income elderly persons at least 60 years old with nutritious food boxes to supplement their diets and improve their health.	

Grant Description: CSFP funds are used in partnership with The Idaho Foodbank who implements the CSFP to improve the health of low-income elderly persons at least 60 years of age, by supplementing their diets with a monthly nutritious food box from the USDA (United States Department of Agriculture) that also includes nutrition information and helpful recipes.
Service Eligibility: Low-income seniors 60 years old or older.
Implemented by: Idaho Commission on Aging (ICOA) and the Idaho Foodbank.
Funding Source: Federal: United States Department of Agriculture (USDA).

A. Service Delivery: Continue to work with USDA and the Idaho Foodbank to identify best practices to improve the distribution of food boxes to eligible seniors.

Performance Measure: Food boxes and waiting lists.

Baseline:

Distribution Locations	Number of Seniors/Food Boxes	People on Waiting List
Lewiston, ID: 3600 East Main St., 208-746-2288	432	139
Boise, ID: 3562 S. TK Ave., 208-336-9643	1,082	322
Pocatello, ID: 555 S. 1st Ave., 208-233-8811	486	96

Benchmark: Reduce waiting list

B. Coordination: Coordination with the Idaho Foodbank to meet USDA's distribution quota and qualify for additional food boxes.

Performance Measure:

Baseline:

	FY2015
USDA Annual Food box quota	2,000

Benchmark: Increase number of food boxes distributed to low income older individuals.

4: Senior Community Service Employment Program (SCSEP) Objective: To provide training to seniors that allows them to be gainfully employed.

Grant Description: The SCSEP funds are used to provide employment training to low income older individuals who need to enhance their skills to compete in the job market. Older individuals are placed at 501(c)3 nonprofit agencies and are provided with part-time, work-based training opportunities.
Service Eligibility: Unemployed adults 55 years old and older who are 125% of Federal Poverty Guidelines.
Service Implemented by: Idaho Commission on Aging's contractor Experience Works.
Funding Source: Federal: Administration for Community Living (ACL).

A. Service Delivery: Meet or exceed the US-Department of Labor's performance measures.

Performance Measure:

- Employment.
- Employment retention.
- Service level (number of participants who are enrolled in the program).
- Wages.
- Most in need factor (barriers to employment).
- Community Service.

Baseline:

Measure	Goal	Outcome
Employment	45%	53%
Employment retention	73%	76%
Service level	160	170
Wages	$7,000	$6,700
Most in need	2.67	2.68
Community Service	89%	85%

Benchmark: Meet or exceed USDOL's performance measures.

B. Coordination: Collaborate with the Workforce Innovation and Opportunities Act (WIOA) state plan partners to promote job training initiatives and referrals to One-Stop training locations.

Performance Measure: MOU with One-Stop training locations.

Baseline: "One-Stop" MOU between ICOA and the Idaho Department of Labor (IDOL).

Benchmark: MOU with IDOL's regional offices.

C. Change: Develop required policies to meet federal program requirements.

Performance Measure: SCSEP Policy Requirements.

Baseline: Currently all required policies are in place.

Benchmark: Incorporate changes as required by the Federal Department of Labor.

5: Idaho Lifespan Respite Program Objective: To apply for available and feasible grant opportunities.

Grant Description: Idaho Lifespan Respite funds would be used to establish the Idaho Caregiver Alliance to expand and enhance respite services, and improve access to respite services for family caregivers of all ages.
Service Eligibility: Caregivers.
Service Implemented by: Idaho Commission on Aging (ICOA).
Funding Source: Federal: Administration for Community Living (ACL).

A. Service Delivery: Continue the development of the Lifespan Respite plan to identify sustainability and supporting legislation.

Performance Measure: Sustainability Plan, State Legislation.

Baseline: Draft legislation.

Benchmark: State Legislation.

B. Coordination: Develop a State Lifespan Respite plan with the Idaho Caregiver Alliance.

Performance Measure: State Lifespan Respite Plan.

Baseline:

- Partnership (ICOA, Caregiver Alliance, Foundation of Family Caregivers).
- Reports: Caregivers in Idaho Report and Caregivers and Provider Capacity Assessment.

Benchmark: Approved Plan.

C. Change: Develop a State Lifespan Respite plan that identifies governance, partnership, services and sustainability and make appropriate changes in Idaho Code, IDAPA Rule and where appropriate ICOA policies.

Performance Measure: Legislation.

Baseline: Draft legislation.

Benchmark: Lifespan Respite Legislation.

6: Medicare Improvements for Patients and Providers Act (MIPPA) Objective: To provide statewide outreach and referral to eligible Medicare Savings Program and Low Income Subsidy beneficiaries throughout the State.

Grant Description: MIPPA funds are used to provide education and outreach for Medicare Savings Programs (MSP), Low Income Subsidy (LIS), Medicare Part D and Prevention and Wellness benefits. The MIPPA project develops Medicare Improvement outreach partners statewide including, pharmacies, churches and not-for-profit organizations.
Service Eligibility: Low income Medicare beneficiaries.

Implemented by: Area Agencies on Aging (AAAs) and State Health Insurance Benefits Advisors (SHIBA).
Funding Source: Federal: Administration for Community Living (ACL).

A. Service Delivery: Identify best practices from in-state MIPPA outreach contractors and other state MIPPA programs for outreach to pharmacies, churches, and non-profit organizations. Utilize best practices to strengthen regional MIPPA outreach programs.

Performance Measure: Number of pharmacies, churches, and non-profits that become host agencies and Medicare Saving Program (MSP) participants.

Baseline:

Host Agencies as of December 31, 2015			
	Pharmacies	**Churches**	**Non-profits**
PSA I	9 hosts, 19 location display materials	N/A	4 hosts
PSA II	13 hosts, 5 location display materials	2 hosts, 1 location displays materials	N/A
PSA III	4 hosts, 58 location display materials	6 hosts	7 hosts
PSA IV	33 hosts	N/A	N/A
PSA V	22 hosts	N/A	N/A
PSA VI	9 hosts, 1 location displays materials	5 contacted	N/A

MSP Participants as of April 1, 2015	MSP Particpants as of December 31, 2015	Change
37,377	38,652	Increase 1,275

Benchmark: Identify if best practices increase number of MIPPA participants.

B. Coordination: Coordinate with SHIBA to develop public awareness materials and conduct a media campaign to increase the MIPPA participation.

Performance Measure: Public awareness materials and statewide media campaigns.

Baseline: Three-year MIPPA Media Campaign.

Benchmark: Identify if campaigns and MIPPA materials increase the number of applications.

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

ICOA Goal: Integrate person-centered planning into existing service delivery system.	
1: Participant-Directed/Person-Centered Planning Objective: To define and implement person centered processes with aging and disability network partners.	
Service Description: Funds would be used to direct eligible consumers to organizations that provide long-term care service coordination. Person-Centered Planning is a process that ensures an individual has a choice in determining the long-term care services that are best for them. **Service Eligibility:** Seniors 60 years or older. **Service Implemented by:** Aging and Disability Network Partners. **Funding Source:** Multiple Federal and State sources.	
A. **Service Delivery**: Identify best practices from organization/s that provide Person-Centered Planning for statewide implementation.	**Performance Measure**: Best Practices.
	Baseline: 1. Home and Community Base Services Person Centered Planning Rules, 2. Person Centered Planning programs implemented in other states, 3. Center on Disabilities and Human Development-Person Centered Planning Project.
	Benchmark: Implement Person-Centered Planning standard practices statewide.
B. **Coordination**: Through the No Wrong Door grant and partner collaboration, establish Person-Centered Planning resources to train aging and disability network partners to work with individuals who have various types of disabilities.	**Performance Measure**: Resources.
	Baseline: Idaho Aging and Disability Resource Center (ADRC) Options Counseling Standards.
	Benchmark: Complete Person-Centered Planning training with aging and disability network partners.
C. **Change:** Identify Idaho Code changes that would support Person-Centered Planning implementation.	**Performance Measure**: Idaho Code changes.
	Baseline: 1. No Wrong Door Strategic Plan, 2. VD-HCBS (Veterans Directed Home and Community Based Services), 3. Federal HCBS (Home and Community Base Service) rule: 42 CFR 441.301.
	Benchmark: Implement Person-Centered Planning.

Focus Area D: Elder Justice

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

1: Legal Service Developer Objective: To develop mechanism that ensures the appropriate OAA legal services are provided statewide.

Service Description: The Legal Assistance Developer, as stated in OAA Chapter 4 Section 732, must use funds to ensure:

(1) State leadership in securing and maintaining the legal rights of older individuals.

(2) State capacity for coordinating the provision of legal assistance.

(3) State capacity to provide technical assistance, training, and other supportive functions to area agencies on aging, legal assistance providers, ombudsmen, and other persons, as appropriate.

(4) State capacity to promote financial management services to older individuals at risk of conservatorship.

(5) State capacity to assist older individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining the rights of older individuals at risk of guardianship.

(6) State capacity to improve the quality and quantity of legal services provided to older individuals.

(42 U.S.C. 3058j).

Service Eligibility: Seniors 60 years of age or older.

Service Implemented by: Idaho Commission on Aging (ICOA).

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

A. Service Delivery: Develop statewide Older Americans Act legal guidelines using best practices from other states to standardize legal services statewide.	**Performance Measure:** Legal guidelines.
	Baseline: No current standard guidelines available.
	Benchmark: Create standard guidelines to legal services.
B. Coordination: To implement a quarterly report that ensures appropriate services are delivered and to provide direction for outreach.	**Performance Measure:** Quarterly reports.
	Baseline: No current quarterly report.
	Benchmark: Increase appropriate legal services to the targeted population.

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

Service Description: The Ombudsman funds are used to:

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

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

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

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

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

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

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

(G)(i) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State; (ii) recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and (iii) facilitate public comment on the laws, regulations, policies, and actions;
(H)(i) provide for training representatives of the Office; (ii) promote the development of citizen organizations, to participate in the program; and (iii) provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and
(I) carry out such other activities as the Assistant Secretary determines to be appropriate.
Service Eligibility: Seniors 60 years of age or older.
Service Implemented by: Idaho Commission on Aging (ICOA) and Area Agencies on Aging (AAAs).
Funding Source: Federal: Administration for Community Living (ACL), and the State of Idaho.

A. Service Delivery: Use data to identify complaint trends, develop quarterly reports to analyze service delivery, develop volunteer training to increase effectiveness, provide in-service presentations to educate people about resident's rights, and track staffing to monitor performance.

Performance Measure: Number of staff per bed count, Complaint data, Training materials, Education presentations, and Standardized quarterly reports.

Baseline:

Service Area	Current Bed Count	Budgeted AAA Staff	Volunteer Program
PSA I	2,590	2	Yes
PSA II	1,456	1	Yes
PSA III	6,239	3	
PSA IV	1,910	1.5	Yes
PSA V	1,578	1	
PSA VI	1,653	1.25	Yes

Top 5 Most Frequent Complaints	PSA I	PSA II	PSA III	PSA IV	PSA V	PSA VI	Total
Discharge, eviction-planning, notice, procedure.	19	8	43	16	17	10	113
Medications – administration, organization.	30	9	27	5	22	8	101
Dignity, respect – staff attitude.	15	10	42	0	12	12	91
Failure to respond to requests for assistance.	13	16	24	3	5	14	75
Food service-quality, quantity, variation, choice, condiments, utensils, menu.	8	3	37	4	5	14	71

Benchmark: Use trend data to determine areas that need focus, develop statewide training materials and presentation to ensure service delivery is consistent across the state, and use quarterly reports to ensure on-going improvement.

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

Performance Measure: Number of presentations.

Baseline: Establish baseline.

Benchmark: First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

C. Change: Utilize the new Federal OAA Ombudsman Rules and identify changes to ICOA policies, Idaho statute and develop an implementation timeline to put them into practice.

Performance Measure: Identified process (mechanism) that is in place to meet each Ombudsman requirement, ICOA policies, State statute changes, Timeline.

Baseline:

- Mechanism that is in place for each Ombudsman requirement (July 2016):
- Policies, Agreements and Materials includes, but is not limited to

	the following: (Implement by September 2017) o Grievance policy regarding State and Local Ombudsman determinations. o Develop formal MOU for cooperation between similar agencies listed in new Federal regulations. o Complete LTCO training manual. o Clarify advocacy on behalf of a resident who does not have the capacity to consent. • Statute: Must follow Executive Agency Legislation Process: o Following the end of each legislative session, identify legislative changes for next session. (March – May) o Conversation with Governor's Office. (April - May) o Submit ideas to Division of Financial Management (DFM). (May – August) o Submit proposed legislation. (August – September) o Last day for any changes to legislation proposal. (assigned each session, but is in December) o Legislation is delivered to House and Senate in January.
	Benchmark: ICOA's mechanisms that are in place to meet OAA Ombudsman requirements, Implement Ombudsman Policy, Agreements, Materials and Statute changes.

3: Elder Rights Objective: To collaborate with Adult Protection network partners to avoid duplication and strengthen resources to increase awareness of abuse, neglect, and exploitation.	
Service Description: Elder Rights funds are used to develop, strengthen, and carry out programs for the prevention, detection, assessment, treatment of, and response to elder abuse, neglect, and exploitation. **Service Eligibility:** Seniors 60 years of age or older. **Service Implemented by:** Idaho Commission on Aging (ICOA). **Funding Source:** Federal: Administration for Community Living (ACL), and the State of Idaho.	
A. Service Delivery: Identify best practices for early recognition and prevention of abuse, neglect, and exploitation.	**Performance Measure:** Education materials (presentations, videos, brochures, distribution of information, consistent messaging).
	Baseline: Limited materials available for early recognition of abuse, neglect and exploitation.
	Benchmark: Education tool kit that addresses early recognition and prevention of abuse, neglect and exploitation.
B. Coordination: Coordinate with Adult Protection network to identify standardized education and training materials to be shared with stakeholders.	**Performance Measure:** Standardized materials.
	Baseline: No current shared standardized material.
	Benchmark: Materials would be located on ICOA's website and accessible through a URL link from partnering agencies and contractor sites.
C. Change: Identify policies or statutory changes required to better define and report vulnerability.	**Performance Measure**: Changes to vulnerability definition in policy and statute.
	Baseline: Existing policies and statutes.
	Benchmark: Policy and/or statutory changes to address

	vulnerability definition and reporting.
4: State Adult Protection Objective: To ensure that adult protection services are consistently implemented statewide to prevent abuse, neglect and exploitation.	
Service Description: State Adult Protection Services (APS) funds must be used to provide safety and protection for vulnerable adults (age 18 and older). The APS program receives reports and investigates allegations of abuse, neglect, self-neglect, or exploitation and assists in reducing the risk of harm. • Abuse means the intentional or negligent infliction of physical pain, injury or mental injury. • Neglect means failure of a caretaker to provide food, clothing, shelter or medical care reasonably necessary to sustain the life and health of a vulnerable adult. Self-neglect is the choice of a vulnerable adult not to provide those services for themselves. • Exploitation means an action which may include, but is not limited to, the unjust or improper use of a vulnerable adult's financial power of attorney, funds, property, or resources by another person for profit or advantage. **Service Eligibility:** Vulnerable adults 18 years old and older. **Service Implemented by:** Area Agencies on Aging (AAA). **Funding Source:** State of Idaho.	
A. Service Delivery: Standardize Adult Protection resources to ensure consistent service delivery across the state:	**Performance Measure:** Standardized training materials, user guide, presentations and access to information.
	Baseline: • **Resource:** Idaho Senior Legal Guidebook**.** • **Access:** ICOA's website.
	Benchmark: Standardized Adult Protection user guide, education videos, brochures, presentations, and centralized placement and access on ICOA's website.
B. Coordination: Develop interagency Adult Protection Service protocols, training, and education materials through coordination with stakeholders.	**Performance Measure:** Identified group of stakeholders to develop: Working protocol between law enforcement and AAAs Adult Protection Services. Training materials identifying roles and responsibilities between agencies that deal with Adult Protection services.
	Baseline: There are limited training materials available.
	Benchmark: Defined protocols, training and education materials.
C. Change: Identify any statutory, rule or policy changes needed to implement, collect and report Adult Protection services through the new Adult Protection grant opportunity.	**Performance Measure**: Idaho Code, IDAPA Rule or ICOA Policy changes.
	Baseline: Current reporting system Idaho Adult Protection System.
	Benchmark: Approve changes to implement federal Adult Protection reporting.

Attachment A

FY 2016 State Plan Guidance

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION
(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with 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) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through

contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall 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.

(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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas 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 (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will 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
(4)(C) Each area agency on agency shall provide 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) Each area agency on aging shall 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)(F) Each area agency will: 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;

(9) Each area agency on aging shall 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.

(11) Each area agency on aging shall 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.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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.

(13)(C) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, 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) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out 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;

(17)Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Sec. 307, STATE PLANS
(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
(A) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iii) older individuals with 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;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

Attachment A (Continued)

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:
(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

_____ _____

Signature and Title of Authorized Official *Date*

Attachment B
FY 2016 State Plan Guidance

INFORMATION REQUIREMENTS

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)
Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with 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) and include proposed methods of carrying out the preference in the State plan;

ICOA's Assurance: The ICOA in consultation with the Area Agencies on Aging (AAAs) developed a funding formula weighted on the following "At Risk Factors": Number of 65+ Living in Poverty, 60+ Racial Minority (not Hispanic), 60+ Hispanic (Ethnic Minority), 60+ Living in Rural County, 65+ Living Alone, Aged 75+ and Aged 85+. The table below shows how the At Risk factors correlate to the preference categories listed below in the "OMB A-133 & OAA Section 305(a)(2)(C)&(E)" column:

Federal A-133 & OAA Section 305(a)(2)(C)&(E)	Intrastate Funding Formula Criteria (At Risk Factors)
Greatest Economic Need	65+ living in Poverty
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.	60+ Racial Minority (not Hispanic)
	60+ Hispanic (Ethnic Minority)
	60+ living in Rural County
Greatest Social Need	65+ living Alone
At Risk for Institutional Placement	Aged 75+
	Aged 85+

Additionally, the Idaho Administrative Procedures Act (IDAPA 15.01.21.022) requires that the AAAs focus on 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. In Idaho each AAA is designated as an Aging and Disability Resource Center (ADRC) and is required to submit a formal outreach plan to ICOA and is also required to review their outreach efforts to determine the effectiveness/success in reaching the at risk population.

The ICOA monitors the AAAs' service usage through a standard data collection system called SAMS (Social Assistance Management System) and utilizes the information to evaluate performance. Below, is the "Census" data from the 2014 American Community Survey and represents the percentage of total population for: "Minority (non-Hispanic)", "Hispanic", those in "Poverty", and those in "Rural" communities. The "OAA" column below represents the percentage of registered

consumers who have received service in the respective demographic category compared to the total usage. The goal is to increase the service usage to equal or exceed the "Census" percentage.

Statewide Participation Levels For Selected At-Risk Groups								
State Fiscal Year	Minority		Hispanic		Poverty		Rural	
	OAA*	Census**	OAA*	Census**	OAA*	Census**	OAA*	Census**
2015	2.2%	6.5%	2.0%	12.0%	20.0%	14.8%	41.6%	38.0%

OAA*: Percentage of Older Americans Act consumers that are included of the indicated demographic group (source: Social Assistance Management System).
Census**: July 2014 American Community Survey population estimates.

Section 306(a)(17)
Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

ICOA's Assurance: In Idaho, the standard Incident Command Structures flows from the Federal Emergency Management Agency to the Idaho Bureau of Homeland Security, the 44 County Emergency Management Agencies and the local Emergency Management Agencies (if applicable). The ICOA is responsible for supporting the Idaho Bureau of Homeland Security activities and is specifically identified as a support agency on one of the 15 Emergency Support Functions. Idaho's AAAs are similarly responsible for supporting their respective County Emergency Management Agencies. In addition to this largely supportive role with respect to most types of emergencies, the ICOA and AAAs take a lead role in education, preparedness and response when wildfire, flooding and severe weather emergencies affect Idaho's older population. AAAs are required to include a disaster plan as an addendum to their Area Plans, and must work with their provider network and clients to prepare for and respond to emergencies. ICOA's complete Disaster and Emergency Preparedness Plan is Attachment L.

Section 307(a)(2)
The plan shall provide that the State agency will:
(C*) 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 sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) *(Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.*

ICOA's Assurance: ICOA has set the following Title IIIB Minimum Allocation of Resources to carry out part B:
Access to Service: 50% of Title IIIB: (Information and Assistance, Transportation, Outreach and Case Management)
In-Home Services: 10% of Title IIIB: (Homemaker, Chore and Minor Home Modification)

Legal Assistance: 3% of Title IIIB.

As part of the budget development process, each year the AAAs prepare a budget that meets the allocation of resources. ICOA approves each AAA budget prior to the fiscal year (July 1st through June 30th). ICOA monitors invoices monthly and does annual financial reviews to ensure expenses are being used and accounted for correctly.

Section 307(a)(3)
The plan shall:
...(B) with respect to services for older individuals residing in rural areas:
(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

ICOA's Assurance: The ICOA will continue to expend federal funds above the 2000 funding level for rural areas. The ICOA utilized the state fiscal year (SFY) 2002 as the baseline year as it is the first year where both detailed financial and service unit data were available. The following method was used to calculate the rural expenditures. First the total expenditures were calculated for each service. The financial data for 2002 and 2015 came from the Governor's Annual Report. Additional data was used from the 2015 Expenditure Summary Report. The following are the services used for the calculation: Transportation, Outreach, Information and Assistance, Case Management, Chore, Congregate Meals, Home Delivered Meals, Homemaker, and National Family Caregiver Support Program. Next, the total client units were tallied as well as the total client units in rural areas to determine the percentage of rural units used. This percentage was then multiplied by the total cost to determine the amount of funds that supported services in the rural areas.

Federal Funding Comparison: State Fiscal Year (SFY) 2002 and SFY2015		
Access Service	***SFY 2002**	****SFY 2015**
Transportation (Non-registered)	$ 307,759	$ 189,927
Outreach (Non-registered)	$ 60,171	$ 1,417
Information & Assistance (Non-registered)	$ 272,803	$ 798,072
Case Management (Registered)	$ 296,080	$ 7,330
Total Access Service	$ 936,813	$ 996,746
Registered Services	**SFY 2002**	**SFY 2015**
**Chore	$ -	$ 10,871
*Congregate Meals	$ 1,698,210	$ 1,748,767
*Home Delivered Meals	$ 876,210	$ 1,218,550
**Homemaker	$ -	$ 54,659
*National Family Caregiver Support Program	$ 301,604	$ 765,156
Total Registered Services	$ 2,876,024	$ 3,798,003
Total Access and Registered Service Budget	$ 3,812,837	$ 4,794,749
	SFY 2002	**SFY 2015**
Total Access and Registered Services	$3,812,837	$4,794,749
***Total Rural Service Units	257,285	477,555
***Total Service Units	584,802	1,111,649
***Percentage of Rural Units	44%	43%
Total Estimated funds expended in Rural Areas	$1,677,467	$2,059,784
***Comes from Annual Reports**		
****Comes from SFY2015 Expenditure Summary**		
*****SAMS (Social Assistance Management System) Database**		

Section 307(a)(3)

...(B) (ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).*

ICOA's Assurance: The ICOA tracks service usage through a standard data collection system called SAMS (Social Assistance Management System) and utilizes the information from the "Census" to evaluate performance. The table to the left represents the percentage of total population in "Rural" communities. The "OAA" column represents the percentage of registered rural consumers who have received services compared to the total usage. The goal is to increase the service usage to equal or exceed the "Census" percentage.

Statewide Participation Levels For Selected At-Risk Groups		
State Fiscal Year	Rural	
	OAA*	Census**
2015	41.6%	38.0%

OAA Percentage of Older Americans Act consumers that are included of the indicated demographic group (source: Social Assistance Management System).*
*Census**: July 2014 American Community Survey population estimates.*

Over the four-year period of the State Plan, with a projected slight increase in federal funding, ICOA will continue exceeding the 2002 rural funding levels. The Statewide Needs Assessment identified senior transportation and access to reliable information as two of the long-term care concerns. ICOA projects that the usage for transportation and outreach will increase in the rural areas.

Federal Funding Projection: SFY2017-SFY2020

Access Service	*SFY 2002	**SFY 2015	State Plan SFY2017	State Plan SFY2018	State Plan SFY 2019	State Plan SFY 2020
Transportation (Non-registered)	$ 307,759	$ 189,927	$193,726	$197,600	$201,552	$205,583
Outreach (Non-registered)	$ 60,171	$ 1,417	$20,000	$20,000	$20,000	$20,000
Information & Assistance (Non-registered)	$ 272,803	$ 798,072	$800,000	$800,000	$800,000	$800,000
Case Management (Registered)	$ 296,080	$ 7,330	$ 3,000	$ 3,000	$ 3,000	$ 3,000
Total Access Service	$ 936,813	$ 996,746	$1,016,726	$1,020,600	$1,024,552	$1,028,583

Registered Services	SFY 2002	SFY 2015	State Plan SFY2017	State Plan SFY2018	State Plan SFY 2019	State Plan SFY 2020
**Chore	$ -	$ 10,871	$ 10,871	$ 10,871	$ 10,871	$ 10,871
*Congregate Meals	$ 1,698,210	$ 1,748,767	$1,748,767	$1,748,767	$1,748,767	$ 1,748,767
*Home Delivered Meals	$ 876,210	$ 1,218,550	$1,218,550	$1,218,550	$1,218,550	$ 1,218,550
**Homemaker	$ -	$ 54,659	$ 54,659	$ 54,659	$ 54,659	$ 54,659
*National Family Caregiver Support Program	$ 301,604	$ 765,156	$ 765,156	$ 765,156	$ 765,156	$ 765,156
Total Registered Services	$ 2,876,024	$ 3,798,003	$3,798,003	$3,798,003	$3,798,003	$ 3,798,003
Total Access and Registered Service Budget	$ 3,812,837	$ 4,794,749	$4,814,729	$4,818,603	$4,822,555	$ 4,826,586

Financials compared to Service Usage	SFY 2002	SFY 2015	State Plan SFY2017	State Plan SFY2018	State Plan SFY 2019	State Plan SFY 2020
Total Access and Registered Services	$3,812,837	$4,794,749	$4,814,729	$4,818,603	$4,822,555	$ 4,826,586
***Total Rural Service Units	257,285	477,555	487,106	496,848	506,785	516,921
***Total Service Units	584,802	1,111,649	1,122,765	1,133,993	1,145,333	1,156,786
***Percentage of Rural Units	44%	43%	43.38%	43.81%	44.25%	44.69%
Total Estimated funds expended in Rural Areas	$1,677,467	$2,059,784	$2,088,846	$2,111,225	$2,133,877	$2,156,805

***Comes from Annual Reports**
****Comes from SFY2015 Expenditure Summary**
*****SAMS (Social Assistance Management System) Database**

Section 307(a)(3)

...(B) (iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

ICOA's Assurance: As identified in the Intrastate Funding Formula (Attachment C), Idaho has an estimated 101,314 seniors 60 years old and older living in rural communities. To reach these seniors within the large geographical area of the state, ICOA has designed six Planning and Service Areas (PSAs) each with an Area Agency on Aging (AAA). The AAAs are the focal points within these multi-county PSAs and use senior centers as local focal points to help reach seniors in rural areas and inform them about long-term care services and supports as well as providing services such as congregate and home delivered meals. Out of the 90 senior centers in Idaho, 57 or 63% are located in rural areas. Additionally, to help reach seniors in rural areas, each AAA is housed within a larger organization that also provides services and are well known in the rural communities: AAAI is part of North Idaho College; AAAII is part of a Community Action Partnership; AAAIII is currently being operated by the State Unit on Aging. There is a unit of local governments who is applying to be designated as the AAAIII. The AAAIV is part of the College of Southern Idaho and AAAV is part of the Southeast Council of Local Governments. The sixth AAA is part of the Eastern Idaho Community Action Partnership.

In Idaho, 38% of the population lives in rural areas. When looking at unduplicated registered clients for State Fiscal Year 2015, 41.6% of the rural consumers received services. Those rural consumers received approximately 43% of the total service units. This equates to approximately $2,059,784, which exceeds the $1,677,467 in 2002.

Section 307(a)(10)
The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

ICOA's Assurance: The Idaho Commission on Aging (ICOA) assures the special needs of older individuals residing in rural areas are taken into consideration by including this demographic category as one of the "At Risk Factors" in the funding formula (Attachment C). In Idaho there are 44 counties, which 35 are rural. ICOA has designated six Planning and Service Areas and six Area Agencies on Aging (AAAs) to provide long-term care services and supports to the rural populations in Idaho. Furthermore, each AAA has been designated as an Aging and Disability Resource Center (ADRC) and is required to develop an outreach plan focusing on reaching those individuals in the rural areas among other demographic At Risk Factors.

The AAAs also contract with senior centers to provide congregate and home delivered meals. Out of the 90 senior centers in Idaho, 57 or 63% are located in rural areas. Additionally, ICOA provides rural outreach through the Senior Medicare Patrol (SMP), Medicare Improvements for Patients and Providers Act (MIPPA), Commodity Supplement Food Program, the State Adult Protection and the Ombudsman services. The SMP program recruits volunteers to provide consultations and presentations. During 2014, the SMP staff and volunteers conducted 3,175 one-to-one counseling sessions with beneficiaries in all 44 counties in Idaho. Out of the 44 counties, 35 are rural. In 2014 there were 243 SMP group presentations conducted. Group presentations were held in 28 of 44 counties. Twenty-one of the 28 counties were rural.

In conjunction with the Idaho Department of Insurance, ICOA contracts with the AAAs to identify those Medicare beneficiaries who are eligible for the Medicare Savings Program. The AAAs contacted 135 rural churches to distribute MIPPA information. Additionally, the AAAs contacted 68 rural pharmacies to help reach out to eligible consumers. In fiscal year 2015, ICOA's Commodity Supplement Food Program was approved and in collaboration with the Idaho Foodbank, who implemented the program, there were 2,000 food boxes delivered to low income seniors. In 2015, the Adult Protection workers gave 138 presentations, 40 of which were in rural areas. The local ombudsmen play an integral part in outreach and provide advocacy, training and education to nursing and assisted living facility staff, residence and the general public. Out of the 287 nursing and assistant living facilities, 104 are in rural communities and out of the 86 presentations, 19 of them were in rural facilities.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency*; and

ICOA's Assurance: ICOA utilized the American Community Survey 5-Year Estimates: "2009-2013, age by language spoken at home by ability to speak English (B16004)" to identify the number of individuals with limited English proficiency in Idaho. The data was then broken down by the six Planning and Service Areas (PSAs) in Idaho.

Service Area	Limited English Proficiency Population (all Ages)
PSA I	52
PSA II	29
PSA III	1,469
PSA IV	700
PSA V	289
PSA VI	166
Total	2,705

Below is the total minority population in Idaho for individual 60+ used in the intrastate funding formula:

Service Area	60+ Racial Minority (Non-Hispanic)	60+ Hispanic (Ethnic Minority)	Total Minority Population
PSA I	1,430	835	2,265
PSA II	955	250	1,205
PSA III	4,415	5,714	10,129
PSA IV	969	2,513	3,482
PSA V	1,398	1,280	2,678
PSA VI	753	1,045	1,798
Total	9,920	11,637	21,557

(B) *describe the methods used to satisfy the service needs* of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

ICOA's Assurance: Because the population of low-income minority seniors and low-income minority seniors with limited English proficiency is minimal across the state, ICOA used single demographic data to ensure the At Risk population is covered. The largest ethnic minority population in Idaho for people 60+ is the Hispanic community. There is a total population of 11,637. For the non-Hispanic racial minority there are 9,920 people. All of the six AAAs coordinate services in their Planning and Service Areas to reach the different minority populations. Each AAA has translator resources available and those in the higher Spanish speaking communities have Spanish speakers on staff. Additionally, ICOA collaborates with other organization to provide multi-language information; For the Food Commodity Supplemental Program, the application is in both English and Spanish accessible through ICOA's and the Idaho Foodbank's website. Also, ICOA has worked with Idaho Legal Aid to develop an English, Spanish and large print legal guidebook as well as online interactive legal forms in both languages. ICOA along with the AAAs also uses both English and Spanish Senior Medicare Patrol fraud prevention brochures and Personal Health Care Journals throughout the State. Each AAA has been designated as an Aging and Disability Resource Center (ADRC) and links people to long-term care services and supports as part of the No Wrong Door (NWD) collaborative approach. The following are the NWD strategies specifically focused on reaching the limited English proficiency population: Outreach strategy: Be person and family-centered and accessible, using warm, friendly, clear, respectful language that is culturally sensitive and responds to multiple languages. Streamlined Access strategy requires the availability of multi-language translation.

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title *(title III),* if applicable, *and specify the ways in which the State agency intends to implement the activities.*

ICOA's Assurance: Idaho has six Planning and Services Areas (PSAs). Three of these PSAs have Tribal Organizations: Coeur d'Alene Tribe in PSA I, Nez Perce Tribe in PSA II, and Shoshone-Bannock Tribes in PSA V. The Area Agencies on Aging (AAAs) coordinate with the respective Native American Organization in their PSA and include them in the development of their local Older Americans Act (OAA) area and emergency preparedness plans. The AAAs share information concerning adult protection, nutrition services and the SMP fraud prevention program with the Tribes. The AAAs provide other aging and long-term care information as well. For instance, the Shoshone-Bannock Tribes invited AAA staff to present information on Alzheimer's and Dementia. At the State level, ICOA works together with Tribal representatives in the following committees: Assistive Technology Committee, and State Independent Living Council. Additionally, a Native American representative from the Nez Perce Tribe participated on the steering committee for this plan. ICOA also shares information with the Nez Perce and Shoshone-Bannock Tribes through the ICOA's website and further collaboration includes the development of the No Wrong Door three-year strategic plan to provide long-term care information to Native Americans.

Section 307(a)(29)
The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

ICOA's Assurance: Emergency Preparedness Plan
The ICOA is actively involved in the emergency management planning and operations of the State of Idaho. The Administrator of ICOA has appointed one staff member as the Emergency Preparedness/Disaster Coordinator, and another as the alternate, for Older Americans Acts programs. These individuals work with the Idaho Bureau of Homeland Security, state agencies and the regional AAAs to plan for and respond to the needs of seniors in an emergency event.

By Executive Order of the Governor, during an emergency, the ICOA will:
• Identify and assess the needs of the elderly and homebound elderly.
• Coordinate senior services through the Area Agencies on Aging ("AAAs").
• Provide information and assistance to its clientele.
• Utilize senior citizen centers for shelter, mass feeding, and rest centers.

In Idaho, the standard Incident Command Structures flows from the Federal Emergency Management Agency to the Idaho Bureau of Homeland Security, the 44 County Emergency Management Agencies and the local Emergency Management Agencies (if applicable). The ICOA is responsible for supporting the Idaho Bureau of Homeland Security activities and is specifically identified as a support agency on one of the 15 Emergency Support Functions. Idaho AAAs are similarly responsible for supporting their respective County Emergency Management Agencies. In addition to this largely supportive role with respect to most types of emergencies, the ICOA and AAAs take a lead role in education, preparedness and response when wildfire, flooding and severe weather emergencies affect Idaho's older population. AAAs are required to include a basic disaster plan as an addendum to their Area Plans, and must work with their provider network and clients to prepare for and respond to emergencies.

The ICOA contributes to development of the overall Idaho Emergency Operations Plan and to the completion of the National Incident Management System compliance document. Planning includes readiness for man-made and natural disasters. ICOA also supports the Idaho Bureau of Homeland Security and Idaho Department of Health and Welfare in preparation for potential health emergencies such as a flu pandemic. ICOA staff will continue to update the agency emergency plan, and the Continuity of Operations Plan. Additionally, ICOA and the aging network support the Idaho Bureau of Homeland Security's frequent exercise drills to hone our ability to respond quickly and effectively to Idaho's most common disasters, which include wildfires and flooding. The complete Disaster and Emergency Preparedness Plan is Attachment L.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

ICOA's Assurance: The ICOA is actively involved in the emergency management planning and operations of the State of Idaho. The Administrator of ICOA has appointed one staff member as the Emergency Preparedness/Disaster Coordinator, and another as the alternate, for Older Americans Acts programs. These individuals work with the Idaho Bureau of Homeland Security, state agencies and the regional area agencies on aging to plan for and respond to the needs of seniors in an emergency event.

The ICOA contributes to development of the overall Idaho Emergency Operations Plan and to the completion of the National Incident Management System compliance document. Planning includes readiness for man-made and natural disasters. ICOA also supports the Idaho Bureau of Homeland Security and Idaho Department of Health and Welfare in preparation for potential health emergencies such as a flu pandemic. ICOA staff will continue to update the agency emergency plan, and the Continuity of Operations Plan. Additionally, ICOA and the aging network support the Idaho Bureau of Homeland Security's frequent exercise drills to hone our ability to respond quickly and effectively to Idaho's most common disasters, which include wildfires and flooding. The complete Disaster and Emergency Preparedness Plan is Attachment L.

Section 705(a)(7)
In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).
(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(1) *an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

ICOA's Assurance: ICOA assures that OAA programs are established in accordance with federal and state requirements and has implemented annual operational and financial reviews of the six Area Agencies on Aging (AAAs) to ensure local compliance. In this Plan, ICOA has identified each OAA funded service and has developed strategies that focus on Service Delivery, Coordination and Changes needed to implement the services in the most effective and efficient way with the highest quality. Each strategy has tangible "Performance Measures", identified "Baselines" and "Benchmarks" that will be used to determine the success of each service. ICOA utilizes the SAMS (Social Assistance Management System) database system to collect and

assess ongoing program implementation; uses the Performance Based Agreement and the Annual Review Tool Kit for remediation of problem areas; and uses monthly financial reviews, monthly Ombudsman, Adult Protection and Information and Assistance trainings, and AAA quarterly reports to the ICOA Commissioners to ensure continuous service delivery improvements.

(2) *an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

ICOA's Assurance: ICOA assures that it provides the means to obtain the views from older individuals, the AAAs, recipients of grants under title VI and other interested persons and entities regarding programs carried out under this subtitle through the following: quarterly Commissioner meetings, ICOA annual Administrator meetings at the AAA offices, public hearing requests, annual AAA on-site reviews and training, State Plan public meetings held in each Planning and Service Area (PSA) across the state and State Plan public comment opportunities. Additionally, there are 365 nursing and assisted living facilities across the state where the Ombudsman make at a minimum quarterly visits and provide easily accessible and visible contact information. The Ombudsmen and Adult Protection staff both provide informative and educational presentations across the state, where comments are accepted. Comments can also be submitted to ICOA through an online survey, http://www.aging.idaho.gov/about/survey.aspx by email: ICOA@aging.idaho.gov, phone (208) 334-3833, fax (208) 334-3033, mail P.O. Box 83720, Boise Idaho 83720 or walk in at 341 W. Washington St. Boise, Idaho 83702. In addition the public and agencies have opportunities to provide feedback and to participate in planning activities through discretionary grant opportunities such as: the Legal Capacity Assessment, Caregiver in Idaho Report, Caregiver and Provider Capacity Assessment, ADRC No Wrong Door Assessment and the 2016 Needs Assessment of Older Adults in Idaho.

(3) *an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*

ICOA's Assurance: Through the State Plan development the, Idaho Commission on Aging (ICOA) has consulted with the Area Agencies on Aging (AAAs) as well as other senior service stakeholders to identify those services needed to support seniors in Idaho. One of the priorities addressed in the Statewide Needs Assessment is access to reliable long-term care information. ICOA has designated each AAA as an Aging and Disability Resource Center (ADRC) that follows the No Wrong Door approach in providing long-term care information and supports to all people. Additionally, ICOA and other state departments are developing a statewide ADRC Governance to ensure older individuals have access to and assistance in securing and maintaining, benefits and rights.

(4) *an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law*

in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

ICOA's Assurance: ICOA assures that it will not use OAA funds to supplant any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this submittal, to carry out each of the vulnerable elder rights protection activates described in the chapter. OAA funds will be used in addition to any existing funds that support vulnerable elder rights.

(5) *an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*

ICOA's Assurance: ICOA assures that it will not place any restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5)

> *(C) ELIGIBILITY FOR DESIGNATION.—Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall—*
> *(i) have demonstrated capability to carry out the responsibilities of the Office;*
> *(ii) be free of conflicts of interest and not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serves;*
> *(iii) in the case of the entities, be public or nonprofit private entities; and*
> *(iv) meet such additional requirements as the Ombudsman may specify.*

(6) *an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--*

ICOA's Assurance: The State of Idaho funds the Adult Protection Program, which is administered by the Idaho Commission on Aging (ICOA). The Adult Protection program has been codified in Idaho State Code (Title 67-5011 and Title 39-5301A - 5312) and the Idaho Administrative Procedures Act (IDAPA) 15.01.02. The ICOA has a dedicated staff member who develops statewide Adult Protection training and education materials in collaboration with other Adult Protection service. These materials are provided to the six Area Agencies on Aging (AAAs) to use in their multi-county Planning and Service Areas (PSAs). The ICOA, as the State Unit on Aging, is also responsible to promulgate, adopt, amend and rescind rules related to the Adult Protection program and services. ICOA assures that the following requirements are being met:

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for: (i) public education to identify and prevent elder abuse; (ii) receipt of reports of elder abuse; (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information; (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or (iii) upon court order.

Attachment C

FY 2016 State Plan Intrastate Funding Formula (IFF)

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

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

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

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

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

Idaho Intrastate Funding Formula — **Adopted April 30, 2013** — Dated 5/03/2016
OAA Title III Funds (not including Title VII) and State of Idaho General Funds — **Effective July 1, 2016**

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

The source documentation is from the ID Department of Labor.

Column 1	Source: U.S. Bureau of the Census, 2007-2011 American Community Survey 5-Year Estimates, December 2012, Table S0101: **Column used as a reference only.**
Column 2	Source: U.S. Bureau of the Census, 2007-2011 American Community Survey 5-Year Estimates, December 2012, Table S0101: **Column used as a reference only.**
Column 3	Source: U.S. Bureau of the Census, American Community Survey,2007-2011, 5-year estimates, December 2012, Table B17001: **Column 3 is used with columns 4 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.**
Column 4	Source: U.S. Bureau of the Census, American Community Survey,2007-2011, 5-year estimates, December 2012, Table B11010: **Column 4 is used with columns 3 and 5 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.**
Column 5	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2011, May 2012: **Column 5 is used with columns 3 - 4 and 6 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.**
Column 6	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2011, May 2012: **Column 6 is used with columns 3 - 5 and 7 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.**
Column 7	Source: U.S. Bureau of the Census,, 2007-2011 American Community Survey 5-Year Estimates, December 2012, Table S0101: **Column 7 is used with columns 3 - 6 and 8 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.**
Column 8	Source: U.S. Bureau of the Census,, 2007-2011 American Community Survey 5-Year Estimates, December 2012, Table S0101: **Column 8 is used with columns 3 - 7 and 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.**
Column 9	Source: U.S. Bureau of the Census,, 2007-2011 American Community Survey 5-Year Estimates, December 2012, Table S0101: **Column 9 is used with columns 3 - 8 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.**
Column 10	**Column 10 sums each row for columns 3 - 9 and identify the total "Weighted Elderly Population (At Risk)" per PSA.**
Column 11	Weighted At Risk percentage from the Intrastate Funding Formula: **Column 11 turns Column 10's totals into percentages. These percentages are used to calculate federal funds in column 14 and state funds in column 15 for each of the PSAs.**
Column 12	Federal **"Base"** funds **are evenly** divided **amongst the** 6 **PSAs. Column 12 is used to record the total federal base funding located at the top of Column 12 into six even amounts for each of the PSAs.**
Column 13	State **"Base"** funds **are evenly** divided **amongst the** 6 **PSAs. Column 13 is used to record the total state base funding located at the top of Column 13 into six even amounts for each of the PSAs.**
Column 14	Federal Funds multiplied by the Weighted Percentage: **Column 14 shows the distribution of the remaining federal funds after the "base" was distributed. The remaining federal funding is located at the top of Column 14 and is multiplied by each "Weighted At Risk Percentage" in Column 11 to determine the appropriate distribution.**
Column 15	State Funds multiplied by the Weighted Percentage: **Column 15 shows the distribution of the remaining state funds after the "base" was distributed. The remaining state funding is located at the top of Column 15 and is multiplied by each "Weighted At Risk Percentage" in Column 11 to determine the appropriate distribution.**
Column 16	**Column 16 shows the total federal and state distribution and is a total of Columns 12, 13, 14 and 15.**

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

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

Funding Source: OAA and SSA funds.

1. Service Delivery: Consult with AAAs and ICOA Commissioners to develop the Intrastate Funding Formula and obtain feedback from the State Plan Steering Committee, and Public. The IFF is used for the duration of the State Plan.	**Performance Measure**: Weighted Averages for each PSA.
	Baseline: The current approved version of the Intrastate Funding Formula is provided in the "Formula Development" section above.
	Benchmark: Approved statewide Intrastate Funding Formula.

Attachment D

BUDGET PARAMETERS

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

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

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

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

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

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

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

expended for each such category during the fiscal year most recently concluded;

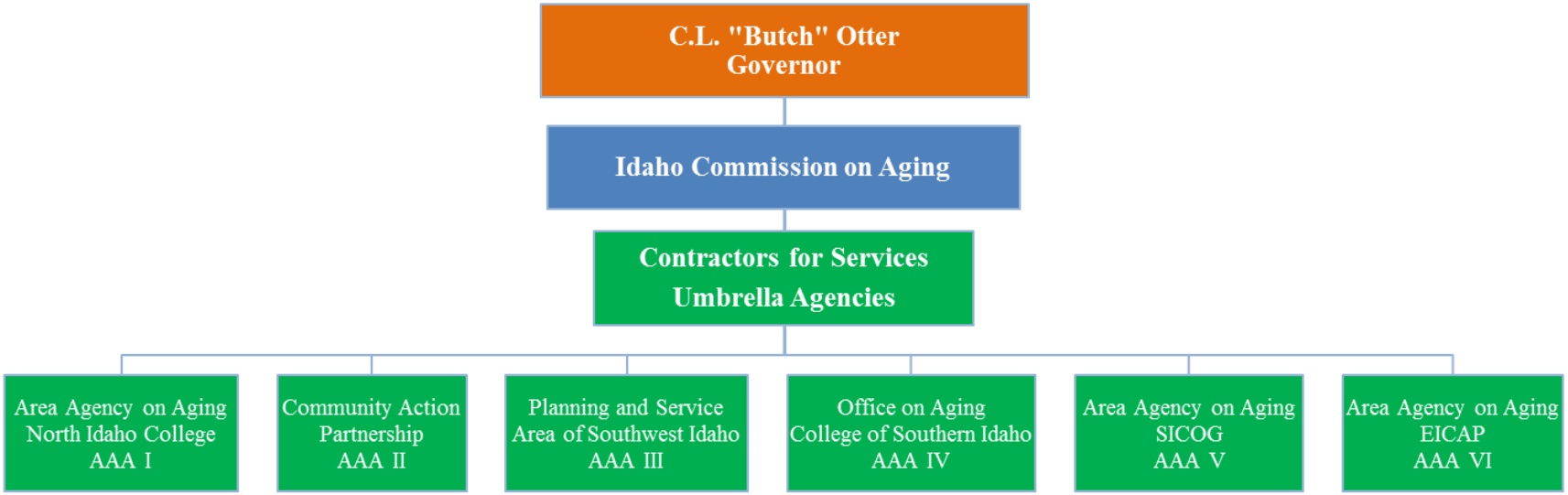
Budget Parameter Earmarks:

Provider	Service	Max.
Direct AAA Service	AAA Administration	10%
Direct AAA Service	AAA Coordination/Program Development	2%
Direct AAA Service	Adult Protection	15%
Direct AAA Service	Ombudsman (Not including title VII)	5%
		32%
Provider	**Service**	**Min.**
Contracted Service	Home Delivered Meals	37%
Contracted Service	Congregate Meals	
Contracted Service	Legal Assistance (3% of Title IIIB funding) (This is approx. 1% of total AAA budget)	1%
Contracted Service	Transportation	15%
Contracted Service	Homemaker	
Contracted Service	National Family Caregiver (Respite)	
		53%
Provider	**Service**	
Direct AAA Service	Information & Assistance	15%
Direct AAA Service	Case Management	
Direct AAA Service	Outreach	
Contracted Service	Chore	
Contracted Service	Home Modification	
Combination	National Family Caregiver besides Respite	
Contracted Service	Health Promotions & Disease prevention	
		15%
Total OAA and State Formula Funding Allocations		100%

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

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

ATTACHMENT E: Idaho Commission on Aging Organization Chart



Attachment F

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						_____%	_____%	_____%	_____%
		$1,485.00			$17,820.00	0%	_____	_____	_____
$1,486.00	-	$1,782.00	$17,821.00	-	$21,384.00	20%	_____	_____	_____
$1,783.00	-	$2,079.00	$21,385.00	-	$24,948.00	40%	_____	_____	_____
$2,080.00	-	$2,376.00	$24,949.00	-	$28,512.00	60%	_____	_____	_____
$2,377.00	-	$2,673.00	$28,513.00	-	$32,076.00	80%	_____	_____	_____
$2,674.00	-	& Over	$32,077.00	-	& Over	100%	_____	_____	
TWO Persons in Household						_____%	_____%	_____%	_____%
	-	$2,003.00		-	$24,030.00	0%	_____	_____	_____
$2,004.00	-	$2,403.00	$24,031.00	-	$28,836.00	20%	_____	_____	_____
$2,404.00	-	$2,804.00	$28,837.00	-	$33,642.00	40%	_____	_____	_____
$2,805.00	-	$3,204.00	$33,643.00	-	$38,448.00	60%	_____	_____	_____
$3,205.00	-	$3,605.00	$38,449.00	-	$43,254.00	80%	_____	_____	_____
$3,606.00	-	& Over	$43,255.00	-	& Over	100%	_____	_____	
THREE Persons in Household						_____%	_____%	_____%	_____%
	-	$2,520.00		-	$30,240.00	0%	_____	_____	_____
$2,521.00	-	$3,024.00	$30,241.00	-	$36,288.00	20%	_____	_____	_____
$3,025.00	-	$3,528.00	$36,289.00	-	$42,336.00	40%	_____	_____	_____
$3,529.00	-	$4,032.00	$42,337.00	-	$48,384.00	60%	_____	_____	_____
$4,033.00	-	$4,536.00	$48,385.00	-	$54,432.00	80%	_____	_____	_____
$4,537.00	-	& Over	$54,433.00	-	& Over	100%	_____	_____	
FOUR Persons in Household						_____%	_____%	_____%	_____%
	-	$3,038.00		-	$36,450.00	0%	_____	_____	_____
$3,039.00	-	$3,645.00	$36,451.00	-	$43,740.00	20%	_____	_____	_____
$3,646.00	-	$4,253.00	$43,741.00	-	$51,030.00	40%	_____	_____	_____
$4,254.00	-	$4,860.00	$51,031.00	-	$58,320.00	60%	_____	_____	_____
$4,861.00	-	$5,468.00	$58,321.00	-	$65,610.00	80%	_____	_____	_____
$5,469.00	-	& Over	$65,611.00	-	& 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: 2/12/2016: Previous Editions are Obsolete

Attachment G

POVERTY GUIDELINES

Department of Health And Human Services 2016 Poverty Guidelines

Person In Family or Households	100% Poverty	125 % Poverty	150 % Poverty
1	11,880	14,850	17,820
2	16,020	20,025	24,030
3	20,160	25,200	30,240
4	24,300	30,375	36,450
5	28,440	35,550	42,660
6	32,580	40,725	48,870
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/Monday, January 25, 2016/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 H

FY 2016 State Plan Steering Committee

ICOA 2016-2020 State Plan Steering Committee Members		
Name	**Affiliation**	**Title**
David Brasuell, Tracy Schaner	Idaho State Veterans Administration	Administrator & Deputy Administrator
Shannon Hohl	Department of Insurance	SHIBA Supervisor
Jim Cook	Idaho Legal Aid Services	Executive Director
Roger Howard	Living Independence Network Center (CILS)	Executive Director
Beth Kriete	Idaho Department of Health and Welfare	Bureau Chief
Christine Pisani	Idaho Council on Developmental Disability	Executive Director
Mel Leviton	Idaho Independent Living Council	Executive Director
Jackie McArthur	Nez Perce Tribe	Social Services Manager
Janice Carson	Idaho Assistive Technology Group	Project Director
Suzanne McCampbell	Area Agency on Aging Representative	Director/I4A Chair
Rick Currie	Lake City Center: Coeur d'Alene, Planning & Service Area (PSA) I	Senior Center
Joyce Forsmann	Grangeville Senior Center, PSA II	Senior Center
Donna Queen	Caldwell Senior Center, PSA III	Senior Center
Jeanette Roe	Twin Falls Senior Citizen Federation, PSA IV	Senior Center
Pamela Beus	Bingham County Senior Citizens, Blackfoot, PSA V	Senior Center
Karolyn Hodge	South Fremont Senior Citizens Center, St. Anthony, PSA VI	Senior Center

Attachment I

State Plan Development Schedule

ICOA State Plan Development Schedule			Date
Idaho Commission on Aging's Commissioners' Meeting			Thu., Aug. 6th 2015
Send out Stakeholder invitation letters to Steering Committee			Mon., Jan. 25th 2016
ISU provides second draft Statewide Needs Assessment			Fri., Jan. 29th 2016
ICOA develops draft strategies			Mon., Feb. 1st – Fri. Feb. 19th 2016
	Caregiver Needs & Respite Capacity Report	Dec. 2014	
	ADRC No Wrong Door Assessment	Apr. 21, 2015	
	Senior Capacity (legal) Assessment	Apr. 2015	
	Service Data (SAMS, Ombudsman and IAPS)	Oct. 1, 2014 – Sept. 30, 2015	
	AAA Reviews	Nov. 2, 2015 – Dec. 2, 2015	
	Caregivers in Idaho	Dec. 2015	
	ISU Statewide Needs Assessment	Projected Feb. 17, 2016	
Area Agencies on Aging I4A Meeting			Wed., Feb. 3rd 9:00 to 11:00 2016
Idaho Commission on Aging's Commissioners' Meeting			Thur., Feb. 4th 9:00 to 12:00 2016
Initial Steering Committee Conference Call/Webinar: Welcome and Process Description (1 hour)			Wed., Feb 10th 10:00 to 11:00 or Thu. Feb. 11th 2:00 to 3:00 2016
ISU submits final Statewide Needs Assessment			Wed. Feb. 17th 2016
First: Steering Committee strategy review			Fri., Feb. 26th – Tue., Mar. 8th
	Public meeting Planning and Service Area (PSA) I (Senior Center in Coeur d'Alene): Steering committee members invited but not required.		Thu., Mar. 17th 2016 (12:30 – 2:30) Confirmed: 2/8
	Public meeting PSA II (Senior Center in Grangeville): Steering Committee members invited but not required.		Fri., Mar. 18th 2016 (1:00 – 3:00) Confirmed: 2/9
	Public meeting PSA III (Senior Center in Caldwell): Steering Committee members invited but not required.		Mon., Mar. 21st 2016 (1:00 – 3:00) Confirmed: 2/9
	Public meeting PSA IV (Senior Center in Twin Falls): Steering Committee members invited but not required.		Wed., Mar. 23rd 2016 (1:00 – 3:00) Confirmed: 2/5
	Public meeting PSA V (Senior Center in Blackfoot): Steering Committee members invited but not required.		Tue., Mar. 29th 2016 (1:00 – 3:00) Confirmed: 2/5
	Public meeting PSA VI (Senior Center in St. Anthony): Steering Committee members invited but not required.		Wed., Mar. 30th 2016 (1:00 – 3:00) Confirmed: 2/12
ICOA incorporates initial public comments into plan			Thu., Mar. 31st - Fri., Apr. 15th 2016
Second: Steering Committee strategy review			Wed., Apr. 20th – Fri., Apr. 29th 2016
Release draft strategies for public comment			Wed., May 4th – Wed., May 18th 2016
Incorporate public comment into plan			Thu., May 19th – Tu., May 31st 2016
Third and Final: Steering Committee strategy review			Wed., Jun 1st – Fri., Jun. 10th 2016
ICOA Commissioner Meeting: State Plan and Intrastate Funding Formula (IFF) Approval			Tuesday, June 21, 2016 at 10:00 ICOA
ICOA sends Plan to the Administration for Community Living			Thu., Jun. 30th 2016

Attachment J

FY 2016 Comments on Idaho Senior Services State Plan

February 26th – April 15th: Idaho Senior Services First Draft State Plan Comments.
March 17th – March 30th: Public Meetings in each Planning and Service Area.
April 20th – April 29th: Idaho Senior Services Second Draft State Plan Comments.
May 4th – May 18th: Release State Plan for Public Comment.
June 1st – June 10th: Idaho Senior Services Final Draft State Plan Comments.

Clarification:

- Change the naming convention from "State Strategy 1", "State Strategy 2" and "State Strategy 3" **to:** "1. Service Delivery", "2. Coordination" and "3. Changes".
- Incorporate the following in the performance measurement section where appropriate:
    - Efficiencies = example: cost per contact, average units per employee
    - Effectiveness = example: number of consumers served
    - Quality = example: consumer satisfaction

Executive Summary

1. **Comment:** Use the dollar amounts that were part of the Joint Finance Advisory Committee (JFAC) budget. **Outcome: Revised:** Used the JFAC request.

Funding Distribution

1. Intrastate funding formula (IFF)

   Comments on Funding Distribution: All AAA Directors agreed to keep the existing IFF. Comments were received to review the rural and urban demographic classification in each PSA. It was suggested that most of rural counties lie far outside of the urban centers, which is a big consideration in the delivery of services to vulnerable isolated elders in areas where transportation is often not available.

   Outcome: No change: At the February 4, 2016 ICOA Board of Commissioners' meeting, three Commissioners with strong management, mathematical and analytical backgrounds and a representative from the AAAs agreed to form a subcommittee to analyze the IFF. Multiple scenarios were developed by the subcommittee and presented to the AAAs. All AAA Directors agreed to keep the existing IFF.

Service Funding

1. Budget Parameters

   Comments on Budget Parameters: Comments received addressed having flexibility to exceed the 5% maximum parameters for the Ombudsman program. Additional comments stated the budget parameters restrain the AAA's ability to move funds to other programs.

   Outcome: No change: There is a limited amount of funding, and the budget parameters have been put in place to ensure funds support senior services that promote socialization, reduce

institutionalization and allow seniors and people with disabilities to stay in their homes for as long as possible.

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

Over the four years of the plan, budget parameters will be assessed based on performance data that identifies cost, quality and efficiencies.

<u>Comments on the Core Services:</u>

1. **Transportation:**
   A. **<u>Comments on Service Delivery:</u>** Many comments were received and support increased transportation service. Suggestions were made to look at more factors including miles (not only boardings) when looking for best practices. Other comments addressed the need for more funding if the target is to increase service. Additional feedback suggested more specific benchmarks, not just saying there will be an increase. Other comments were to collaborate and coordinate with transportation providers to reduce breaks in service due to funding cuts in other programs outside of OAA.

   <u>Outcome:</u> Revised: At the state level, ICOA monitors through available data entered by the AAAs. Providers do not currently report miles to the AAA. Transportation funding is a minimum parameter and can be increased through service efficiencies and through AAA prioritizing funding at the local level based on consumer need. Because of the feedback we received, we have added the following:

   - **Performance Measures**
     - Efficiencies = Total cost, cost per boarding
     - Effectiveness = number of boardings
     - Quality = consumer satisfaction (use ACL's POMP-Performance Outcome Management Project)

   - **Baseline**: Establishing baselines for each performance measure.

	Boardings	Total Cost	Cost Per Boarding	Consumer Satisfaction
PSA I:	14,290	N/A	N/A	N/A
PSA II:	1,670	N/A	N/A	N/A
PSA III:	48,345	N/A	N/A	N/A
PSA IV:	19,910	N/A	N/A	N/A
PSA V:	13,362	N/A	N/A	N/A
PSA VI:	25,003	N/A	N/A	N/A

- **Benchmark:** First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

B. **Comments on Coordination:** Some commenters were agreeable with the coordination strategy and others wanted additional clarification on centralization and performance evaluations. Additional comments were received wanting clarification on "transportation access points".
Outcome: **Revised:** Part of the Aging and Disability Resource Center (ADRC) is to coordinate services, so people have access through a No Wrong Door system (no matter where a person goes, they get the same information). Working with partners will provide more accurate information and a centralize access point where information can be found.

- **Strategy**: Work with the Interagency Working Group (IWG) to identify ways to improve access to senior transportation information and resources through the ADRC/No Wrong Door.

Additionally, Changed Performance Measure to, "Transportation Information access points" and changed benchmark to, "Access to transportation information through the ADRC/No Wrong Door.

C. **Comments on Potential Changes during the four-year Plan:** Commenters were supportive of developing a transportation policy and a few comments suggested focusing on those areas where services are lacking or where no rural transportation service exists. Another wants specific transportation goals to be identified. Comments will be considered as policy is developed.
Outcome: **No change**

2. **Outreach:**

A. **Comments on Service Delivery:** Comments suggested relating the strategy to the measure and possibly establishing a Task Force to concentrate on meaningful outreach activities. Additional comments were to ensure each AAA is collecting similar data for performance evaluations and clarify what "event" means in regards to the NAPIS (National Aging Program Information System) definition.
Outcome: **Revised**:

- **Strategy:** Identify best practice through tracking core performance data for each OAA Core service prior to and for a period after outreach events to see if outreach was successful. Each outreach event should emphasis reaching the following six target areas:

- (i) older individuals residing in rural areas;
- (ii) older individuals with greatest economic need;
- (iii) older individuals with greatest social need;
- (iv) older individuals with severe disabilities;
- (v) older individuals with limited English-speaking ability;
- (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction".

Change the word from "event" to "activity", which better correlates to the NAPIS definition.

B. **Comments on Coordination:** Comments were received suggesting better defining the accomplishment/outcome and include recognized AAA/local partners in the strategy.
Outcome: Revised:
- **Strategy:** At the state level, coordinate efforts with state partners to increase "access to" and "participation in" OAA core services through the development of the ADRC/No Wrong Door.

C. **Comments on Potential Changes during the four-year Plan:** All comments were agreeable to policy development.
Outcome: No change

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

A. **Comments on Service Delivery:** Comments suggested standardizing I&A training, data collection, entry and adding quality to service delivery evaluation. Clarification: I&A is available to anyone looking for long-term care information and not just a person 60 years old and over.
Outcome: Revised: We made the age clarification in service description and made the following changes:
- **Performance Measures**:
  - Efficiencies = cost per contact, average units per employee
  - Effectiveness = Total contacts, total costs
  - Quality = consumer satisfaction (standardized survey)
- **Baseline**: Establishing baselines for each performance measure.
- **Benchmark:** First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

B. **Comments on Coordination**: Comments were agreeable with strategy. Additional comments suggested coordinating with partners while preserving the sustainability of the locally based AAA. From comments in other sections, it was reiterated not to centralize the I&A functions. Comments were made to better correlate the benchmark with the strategy.
Outcome: Revised: We took these comments and revised the following:
- **Strategy**: Coordinate roles and responsibilities with Statewide "No Wrong Door" partners to provide access to long-term care I&A resources and supports.

- **Performance Measure**: Change from "No Wrong Door Partners" to "No-Wrong-Door Partner Roles and Responsibilities".
- **Baseline**: Change from partners, to "Roles and Responsibility in Development".
- **Benchmark:** Establish roles and responsibility to access long-term care information through the aging and disability networks.

C. **Comments on Potential Changes during the four-year Plan**: Comments recommended keeping I&A at the local level, incorporating effectiveness and quality when looking at the service and clarification to changes to the Idaho Code and Idaho Administrative Procedures Act (IDAPA) rule.

Outcome: Revised:

- **Strategy:** Identify Idaho Code and Idaho Administrative Procedures Act (IDAPA) rule changes that would incorporate efficiencies, effectiveness and quality into the I&A service across the state.
- **Performance measures:** Information and Assessment State Code and IDAPA rule.
- **Baseline**:
  - **Information and Assistance:** (IDAPA 15.01.21.021)
  - **Definitions for Information and Assistance Services:** (OAA Section 102(a)(28)) (IC 67-5006(6)) and (IDAPA 15.01.21.010.02)
- **Benchmark:** Changes to Idaho Code or IDAPA rule.

4. **Case Management:**

A. **Comments on Service Delivery**: Comments suggested service delivery would not increase without policy change and the strategy is unnecessary due to strict qualification for the service. Additional question from steering committee, why PSA III did not have any Case Management consumers or units.

Outcome: Revised: PSA III was able to meet the consumer needs through the intake, eligibility determination and referral process through Information and Assistance service. The following changes were made to ensure performance is tracked adequately for those consumers who are eligible for the service.

- **Performance measures:**
  - Efficiencies = cost per contact, employee per units of work
  - Effectiveness = number of consumers served
  - Quality = consumer satisfaction (use ACL's POMP-Performance Outcome Management Project)
- **Baseline**: Establish baselines for each performance measure.
- **Benchmark:** First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

B. **Comments on Coordination**: Comments were agreeable and assistance with clarification was offered. Additional comments stated the policy is not realizable without policy change and the purpose of standardizing the referral sources was questioned.

Outcome: **Revised:** The following changes were made:

- **Strategy**: Coordinate a standardized referral protocol between case management providers who serve the following: dual eligible (care coordinators), veterans (care advisors), Health and Welfare families (navigators), facility residents (transition managers), and people with disabilities (independent living specialists) and seniors who are unable to manage multiple services (AAAs).
- **Performance Measures**: Standardized MOU that includes case management protocols.
- **Baseline**: AAA MOUs with Centers for Independent Living.
- **Benchmark**: Referral protocol in place with each No Wrong Door partner.

C. **Comments on Potential Changes during the four-year Plan**: Comments support clarification to the Idaho Administrative Procedures ACT (IDAPA) and to include the Idaho Comprehensive Assessment Tool (I-CAT) in eligibility screening. Additional comments suggested that very few people meet the eligibility requirements. It was noted that the AAA staff are well trained in Case Management service and quality and effectiveness needs to be also tracked along with efficiency to get a better understanding of performance.

Outcome: **Revised:**

- **Strategy:** Identify Idaho Administrative Procedures Act (IDAPA) rule changes that would incorporate efficiencies, effectiveness and quality into the Case Management service across the state.
- **Performance measures:** Case Management IDAPA Rule
- **Baseline:**
  - **Policy:** (IDAPA 15.01.01.056.01)
  - **Qualifications:** (IDAPA 15.01.01.056.02)
  - **Service Priority:** (IDAPA 15.01.01.056.03)
  - **Screening and Referral:** (IDAPA 15.01.01.056.04)
  - **Referral for Case Management:** (IDAPA 15.01.01.056.05)
  - **Working Agreements:** (IDAPA 15.01.01.056.06)
  - **Core Services:** (IDAPA 15.01.01.056.07)
  - **Program Intake:** (IDAPA 15.01.01.056.08)
  - **Individual Supportive Services Plan (SSP)**: (IDAPA 15.01.01.056.09)
  - **Other Supportive Services:** (IDAPA 15.01.01.056.10)
  - **Structure and Role:** (IDAPA 15.01.01.056.11)
  - **Area Plans:** (OAA, Section 306(a)(8))
  - **Standards of Performance :** (IDAPA 15.01.01.056.12)
  - **Evaluation: (**IDAPA 15.01.01.056.13)
- **Benchmark:** Changes to IDAPA Rule

5. Homemaker

A. **Comments on Service Delivery**: Comments suggested that standardizing amount of units (hours) would overturn the value of doing an assessment and need varies based on levels of in-

home supports. Additional comments pointed out that not all consumers need the same level of service.

Outcome: Revised: The following changes will be added:

- **Strategy**: Standardize Homemaker services by utilizing data that shows the efficiency, effectiveness and quality.
- **Performance measures**:
  - Efficiencies = Total cost, total cost per unit, total units per consumer
  - Effectiveness = Total consumers served, total units
  - Quality = consumer satisfaction
- **Baseline:** Establish baseline.
- **Benchmark:** First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

B. **Comments on Coordination**: Comments received suggest the benchmark does not equate to strategy, also the baseline does not address the number of clients whom cost sharing apply. Other comments suggest the strategy targets those outside of the poverty and unsure how increasing services would be paid for because more people are eligible for Homemaker because eligibility went from 100% to 150% of poverty.

Outcome: Revised: The following clarifications have been made:

- **Strategy:** Establish standardized service units and cost sharing parameters through coordination and collaboration with statewide partners.
- **Performance Measure:** Establish service unit and cost sharing standards.
- **Baseline:** No standard service units. Current cost share starts at 150% of poverty.
- **Benchmark:** Implement service unit and cost sharing standards statewide.

C. **Comments on Potential Changes during the four-year Plan**: Comments agree with creating a policy, but would like to see hours of service based on each person's individual needs, not a standard amount across the state. Additionally there should be a maximum number of units for Adult Protection referrals and people who are discharged from hospital. Other comments support standardizing hours if it allows for banding or increased numbers of hours for those with greater need based on available support scores.

Outcome: No change: Suggestions will be used in developing policy.

6. Chore:

A. **Comments on Service Delivery**: Comments supported strategy, and would like to see minimum level budget based on local need and other comments suggested eliminating this strategy because there are other local providers.

Outcome: Revised: ICOA revised the strategy to support flexibility in delivering the service either as an AAA contracted service or by referring to another community organization who provides the service.

- **Strategy:** To expand Chore through contracts or community referrals.

- **Performance Measure:** Total Consumers, total cost, total hours and total cost per hour.
- **Baseline:**

Service Area	Contracted /Referral	Total Consumers	Total Cost	Total hours	Cost per hour
PSA I:	Contracted	5	N/A	25	N/A
PSA II:	No	N/A	N/A	N/A	N/A
PSA III:	Contracted	36	N/A	390	N/A
PSA IV:	No	N/A	N/A	N/A	N/A
PSA V:	No	N/A	N/A	N/A	N/A
PSA VI:	Contracted	2	N/A	15	N/A

- **Benchmark:** First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

B. **Comments on Coordination**: Comments suggested eliminating this strategy because there are other local agencies that provide the work.
Outcome: **Revised:** ICOA will keep this strategy and work with AAAs to identify the best way to provide the service in the PSAs.

- **Strategy:** Coordinate with AAAs to determine if they can implement Chore service or can meet the need through community referrals.
- **Performance Measure:** Chore contracted provider or community referral.
- **Baseline:**

Service Area	Contracted Service	Community Referrals
PSA I:	Yes	N/A
PSA II:	No	N/A
PSA III:	Yes	N/A
PSA IV:	No	N/A
PSA V:	No	N/A
PSA VI:	Yes	N/A

- **Benchmark:** All AAAs have identified Chore providers or community referrals.

C. **Comments on Potential Changes during the four-year Plan:** Comments suggested eliminating this strategy because there are other local services that provide the work and the strategy is unrealistic due to funding limitations. Other comments made would like clarification on what qualifies as chore, and how the service should be advertised.
Outcome: **Revised:** ICOA updated the strategy.

- **Strategy:** Develop policy that includes service definition, and addresses contracted service or available community referrals. If the service is available in the community, the AAAs should identify their collaboration and coordination efforts to connect consumers to the existing service in their Area Plans.

7. Minor Home Modification:

A. **Comments on Service Delivery:** Comments made that every Community Action Partnership in Idaho provides this service, as well as many other organizations and the strategy should be eliminated. Other comments received stated this should be optional at the AAA discretion. **Outcome: Revised:** ICOA revised the strategy to support flexibility in delivering the service either as an AAA contracted service or by referring to another community organization who provides the service.

- **Strategy:** To expand Minor Home Modification through contracts or community referrals.
- **Performance Measure:** Total Consumers, total cost, total hours and total cost per hour.
- **Baseline:**

Service Area	Contracted /Referral	Total Consumers	Total Cost	Total hours	Cost per hour
PSA I:	N/A	N/A	N/A	N/A	N/A
PSA II:	N/A	N/A	N/A	N/A	N/A
PSA III:	N/A	N/A	N/A	N/A	N/A
PSA IV:	Contracted	24	N/A	220	N/A
PSA V:	N/A	N/A	N/A	N/A	N/A
PSA VI:	N/A	N/A	N/A	N/A	N/A

- **Benchmark:** First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

B. **Comments on Coordination**: Comments made that every Community Action Partnership in Idaho provides this service, as well as many other organizations and the strategy should be eliminated. Other comments received stated this should be optional at the AAA discretion. **Outcome: Revised:** ICOA will keep this strategy and work with AAAs to identify the best way to provide the service in the PSAs.

- **Strategy:** Coordinate with AAAs to determine if they can implement Minor Home Modification service or can meet the need through community referrals.
- **Performance Measure:** Minor Home Modification contracted provider or community referral.
- **Baseline:**

Service Area	Contracted Service	Community Referrals
PSA I:	No	N/A
PSA II:	No	N/A
PSA III:	No	N/A
PSA IV:	Yes	N/A
PSA V:	No	N/A
PSA VI:	No	N/A

- **Benchmark:** All AAAs have identified Minor Home Modification providers for service or community referral agencies.

C. **Comments on Potential Changes during the four-year Plan:** Comments made that every Community Action Partnership in Idaho provides this service, as well as many other

organizations and the strategy should be eliminated. Other comments received stated this should be optional at the AAA discretion.

Outcome: Revised:

- **Strategy:** Develop policy that includes service definition, and addresses contracted service or available community referrals. If the service is available in the community, the AAAs should identify their collaboration and coordination efforts to connect consumers to the existing service in their Area Plans.

8. Legal Assistance:

A. **Comments on Service Delivery**: Comment was received wanting to know if the minimum of 3% funding for legal assistance has always been required and additional clarification if continued legal assistance should be addressed in the strategy. Additional comments that the Senior Legal Hotline needs to be highly marketed.

Outcome: No change: The 3% minimum legal requirement for Title IIIB service is in the current (2012-2016) as well as prior plans under "Allocation of Resources". This will continue in the 2016-2020 State Plan. Although the strategies do not address the priority of legal issues the service is identified in the "Objective". Promoting the Senior Legal Hotline is an opportunity for ICOA the AAA and the Senior Centers to get the word out.

B. **Comments on Coordination**: Comments agree with the strategy.

Outcome: No change

C. **Comments on Potential Changes during the four-year Plan:** Comments were received suggesting lifting the prohibition on guardianship expenditures in cases where a guardianship would promote access to Medicaid and other services. Additional comments noted that not all guardianship cases cost $2,000 to $3,000.

Outcome: Revised Service Description: With the amount of available funds, ICOA is not able to fund guardianship cases, but will continue to fund the list of priority issues identified in the Service Description. **The legal assistance provider guidelines (OAA, Section 307(a)11(A) and (B)) will be followed and added to the "Service Description" in the State Plan**.

9. Congregate Meals:

A. **Comments on Service Delivery**: Comments were agreeable with this strategy, but would like the table in the baseline to reflect current reimbursement rate.

Outcome: Revised: The data for meal reimbursement rate in Draft 1 of the State Plan was from 2015 and has been updated to current rates in following section:

A. Service Delivery:

Service Area	2015 Registered Consumers	2015 Visitor Meals	2015 Total Meals	Current Reimbursement Rate
PSA I:	1,869	2,550	60,892	$3.95
PSA II:	1,698	2,448	53,737	$3.07
PSA III:	3,565	17,835	165,967	$3.50
PSA IV:	3,626	0	93,311	$3.21
PSA V:	1,936	7,820	64,222	$3.00

PSA VI:	1,083	10,837	52,867	$2.30

B. **Comments on Coordination**: Comments were agreeable with this strategy. Additionally, some meal sites were happy to get higher congregate meal reimbursement rate than in previous years and wanted to acknowledge how hard the Senior Center Coordinators worked.
Outcome: No change

C. **Comments on Potential Changes during the four-year Plan**: Comments recommended doing a market analysis to determine reimbursement rates, and suggest leaving the required nutrition funding 37% out of the process when it comes to developing them. Other comments stated that ICOA will have to request additional funding to keep the meal numbers increasing. Additional comment to use current meal reimbursement rate.
Outcome: Revised: Each AAA determines the meal reimbursement rate for their Planning and Service Area (PSA). The only stipulation is the rate must be the same for each site. The AAAs develop budgets based on minimum and maximum parameters to ensure funds support those services that help seniors avoid institutionalization. The Congregate Meal program has a minimum parameter, which means the AAA can increase the budget, but cannot go below. However, the federal and state dollars are not enough to fully operate a program and relies on local support through other programs, donations from organizations, businesses and individual participation. Additionally, at the local level, the AAAs through their senior service coordination and collaboration efforts also help the meal sites identify other funding sources.

- **Strategy:** Work with AAAs to develop a comprehensive area plan with clear baselines and benchmarks that show service efficiencies, effectiveness and quality in the delivery of each service. As performance is established and funding is being maximized for each service, ICOA will look for ways to bring additional funding to the nutrition program as the AAA should do at local level.
- **Performance measures**:
  - Efficiencies = total cost per meal, reimbursement cost, consumer contributions and donations, volunteer time
  - Effectiveness = number of consumers served
  - Quality = consumer satisfaction (use ACL's POMP-Performance Outcome Management Project)
- **Baseline:** Establish data collection for each performance measure and used current meal reimbursement rate:

Service Area	2015 Registered Consumers	2015 Total Cost Per meal	Current Reimbursement Cost	2015 Consumer contributions/ donations	2015 Volunteer time	2015 Consumer Satisfaction
PSA I:	1,869	N/A	$3.95	N/A	N/A	N/A
PSA II:	1,698	N/A	$3.07	N/A	N/A	N/A
PSA III:	3,565	N/A	$3.50	N/A	N/A	N/A
PSA IV:	3,626	N/A	$3.21	N/A	N/A	N/A
PSA V:	1,936	N/A	$3.00	N/A	N/A	N/A
PSA VI:	1,083	N/A	$2.30	N/A	N/A	N/A

- **Benchmark:** First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

10. **Home Delivered Meals:**

A. **Comments on Service Delivery**: Comments requested the table reflect current reimbursement rates not 2015. Also received comments concerning the difference between the reimbursement rates.

Outcome: The data and the meal reimbursement rate in Draft 1 of the State Plan are from 2015 and now show the current rates. Each AAA has the flexibility to develop a reimbursement rate as long as it is consistent across the Planning and Service Area (PSA). **Revised:**

Service Area	2015 Registered Consumers	2015 Meals Served	2015 Yearly Meals per Consumer	Current Reimbursement Rate
PSA I:	556	62,647	113	$4.40
PSA II:	296	47,656	161	$3.32
PSA III:	1,432	193,199	135	$4.25
PSA IV:	569	74,865	132	$3.35
PSA V:	503	68,947	137	$3.25
PSA VI:	676	85,152	126	$3.10

B. **Comments on Coordination**: Comments were received suggesting quality assurances be coordinated with meal sites.

Outcome: No change.

C. **Comments on Potential Changes during the four-year Plan**: Comments recommended doing a market analysis to determine reimbursement rates, and suggest leaving the required nutrition funding 37% out of the process when it comes to developing them. Other comments stated that ICOA will have to request additional funding to keep the meal numbers increasing.

Outcome: Revised: Each AAA determines the meal reimbursement rate for their Planning and Service Area (PSA). The only stipulation is the rate must be the same for each site. The AAAs develop budgets based on minimum and maximum parameters to ensure funds support those services that help seniors avoid institutionalization. The Home Delivered Meal program has a minimum parameter, which means the AAA can increase the budget, but cannot go below. However, the federal and state dollars are not enough to fully operate a program and relies on local support through other programs, donation from organizations, businesses and individual participation. Additionally, at the local level, the AAAs through their senior service coordination and collaboration efforts also help the meal sites identify other funding sources.

- **Strategy:** Work with AAAs to develop a comprehensive area plan with clear baselines and benchmarks that show service efficiencies, effectiveness and quality in the delivery of each service. As performance is established and funding is being maximized for each service, ICOA will look for ways to bring additional funding to the nutrition program as the AAA should do at local level.

- **Performance measures**:
  - Efficiencies = total cost per meal, reimbursement cost, consumer contributions and donations, volunteer time and volunteer miles, participant time duration
  - Effectiveness = number of consumers served
  - Quality = consumer satisfaction (use ACL's POMP-Performance Outcome Management Project)
- **Baseline:** Establish data collection for each performance measure:

Service Area	2015 Registered Consumers	2015 Meals Served	Total Cost Per Meal	Reimbursement Cost	Consumer contribution/ donation	Volunteer Time	Volunteer Miles	Participant time in Program
PSA I:	556	62,647	N/A	$4.40	N/A	N/A	N/A	N/A
PSA II:	296	47,656	N/A	$3.32	N/A	N/A	N/A	N/A
PSA III:	1,432	193,199	N/A	$4.25	N/A	N/A	N/A	N/A
PSA IV:	569	74,865	N/A	$3.35	N/A	N/A	N/A	N/A
PSA V:	503	68,947	N/A	$3.25	N/A	N/A	N/A	N/A
PSA VI:	676	85,152	N/A	$3.10	N/A	N/A	N/A	N/A

- **Benchmark:** First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

11. **Health Promotions and Disease Prevention:**

Comment: The objective, "Determine if Evidence Based Programs selected by the AAAs meet the program requirements" reads more like a strategy.

Outcome: Revised: Revised the objective to read: Improve the wellness of seniors by ensuring that Disease Prevention and Health Promotion programs are delivered according to the evidence based guidelines.

A. **Comments on Service Delivery**: Comments received stated the expenditures are limited by Congress and are not a function of the budgeting process , but agreed that the state should ensure the AAAs comply to the federal guidelines.
Outcome: No change: Each AAA has to use the allotted federal funding for this program and cannot move funding to any other program.

B. **Comments on Coordination**: Comments received stated that the state should not be involved in identifying the evidence based program, which should be left up to each AAA.
Outcome: No change: The AAAs have the flexibility to choose an approved evidence based program.

12. **National Family Caregiver Support Program:**

A. **Comments on Service Delivery**: Comments received requested not to standardize this program and allow the AAAs to have flexibility in the selection and delivery of service. Additionally, when looking at performance need to look at quality along with cost effectiveness and efficiency.
Outcome: Revised: The National Family Caregiver Support Program is a combination of five activities: Caregiver public information through presentations, media and materials, and Access

Assistance, which are staffed by the AAAs. The other activities, Caregiver Counseling/Group sessions, Respite, and Supplemental Services such as caregiver legal assistance, are generally contracted out. Performance measures will be identified for each.

- **Strategy:** Identify best practices to increase cost efficiencies, effectiveness and quality of the Title IIIE Caregiver program.
- **Performance Measures**:
  - Efficiencies = total program cost, cost per contact, average units per employee, average units per consumer
  - Effectiveness = number of consumers served, number of presentations, number of counseling/group sessions
  - Quality = consumer satisfaction
- **Baseline**: Below, "Yes" indicates the activity that will be tracked for each measure.

Measures	Activity 1	Activity 2	Activity 3	Activity 4	Activity 5
Total Program Cost	Yes				
Cost Per Contact	-	Yes	Yes	-	-
Average units per employee	Yes	Yes	Yes	-	-
Average units per consumer	-	-	Yes	Yes	Yes
Number of consumers served	-	Yes	Yes	Yes	Yes
Number of presentations	Yes	-	-	-	-
Number of counseling/group sessions	-	-	Yes	-	-
Consumer Satisfaction	Yes	Yes	Yes	Yes	Yes

- **Benchmark:** First year establish baselines for each of the identified performance measures as part of the AAAs Area Plan development. Second year set benchmark. Third and fourth year monitor performance and develop corrective actions as needed.

B. **Comments on Coordination**: Comments were agreeable with the strategy and others requested not to standardize this program and allow the AAAs to have flexibility in the selection and delivery of service. Additional comments stated the standardization of collected data needs to be addressed before effectiveness or efficiency can be identified, and the strategies, baselines and benchmark need to better match each other. Additional request were made to provide training on caregiver program activities and would like to see caregiver guardianships as part of the service.

Outcome: **Revised:** To fully implement the National Family Caregiver Support Program, each of the five activities should be addressed. As for caregiver guardianship, ICOA follows the priorities listed in the Legal Assistance section of the State Plan, which does not include caregiver guardianship.

- **Strategy: (Addition to strategy)** Utilize the initiatives of the Idaho Caregiver Alliance and the Alzheimer's grant to strengthen the activities.
- **Performance Measure: No change**
- **Baseline: No Change**
- **Benchmark: No Change**

C. **Comments on Potential Changes during the four-year Plan:** Comments received requested not to standardize this program and allow the AAAs to have flexibility in the selection and delivery of service and be free to respond to the needs of their areas without statewide standards. Additionally, clarification was requested concerning the definition of Caregiver Access Assistance.

Outcome: Revised: Caregivers do not have access to the same information and caregiver services across the state. Standardizing and defining the activities will enable caregivers to benefit from the entire program not just parts and pieces.

- **Strategy:** Develop policy to standardize and define the following caregiver activities related to Title IIIE National Family Caregiver Support Program:
  - Information Services
  - Access Assistance
  - Counseling
  - Respite
  - Supplemental Services (Legal Assistance, Chore, Other Emergency Response)
- **Performance Measure: No change**
- **Baseline: No change**
- **Benchmark:** Establish policy that defines caregiver activities in Title IIIE NFCSP to fully implement the National Family Caregiver Support Program in Idaho.

13. Senior Medicare Patrol (SMP)

A. **Comments on Service Delivery**: Comments showed concern that 100 group presentations were too high and would like to change to 50 presentations per year. Additionally, there are not enough seniors to volunteer for the fraud prevention program and the goals are unattainable.

Outcome: Revised: The presentation goal includes community events and is based on having one paid position and recruiting four volunteers. Based on 2015 statistics two of the six contractors attained more than 80 but less than 100. Adjustment to the presentation goal was lowered to 80.

- **Baseline data**:

Service Area	Volunteers (12/31/15)	Group Presentations	Community Events	One-to-one Counseling Sessions	Fully Implemented Risk Management Program
PSA I	7	23	14	107	no
PSA II	1	69	12	116	no
PSA III	3	29	49	340	no
PSA IV	1	47	41	30	no
PSA V	3	8	28	410	no
PSA VI	3	10	68	3	no

- **Benchmarks:**
  - Fill and sustain 4 volunteer positions per PSA
  - 80 group presentations per PSA
  - 25 one-to-one counseling sessions per PSA
  - SMP providers fully utilizing the VRPM

B. **Comments on Coordination**: Comments were agreeable to the strategy and wanted suggestions on how to increase consumer satisfaction.
Outcome: **No change:** Part of each Scam Jam (Medicare fraud prevention event) is a consumer satisfaction survey. These surveys are reviewed and based on feedback, changes are made to improve the events and consumer satisfaction.

14. Aging and Disability Resource Center (ADRC)

A. **Comments on Service Delivery**: Comments received reiterated that the ADRC and Information and Assistance remain at the AAA. Additional suggestions were made that the state needs to pursue sustainable funds to support the ADRC and to provide more detail in the strategy. It was suggested that tracking referrals has little to do with reporting of long-term care services and supports.
Outcome: **Revised:** The Information and Assistance (I&A), funded through Title IIIB, is an essential part of an ADRC. Through working with the different I&A entities around the state, who support I&A through their own funding sources, such as, State Health Insurance Benefits Advisors (SHIBA), Health & Welfare, Disability groups, 211 Careline, AAAs/ADRCs, a No-Wrong-Door approach delivering long-term care information can be achieved. The state is pursuing additional ADRC funding to implement the three-year ADRC strategic plan, which includes Governance, Coordination, Marketing, Implementation and Performance Evaluation.

- **Strategy:** Collaborate/Partner with aging, disability, and human services agencies to identify and implement best practices for accessing long-term care services and supports, which include performance evaluation.
- **Performance Measure:** Coordinated system for consumers to access long-term care services and supports including the following measures:
    - Efficiencies = total cost for service, equivalent cost per consumer served
    - Effectiveness = number of consumers served
    - Quality = consumer satisfaction
- **Baseline:**
    - AAAs
    - 211 Careline
    - SHIBA
    - Health & Welfare
    - Disability
- **Benchmark:** Implement coordinated system to access long-term care services and supports.

B. **Comments on Coordination**: Comments reiterated that the ADRC and Information and Assistance (I&A) need to remain at the AAA. Additional suggestions were made that the state needs to pursue sustainable funds to support the ADRC, needs to provide more detail in the strategy, and needs to ensure the governance body is made up of decision makers.
Outcome: **Revised:** Based on the feedback, we updated the following:

- **Baseline:** Governance body includes the following agencies:
  - Medicaid
  - Idaho Commission on Aging
  - Idaho State Independent Living Council
  - Idaho Council on Developmental Disabilities
  - Idaho Department of Health and Welfare Mental Health

C. **Comments on Potential Changes during the four-year Plan:** Comments reiterated that the ADRC is an important component at the AAA and recommends it remaining at the local level. Additional comments stated the state needs to pursue sustainable funds to support the ADRC, which cannot be an unfunded mandate. Suggestions were made to work closer with other federally funded programs, Senior Corp Volunteer, Senior Companion Program and RSVP and have more emphasis on small rural towns and how people access information from rural areas.
Outcome: No change: Any changes will be based on roles of governance agencies, and requirements in the new grant opportunity. Suggestions will be used in developing policy/reviewing Idaho Code or IDAPA rule changes.

15. Commodity Supplemental Food Program

A. **Comments on Service Delivery**: Comments were concerns about the weight of the food boxes and the food boxes are too high in starchy food, are fattening and are not nutritious.
Outcome: Revised: The food boxes are prepared and picked up by eligible individuals or their assigned proxy at each of the three distribution sites Lewiston, Boise and Pocatello. The Foodbank puts together the boxes based on nutritional standards and available resources. Idaho is eligible to receive USDA (United States Department of Agriculture) commodities for 2,000 food boxes per month in Idaho. Idaho did not receive any food boxes from USDA prior to 2015. This is a new program and a waiting list has been created and reported to USDA, who will make any adjustments to the food allocations to Idaho.

- **Baseline:**

Distribution Locations	Number of Seniors & Food boxes	People on Waiting List
Lewiston	432	139
Boise	1082	322
Pocatello	486	96

B. **Comments on Coordination**: Comments received suggested the number of USDA boxes need to increase and the benchmark only makes sense if there is a surplus of food. There was a request if the 2,000 food box allotment was for each area or the entire state.
Outcome: No change: The USDA determines the amount of food that is allocated to each state. The State and the Idaho Foodbank work together and apply for additional USDA commodity supplements. The current allocation to Idaho is 2,000 for the entire state. Federal Fiscal Year 2016 was the first year that Idaho received these funds. Based on the first year data and

exceeding the distribution requirements, Idaho may be eligible to receive additional food boxes for Federal Fiscal Year 2017, which starts October 1, 2016 through September 30, 2017.

16. **Senior Community Service Employment Program (SCSEP)**

A. **Comments on Service Delivery**: Comments received asked to clarify the Most in Need Goal of 2.67% and Outcome 2.68%.
Outcome: No change: The "Most in Need" classification identifies barriers to employment:

- Have an income level at or below the poverty line.
- Have a physical and mental disabilities: language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that restricts the ability of the individual to perform normal daily tasks, or threatens the capacity of the individual to live independently.
- Have poor employment history or prospects.
- Are over the age of 60.

The goal of 2.67 is set by the U.S. Department of Labor (USDOL). Meeting or exceeding this goal shows that people with employment barriers are participating in the program.

B. **Comments on Coordination**: Comments received stated the AAA referrals to the Idaho Department of Labor are very doable.
Outcome: No change

C. **Comments on Potential Changes during the four-year Plan:** Comments received recommended to strengthen the strategy.
Outcome: No change: The strategy acknowledges program changes that come from USDOL over the four-years of the plan.

17. **Lifespan Respite**

A. Comments on Service Delivery: No comments
Outcome: Updated:

- **Strategy:** Continue the development of the Lifespan Respite plan to identify sustainability and supporting legislation.
- **Performance Measure:** Sustainability Plan, State Legislation.
- **Baseline:** Draft legislation.
- **Benchmark:** State Legislation.

B. Comments on Coordination: No comments
Outcome: Updated:

- **Strategy:** Develop a State Lifespan Respite plan with the Idaho Caregiver Alliance and the Foundation of Family Caregivers.
- **Performance Measure:** State Lifespan Respite Plan
- **Baseline:**
    - Partnership (ICOA, Caregiver Alliance, Foundation of Family Caregivers)

- Reports: Caregivers in Idaho Report and Caregivers and Provider Capacity Assessment
- **Benchmark:** Approved Plan

C. **Comments on Potential Changes during the four-year Plan: No comments**
Outcome: Updated:

- **Strategy:** Develop a State Lifespan Respite plan that identifies governance, partnership, services and sustainability and make appropriate changes in Idaho Code, IDAPA Rule and where appropriate ICOA policies.
- **Performance Measure:** Legislation
- **Baseline:** Draft legislation
- **Benchmark:** Lifespan Respite Legislation

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

A. **Comments on Service Delivery**: No Comments
Outcome: Updated

- **Baseline:**

Host Agencies as of December 31, 2015			
Planning & Service Area	**Pharmacies**	**Churches**	**Non-profits**
PSA I	9 hosts, 19 locations display materials	N/A	4 hosts
PSA II	13 hosts, 5 location display materials	2 hosts, 1 location displays materials	N/A
PSA III	4 hosts, 58 locations display materials	6 hosts	7 hosts
PSA IV	33 hosts	N/A	N/A
PSA V	22 hosts	N/A	N/A
PSA VI	9 hosts, 1 location displays materials	5 contacted	N/A

MIPPA Participants	MIPPA Participants as of December 31, 2015	Change
37,377	38,652	Increase 1,275

B. **Comments on Coordination**: No Comment
Outcome: No change:

19. **Alzheimer's Disease Supportive Services Program (Place holder for future grant opportunity)**

20. **Chronic Disease Self-management program**

Comments were made to delete this program because it is an optional program under the Health Promotions Disease Prevention section.

Outcome: **Deleted program:** This is one of the many different programs that can be chosen by an AAA under the Health Promotion Disease Prevention Section 11 in this document.

21. Participant-Directed/Person Centered Planning

A. **Comments on Service Delivery**: Comments were made supporting AAA staff providing billable person centered, long-term care, options counseling throughout the state. Other comments stated that there needs to be funding. Clarification was made asking if all programs are participant directed.
Outcome: **No change:** The process is to identify what situations and services require Participant-Directed/Person Centered Planning along with how these would be funded, which will be developed during the four-year state plan.

B. **Comments on Coordination**: Comments were made supporting AAA staff providing billable person centered, long-term care, options counseling throughout the state. Other comments stated that there needs to be funding.
Outcome: **No change:** The process is to work with other organizations that have best practices implementing this type of service and look at ways to incorporate them into the Older Americans Act and State Senior Services Act.

C. **Comments on Potential Changes during the four-year Plan:** Comments were made supporting AAA staff providing billable person centered, long-term care, options counseling throughout the state. Other comments stated that there needs to be funding.
Outcome: **No change:** As issues, services and funding are identified, changes to ICOA policy and Idaho Code will be made to support implementation.

22. Legal Services Developer

A. **Comments on Service Delivery**: Comments made that without funding it will be difficult to increase service.
Outcome: **No change:** The Legal Services Developer is a state level effort to coordinate with other agencies to identify ways to deliver legal services to seniors and people with disabilities.

B. **Comments on Coordination**: No comments
Outcome: **No change**

23. Ombudsman

A. **Comments on Service Delivery**: Comments made were to recognize the value of the volunteer Ombudsman for the work they do. Additional comments suggested the 5% maximum funding for the Ombudsman should be increased. Comments were made concerning the care of residents in facilities and in other congregate living situations and wanted to know who to turn to for assistance, and another was how to address a person's need in an assisted living memory unit. Other comments focused on the Ombudsman service delivery and inclusion of quarterly reporting.

Outcome: Revised: There is one local Ombudsman for approximately every 2,000 beds and the Volunteer Ombudsmen across the state play a vital role assisting in meeting the quarterly visit requirement and adding additional advocates for residents' rights. In addition to the quarterly visits, the Ombudsmen track over 100 complaint types. By focusing on trends, ICOA will develop statewide specific training and presentations to ensure residents' rights are not violated. The 5% maximum funding parameter has been set to ensure there is enough funds to support other programs.

- **Service Delivery:** Use data to identify complaint trends, develop quarterly reports to analyze service delivery, develop volunteer training to increase effectiveness, provide in-service presentations to educate people about resident's rights, and track staffing to monitor performance.
- **Performance Measure:** Number of Staff per bed count, Complaint Data, Training materials, and in-service presentations.
- **Baseline:**

Service Area	Current Bed Count	Budgeted AAA Staff	Volunteer Program
PSA I	2,590	2	Yes
PSA II	1,456	1	Yes
PSA III	6,239	3	No
PSA IV	1,910	1.5	Yes
PSA V	1,578	1	No
PSA VI	1,653	1.25	Yes

2015 Most Frequent Complaint Categories	PSA I	PSA II	PSA III	PSA IV	PSA V	PSA VI
Discharge, eviction-planning, notice, procedure	19	8	43	16	10	113
Medications - administration, organization	30	9	27	5	8	101
Dignity, respect - staff attitude	15	10	42	0	12	91
Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	35	0	16	0	10	61
Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	15	4	17	10	0	55

- **Benchmark:** Use trend data to determine areas that need focus, develop statewide training materials and presentation to ensure service delivery is consistent across the state, and use quarterly reports to ensure on-going improvement.

B. **Comments on Coordination**: Comments received suggested eliminating this strategy.
Outcome: No change: There is a strong need to focus on resident rights education.

C. **Comments on Potential Changes during the four-year Plan:** Comments received suggested raising the 5% Ombudsman funding parameter. There were comments to delete strategy, but other comments supported it due to changes to the federal regulations. Additional comments were to provide more detail on changes and if possible to provide timeline to the Ombudsman program in regards to the final federal changes.
Outcome: Revised: There are new federal rules for the Ombudsman that need to be implemented.

24. Elder Rights

A. **Comments on Service Delivery**: Comments suggested clarifying benchmark and performance measure.
Outcome: **Revised**
- **Performance Measure:** Education materials (presentations, videos, brochures, distribution of information, consistent messaging)
- **Baseline:** No change
- **Benchmark:** Education tool kit that addresses early recognition and prevention of abuse, neglect and exploitation.

B. **Comments on Coordination**: Comments wanted clarification on location and materials for the performance measure.
Outcome: **Revised:**
- **Benchmark:** Materials would be located on ICOA's website and accessible through a URL link from partnering agencies and contractor sites.

C. **Comments on Potential Changes during the four-year Plan:** Comments received agrees with this especially in relation to the working/definition of "emergency situations" related to A/P cases and suggested changing wording to "urgent situation" for 24 hour response. Other comments questioned the relevance of the performance measure.
Outcome: **Revised:**
- **Performance Measure:** Changes to vulnerability definition in policy and statute.

25. Adult Protection Services

A. **Comments on Service Delivery**: Comments requested clarification regarding serving individuals under 60 in Adult Protection. Other comments requested more detail in performance measure.
Outcome: **Revised:** State Adult Protection Services (APS) funds must be used to provide safety and protection for vulnerable adults (age 18 and older).
- **Strategy:** Standardize Adult Protection resources to ensure consistent service delivery across the state.
- **Performance Measure:** Standardized training materials, user guide, presentation and access to information.
- **Baseline:**
  - **Resource:** Idaho Senior Legal Guidebook
  - **Access:** ICOA's website
- **Benchmark:** Standardized AP user guide, education videos, brochures, presentations, and centralized placement and access on ICOA's website.

B. **Comments on Coordination**: Comments stated there needs to be more specificity in the benchmark and performance measures, such as the development and availability of training materials.

Outcome: **Revised:**

- **Strategy:** Develop interagency Adult Protection Service protocols, training, and education materials through coordination with stakeholders.
- **Performance Measures:**
  - Identified group of stakeholders to develop:
    - A working protocol between law enforcement and AAAs Adult Protections.
    - Training materials identifying roles and responsibilities between agencies that deal with Adult Protection services.
- **Baseline:** No change
- **Benchmark:** Defined protocols, training and education materials.

C. **Comments on Potential Changes during the four-year Plan:** Comments support strategy and suggested to work with the AAAs to help guide any changes to code, rule or policy. Additional comments suggested putting in place language to stop the abuse, neglect and exploitation before it happens through coordination with law enforcement and legal system. Comments were made inquiring if adult protection will be moving towards more of a prevention mode and if Idaho will be following national guidelines and if there will be a tightening up of the definition of competency or ability to make decisions.

Outcome: **Revised:** ICOA is currently applying for an Adult Protection reporting grant to collect and report standardized information to the Administration for Community Living. The prevention of abuse, neglect and exploitation is currently part of the state funded Adult Protection program. The Elder Justice section of this plan addresses the review of the vulnerability definition.

- **Strategy:** Identify any statutory, rule or policy changes needed to implement, collect and report Adult Protection services through the new Adult Protection grant opportunity.
- **Performance Measure:** Idaho Code, IDAPA Rule or ICOA Policy changes.
- **Baseline:** Current reporting system Idaho Adult Protection System (IAPS).
- **Benchmark:** Approve changes to implement federal Adult Protection reporting.

Attachment K

IDAHO STATE UNIVERSITY STATEWIDE NEEDS ASSESSMENT

Needs Assessment of Older Adults in Idaho

Prepared for the Idaho Commission on Aging

by

Institute of Rural Health

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February 2016

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Executive Summary

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

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

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

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

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

Findings

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

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

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

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

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

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

Table 1: Survey Outcomes

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

Recommendations

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

1. **Provide information about long-term care services and supports through sources that Idaho seniors actually use.** Information & Assistance was both the top current need and the top future need identified by respondents in this needs assessment. Each of the previous survey reports also identified information resources as a significant concern. As stated in the No Wrong Door System Assessment report (2015), it's important that people know what services are available, and for policy makers and others to see the real demand for services in order to adequately fund them. This means that all seniors need to be aware of services and able to ask for what they need, even if the availability of some services is currently limited.

    a. Less common sources of information should be advertised using the more common sources, for example, running newspaper and television ads for the 2-1-1 Careline or providing local Area Agency on Aging brochures through health care providers, churches, libraries, and Department of Health and Welfare offices.

    b. Information on services should be targeted to family members and caregivers in addition to seniors.

    c. Communications tailored for each AAA region may be needed as awareness of services varied somewhat across regions.

    d. It may be useful to further explore seniors' use of online resources such as specific websites, apps, and emails from agencies and organizations to determine actual usage and perceptions. As the population ages, the vast majority of older adults will be comfortable accessing information online. This can be a very effective information resource if accurate and timely information is provided in easy to use formats.

    e. Mechanisms should be established to assess if adequate information is being received, for example adding a brief survey on relevant websites, tracking the number of AAA brochures distributed at providers' offices, or asking callers how they found out about an organization.

    f. A list or registry of available service providers has been recommended previously for specific service areas such as respite care, and may be warranted for other service areas as well. Providing such lists online or printed in newspapers may help improve awareness of and access to these services.

2. **Expand the awareness of available transportation services between agencies and organizations** such that if someone is looking for transportation assistance they can find it, even if the organization they consult with does not provide the service themselves. Informal transportation services were the most commonly used service by respondents, and transportation was ranked as both a top current and future need. Transportation was also a problem for respondents in each of the previous survey reports which addressed it.

    a. Future research may seek to compare real versus perceived lack of transportation services to determine the optimal response for each region, and to clarify the nature of transportation difficulties such as lack of public transit, confusion of bus routes, long wait times, cost, or lack of information.

3. **Educate Idaho seniors, family members, and caregivers about prevention and the importance of being proactive in addressing minor concerns**, to help prevent more serious health and well-being problems including the future need for legal and other protection services. As stated in the 2015 Idaho Senior Capacity (Legal) Assessment Report, most civil legal problems for older adults

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

a. Disease prevention and health promotion programs were reported as a top current need, and also had among the highest rates for both receiving and wanting services. Providing additional programs and resources in this area could avoid or delay the need for more costly long-term care services and supports for many older adults.

b. Providing accurate information resources for legal assistance is an important need. The future anticipated need for legal assistance is relatively high (38%) in the current survey, suggesting that some respondents are already aware of potential problems and might be interested in taking action to prevent or mitigate them.

4. **Low-cost services and information regarding other financial assistance options are important for seniors.** More than half of respondents (55%) reported a total household income of less than $30,000 per year, and 35% reported an income less than $20,000 per year. These rates were substantially higher for those age 80 and older (78% and 57%, respectively). Affording basic necessities was a problem for 29% of respondents.

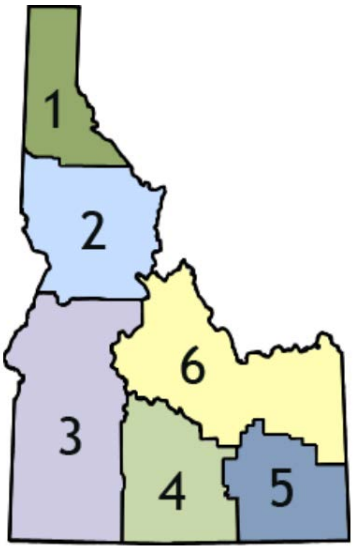
5. **Care coordination and planning services are critical** to help seniors maintain their independence and quality of life. The current systems of long-term care services and supports require substantial effort by both seniors and those assisting them. In many areas, these systems are not currently available or are inadequate. Further development of care coordination and planning services would greatly assist Idaho's growing population of seniors who will require an increasingly broad range of long-term care options and services.

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

Background

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

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



Contact Information for Local Area Agencies on Aging

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

Idaho's Aging Population

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

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

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

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

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

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

Survey Methodology

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

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

Survey Distribution

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

[1] Idaho Commission on Aging. Senior Services State Plan for Idaho, 2012-2016. http://www.idahoaging.com/Documents/ICOA_State_Plan_2012-2016_final_20121016.pdf

[2] Administration for Community Living Performance Outcome Measurement Project (POMP). http://www.aoa.acl.gov/Program_Results/POMP/Index.aspx

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

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

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

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

Sampling Target Population

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Press Releases

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

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

Distribution list for first press release:

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

Distribution list for second press release:

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

Online Survey

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

Additional Survey Distribution

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

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

Response Rates

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

Table 6: Responses by Survey Source

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

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

Table 7: Response Rate for Surveys Mailed to Target Population

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

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

Figure 2: Survey Source by AAA Region

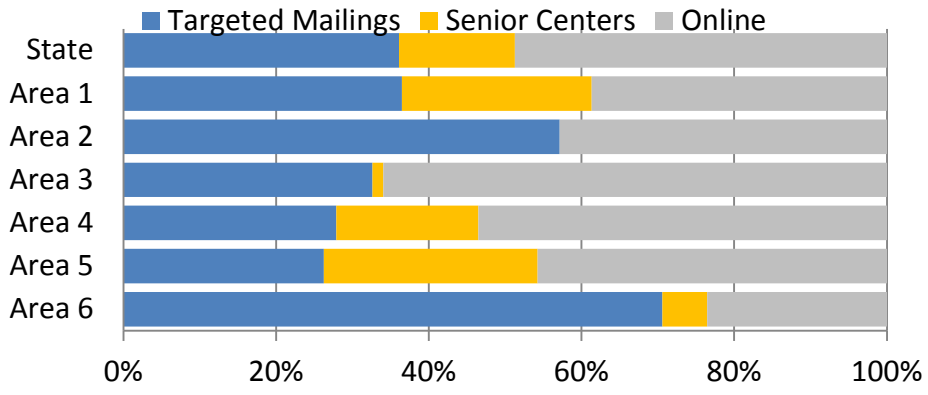


Table 8: Total Respondents by Region and Survey Source

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

Survey Results: Statewide and by Region

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

Demographics

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

Age

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

Table 9: Age of Respondents

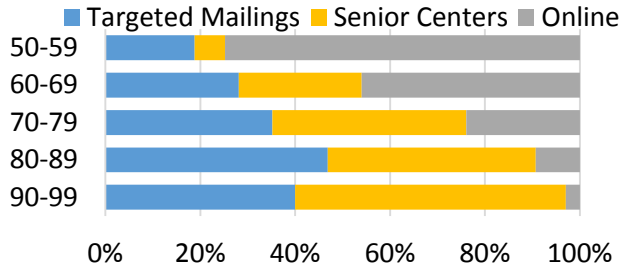
Age	50-59	60-69	70-79	80-90	90-99	*Total*
State (N=626)	14%	36%	32%	15%	3%	*100%*
Area 1 (N=137)	7%	35%	37%	19%	2%	*100%*
Area 2 (N=70)	13%	34%	36%	14%	3%	*100%*
Area 3 (N=138)	20%	40%	28%	11%	1%	*100%*
Area 4 (N=129)	23%	34%	26%	11%	5%	*100%*
Area 5 (N=118)	10%	35%	36%	18%	2%	*100%*
Area 6 (N=34)	12%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

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

Table 10: Survey Source Distribution, by Age

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

Figure 3: Survey Source Distribution, by Age



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

Table 11: Age Distribution, by Survey Source

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

Gender and Veteran Status

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

Table 12: Gender and Veteran Status of Respondents

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

Race and Ethnicity

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

Table 13: Race and Ethnicity

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

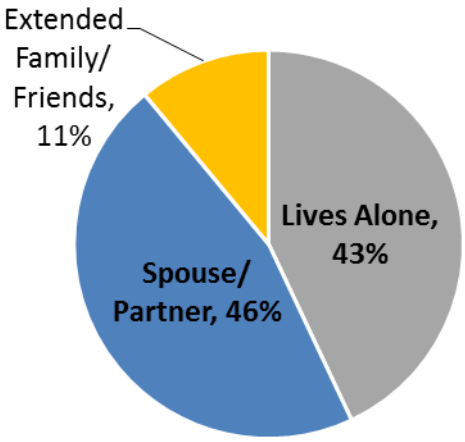
Household Composition

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

Table 14: Household Composition, by AAA Region

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

Figure 4: Household Composition



Living Alone and Age 65 and Older

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

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

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

Employment Status

Half of all respondents are not currently working or volunteering.

Table 16: Employment status, by AAA Region

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

Household Income

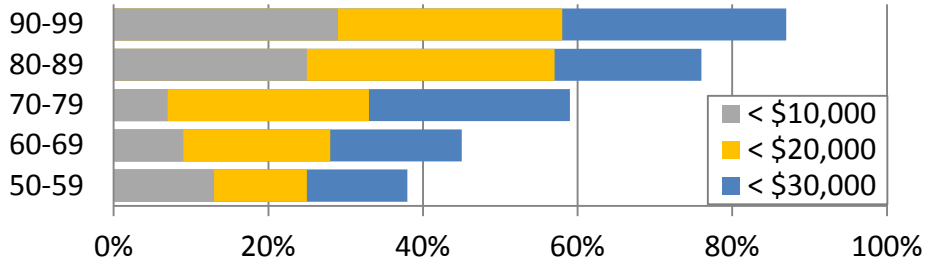
The reported household income was fairly well distributed with 10-24% in each level. AAA Regions 3 and 4 had a higher percentage of respondents in the highest income category while Region 6 had a significantly lower percentage. More respondents had a household income below $20,000 (35%) than that reported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

Table 17: Estimated Household Income, by AAA Region

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

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

Figure 5: Household Income by Age



Insurance Coverage

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

Table 18: Type of Insurance Coverage, by AAA Region

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

Quality of Life

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

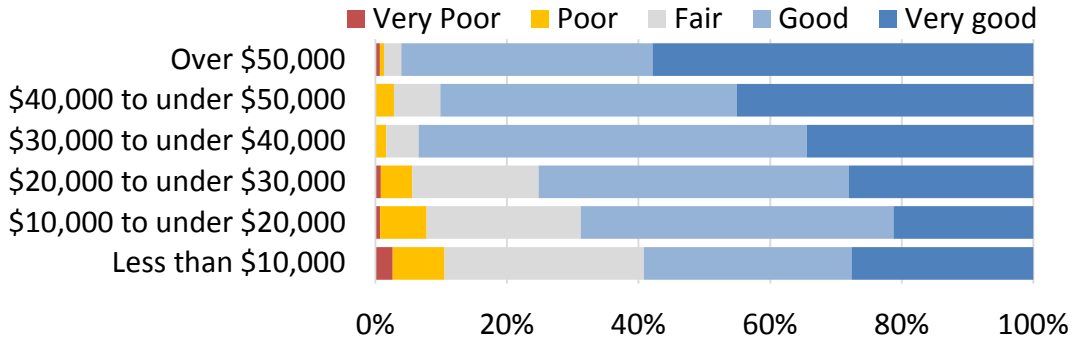
Table 19: Overall Quality of Life

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

Quality of Life and Household Income

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

Figure 6: Quality of Life Compared to Household Income



Participation in Activities

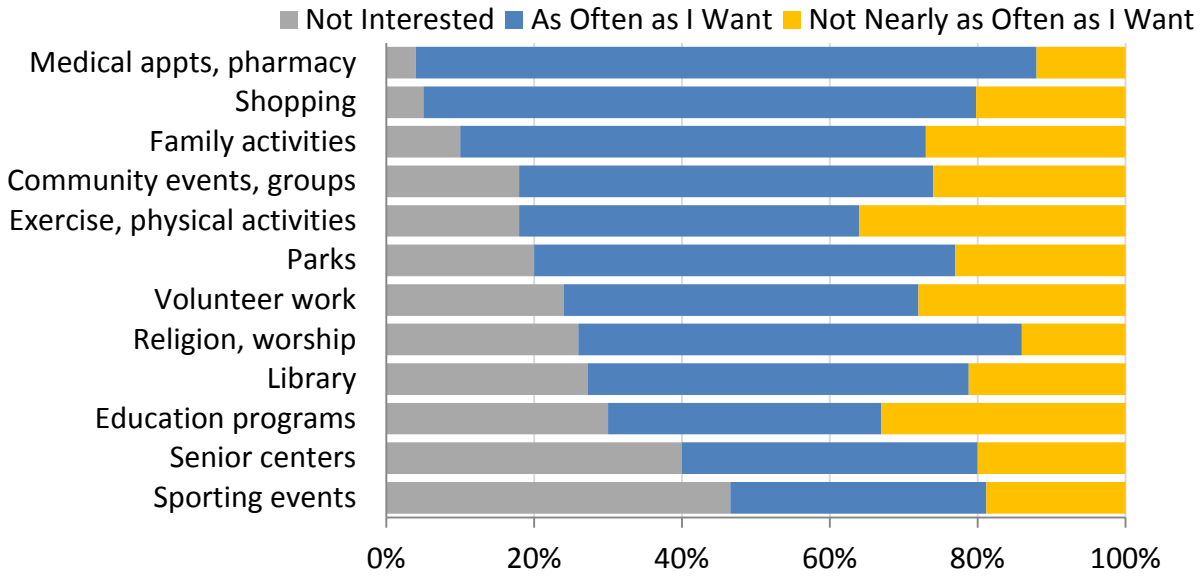
Another measure of quality of life is an individual's ability to participate in activities as much as they would like to do so. Response options were as often as I want, not nearly as often as I want, and not interested. Results are presented in Table 20 and Figure 7 for all respondents. The "Interested"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

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

Table 20: Participation in Activities, All Respondents

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

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



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

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

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

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

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

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

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

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

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

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

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

Problems in Last 12 Months

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

Figure 8: Problems over the Last 12 Months

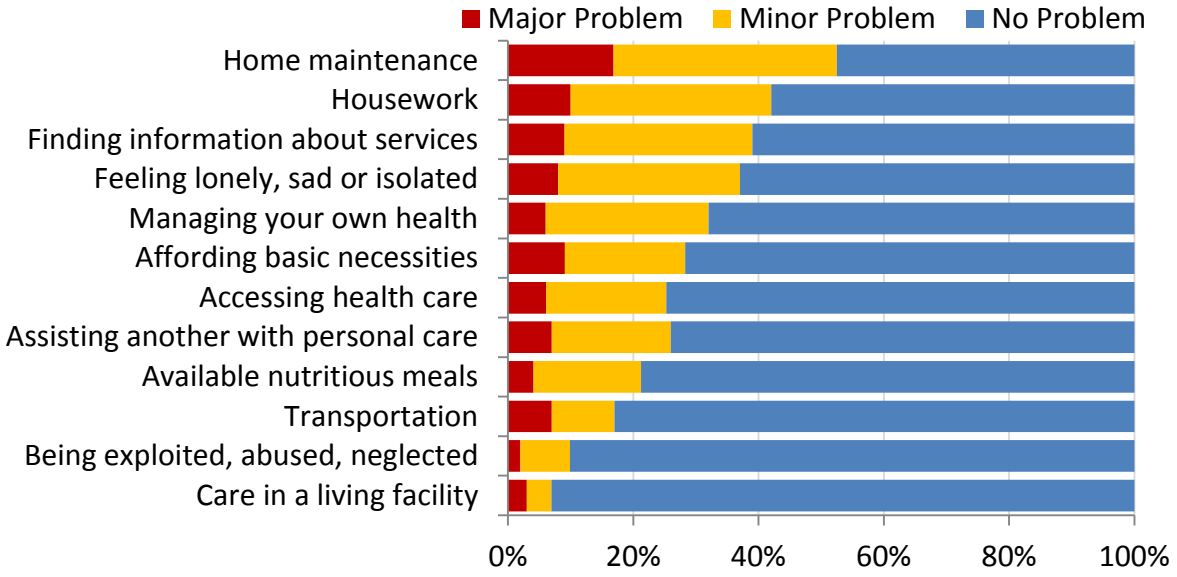


Table 24: Problems over the Last 12 Months

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

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

Table 25: Major Problems over the Last 12 Months

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

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

Table 26: Minor Problems over the Last 12 Months

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

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

Table 27: No Problems over the Last 12 Months

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

Long-Term Care Services and Supports

Information and Assistance

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

Use of Information Resources

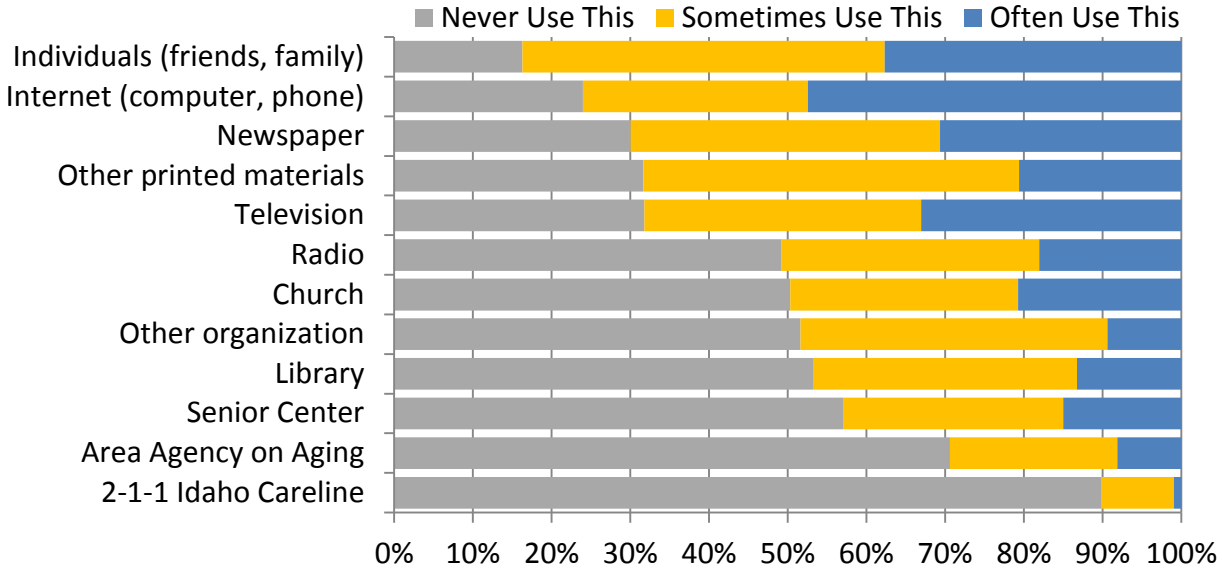
The first question asked how often the respondent has used the following information resources to find out about services and supports for seniors and people with disabilities. Results are presented in Table 28 and Figure 9 for all respondents (see next section for the use of these information resources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

Table 28: Use of Information Resources

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

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

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



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

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

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

Table 30: <u>Sometimes Use</u> These Information Resources to Find Out about Services and Supports

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

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

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

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

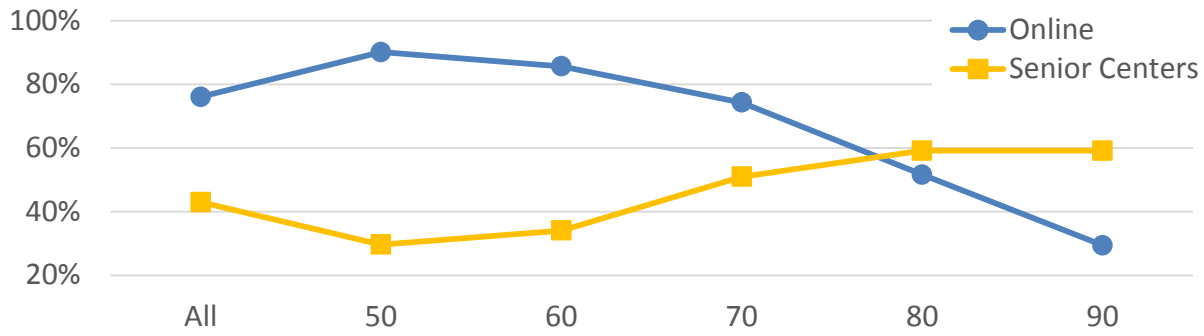
Use of Information Resources by Age

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

Table 32: Information Resources Used by Age

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

Figure 10: Information Resources Used by Age



Awareness of Services Provided

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

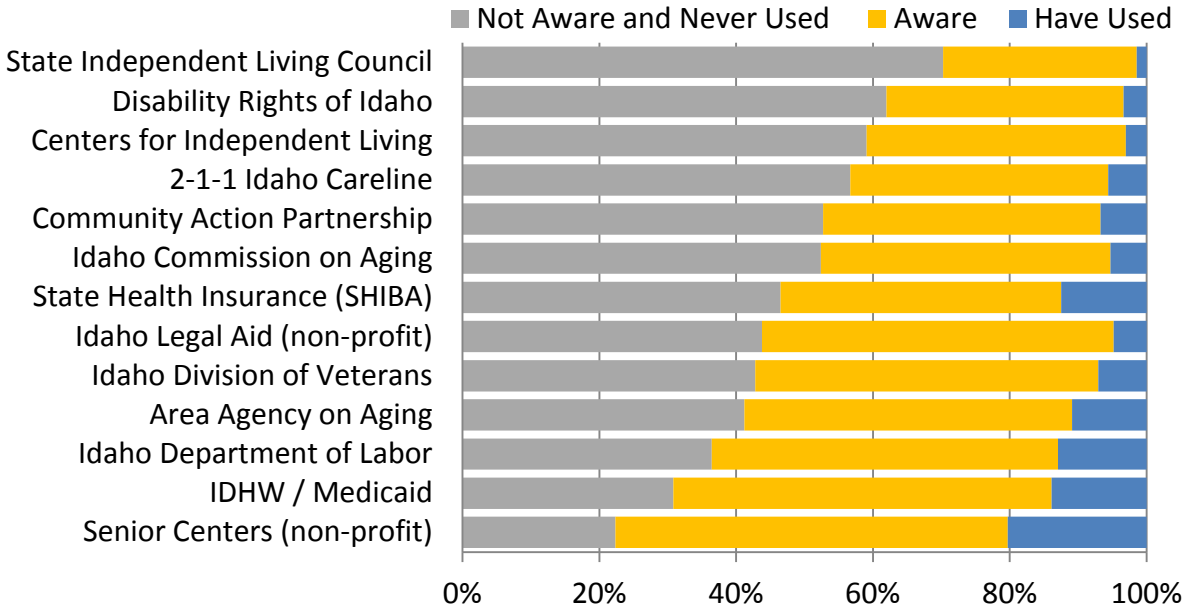
On average, about equal numbers of respondents were aware and not aware of the services provided by these agencies or organizations (46% and 47%), and fewer than 10% have used any of the services. However, there was a wide range of awareness reported for specific agencies and organizations. For example,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

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

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

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

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



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

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

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

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

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

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

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

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

Congregate and Home Delivered Meals

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

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

Table 37: Nutrition Services: Home Delivered Meals

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

Table 38: Nutrition Services: Congregate Meals

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

Homemaker Services

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

Table 39: Formal Homemaker Services

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

Table 40: Informal Homemaker Services

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

Chore Services

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

Table 41: Formal Chore Services

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

Table 42: Informal Chore Services

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

Transportation

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

Table 43: Formal Transportation Services

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

Table 44: Informal Transportation Services

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

Legal Assistance

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

Table 45: Legal Assistance Services

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

Disease Prevention and Health Promotion Programs

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

Table 46: Disease Prevention and Health Promotion Programs

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

Caregiver Services

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

Table 47: Caregiver Services

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

Respite Services

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

Table 48: Formal Respite Services

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

Table 49: Informal Respite Services

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

Ombudsman Services

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

Table 50: Ombudsman Services

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

Adult Protection Services

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

Table 51: Adult Protection Services

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

Case Management Services

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

Table 52: Case Management Services

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

Comparison Across All Services

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

Table 53: Formal and Informal Services

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

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

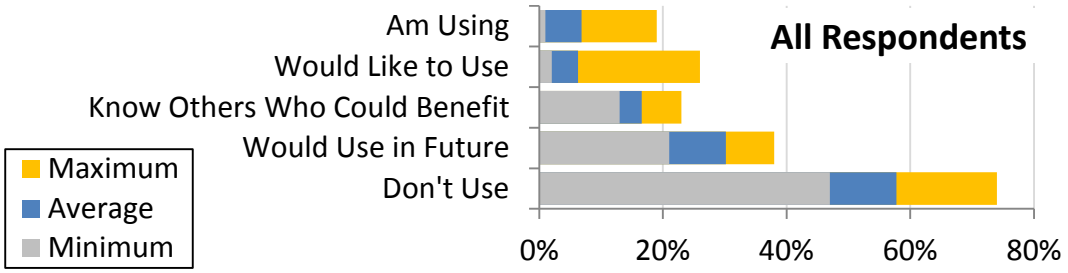
For each service area, between 2% and 11% of respondents would like to use these services (average of 5%). More people reported wanting a service than are currently receiving it for 9 of the 16 service areas included in the needs assessment. The largest difference is for formal chore services, which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

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

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

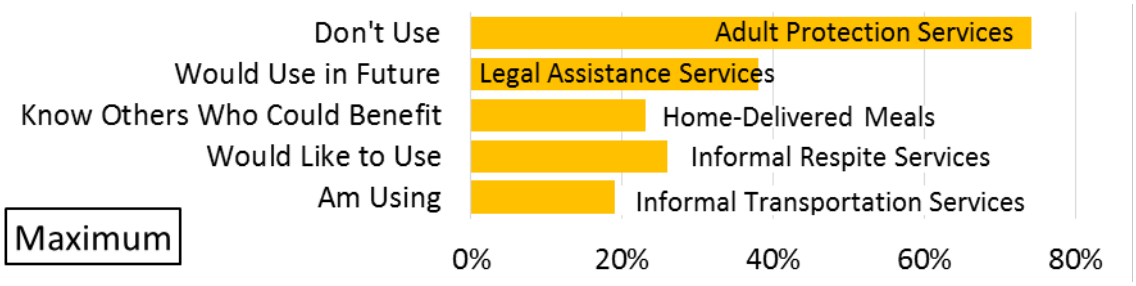
The range of responses across all service areas is shown in Figure 12. Fewer than 20% of respondents currently use any of these services (average 7%), and 21% to 38% would use each service area in future.

Figure 12: Range of Responses Across All Service Areas



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

Figure 13: Service Area with Maximum for Each Response Option



Comparison Across Services Areas by Age

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

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

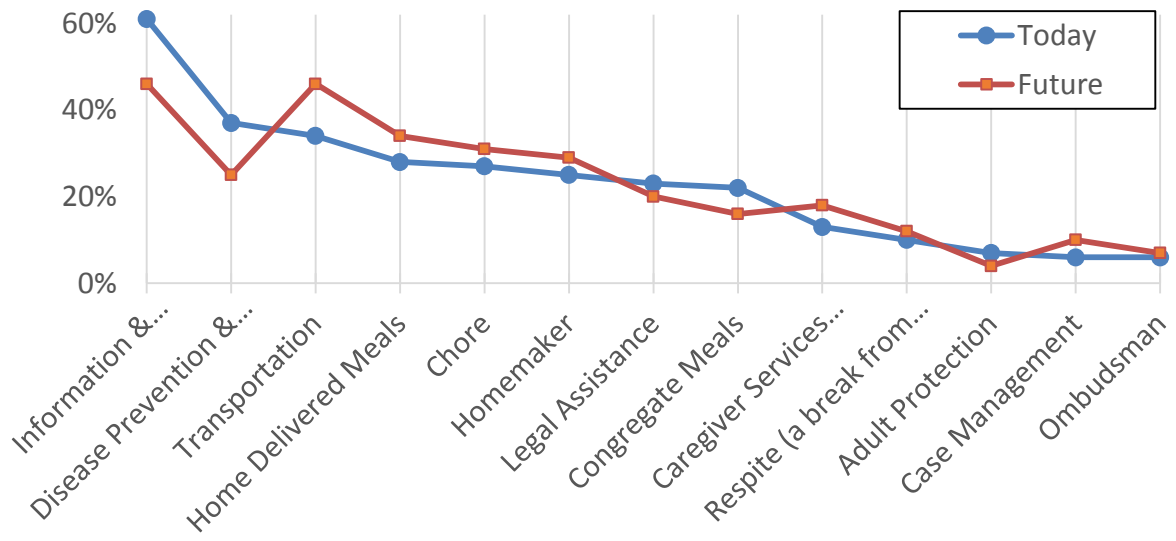
Top Needs for Services

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

Current Needs

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

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



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

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

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

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

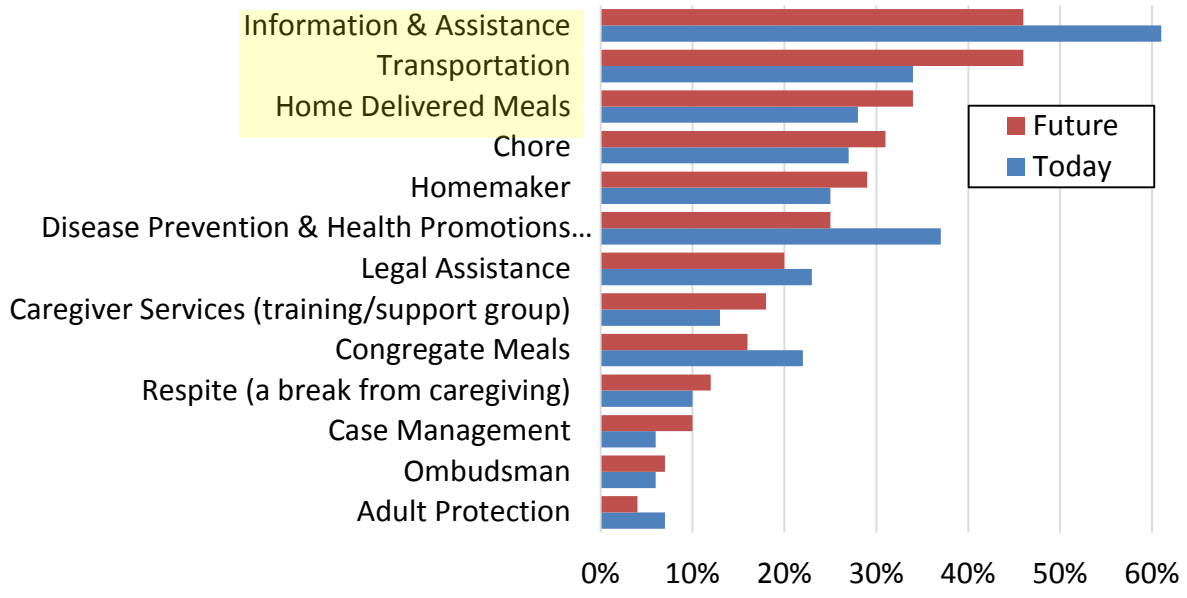
Table 55: Top Three Services that You Think are Most Important to You Today

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

Future Needs

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

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



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

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

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

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

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

Results by Respondent Source

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

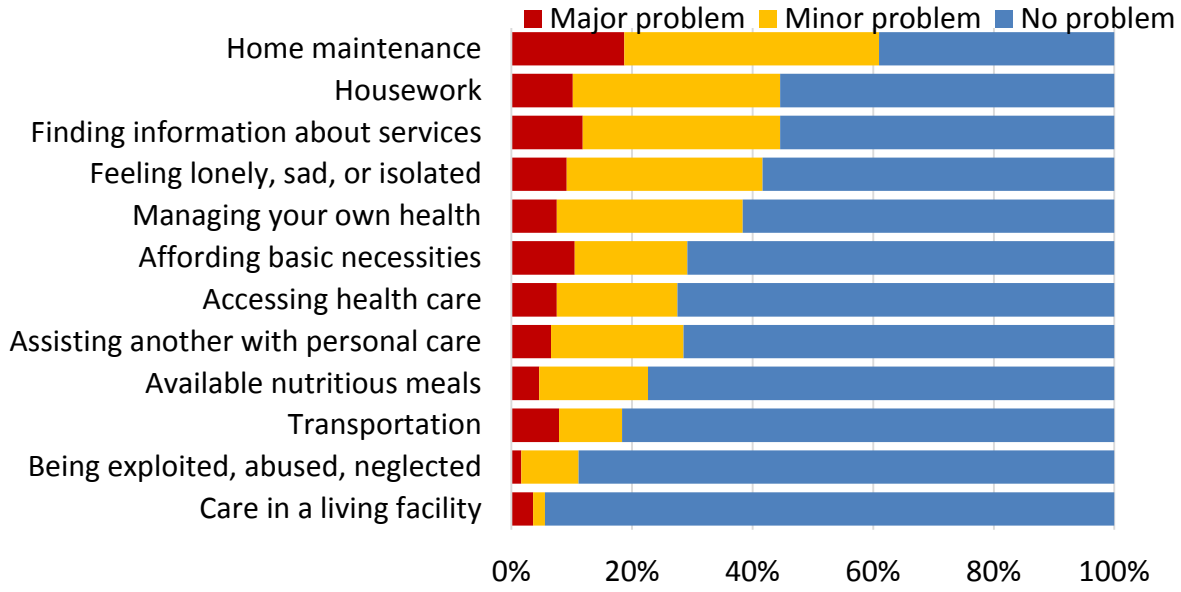
Online Surveys

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

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

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

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



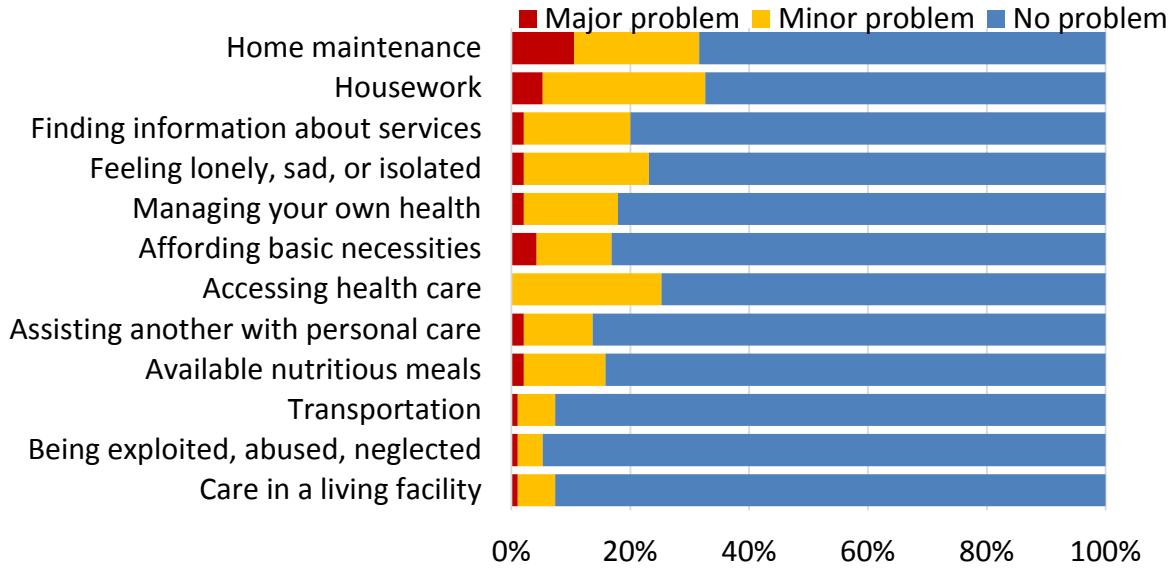
Overall, online survey respondents use slightly fewer services than all respondents.

Senior Center Surveys

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

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

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



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

Targeted Mailed Surveys

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

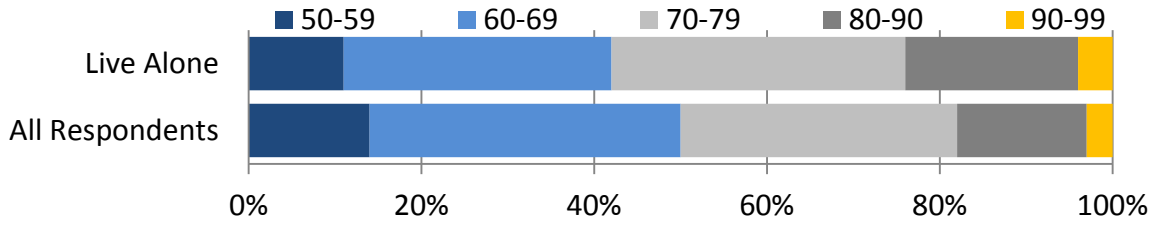
Most other differences between this subgroup and all respondents were small.

Results for Respondents Who Live Alone

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

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

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



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

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

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

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

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

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

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

Appendix A: ISU Press Releases Announcing Survey

Idaho State
UNIVERSITY

October 27, 2015

Released by Idaho State University, Marketing and Communications

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

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

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

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

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

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

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

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Idaho State
UNIVERSITY

November 19, 2015

Released by Idaho State University, Marketing and Communications

Statewide assessment to

improve senior services in Idaho

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

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

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

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

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

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

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Appendix B: Survey Instrument

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

Print version: ICOA_Needs Assessment_to_print_30Oct15

Online version: ICOA_Needs_Assessment_Survey_online_version_6Nov15

Attachment L

IDAHO COMMISSION ON AGING'S DISASTER AND EMERGENCY PREPAREDNESS PLAN

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

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

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

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

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

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

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

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

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

To help meet these obligations, to insure business continuity and to meet the needs of older citizens in an emergency, the Idaho Commission on Aging is required to develop an emergency disaster plan.

Basic Components of a Disaster Plan

1. Name and title of ICOA`s Administrator

NAME (ICOA staff)	TITLE/POSITION
Sam Haws	Administrator

2. Names and titles of ICOA staff

NAME (ICOA staff)	TITLE/POSITION
Scott Carpenter	Project Coordinator
Kevin Bittner	Administrative Services Manager
Birgit Luebeck	Program Specialist
Jeff Weller	Deputy Administrator
Brian Warner	Financial Specialist Senior
Bettina Briscoe	Program Specialist
Vicki Yanzuk	Grants / Contracts Officer
Raul Enriquez	Program Specialist
Pam Catt-Oliason	Program Specialist
Deedra Hunt	Program Specialist
Cathy Hart	State Ombudsman
Susan Bradley	Technical Records Specialist I
Jenny Hill	Office Specialist II

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

LOCATION NAME AND ADDRESS	Contact
Idaho Department of Transportation, located 3311 W State Street, Boise, ID 83707	Contact is Bryan Smith

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

   YES X

5. Following contacts that will be maintained during a disaster situation

NAME	AGENCY NAME
Scott Carpenter	First Emergency Coordinator, ICOA
Kevin Bittner	Second Emergency Coordinator, ICOA
Birgit Luebeck	Third Emergency Coordinator, ICOA
Autumn Roberts	Bureau of Homeland Security
Knute Sandahl	State Fire Marshall, DOI
Bryan Smith	Alternate Facility, ITD
Wade Gayler	Red Cross
Raelene Thomas	ICBVI
Jeanette Burket	AoA/ACL

6. Area Agencies on Aging Directors Contact Information

AAA Agency Director	AGENCY NAME
Jeffery Hill	Area Agency on Aging I, North Idaho College
Jenny Zorens	Area Agency on Aging II, Community Action Partnership
Interim Jeff Weller	Area Agency on Aging III, Idaho Commission on Aging
Suzanne McCampbell	Area Agency on Aging IV, College of Southern Idaho Office on Aging
Sister A-M Greving	Area Agency on Aging V, Southeast Idaho Council of Governments
Morgan Nield	Area Agency on Aging VI, Eastern Idaho Community Action Partnership

7. Does ICOA 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 X

Describe the process: All recipients of Home Delivered Meals and Case Management 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.

8. Does the ICOA disaster plan include a process for staff 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 X

Evacuation/Non-Evacuation

Evacuation

There are many types of natural and human-caused emergencies that could occur while we are at work. When an emergency arises we will be notified by Raelene Thomas, the Emergency Coordinator of the Idaho Commission for the Blind and Visually Impaired.

Evacuation of facility in the event of:

- Flood
- Fire
- Chemical Spills (inside the building)
- Earthquake (non-high rise building)
- Bomb (threat or explosion)
- Violence
- Bio-Terrorism

Evacuation Procedure:

- When time, shut your door, before you leave the building
- Exit the building in a calm manner either through our emergency exit in the kitchen or the main stairs.
- Staff must reassemble at the predetermined location (sidewalk north side) to verify everyone is safely out of the building.

No Evacuation of facility in the event of:

- Weather
- Chemical Spills (outside)
- Civil Disorder

ICOA RESPONSIBILITIES IN THE EVENT OF AN EMERGENCY OR DISASTER

The State of Idaho`s Mass Care requires ICOA to assist during an emergency in the following ways:

- **Public Information:** All State agency PIOs (Public Information Officers) will support emergency public information operations as required by the State Emergency Public Information Officer and the Governor's Press Secretary.

- **Evacuation - Preparedness Phase:** ICOA will be called by the Bureau of Homeland Security (BHS), to help identify available transportation capabilities and mass care and feeding facilities for the elderly and handicapped, in coordination with the State Department of Education, Idaho Transportation Department, Department of Health and Welfare and the American Red Cross.
- **Evacuation - Immediate Disaster Phase:** ICOA will advise Bureau of Homeland Security and the Department of Health and Welfare concerning transportation, mass care, feeding capabilities, and the needs of the infirmed and handicapped.
- **Evacuation - Post Disaster Phase:** ICOA, along with all other State agencies, will continue evacuation assistance activities as required by the BHS.
- **Mass Care and Feeding - Immediate Disaster Phase:** The State Department of Education, ICOA and Department of Health and Welfare will arrange for distribution of food commodities.
- **Preliminary Damage Assessment - Impacts Analysis:** ICOA will be called upon to assist State agencies to assess damage and the impact in the event of a disaster and to determine the extent of disaster assistance to be provided to the elderly by the State agencies and the Federal Government.
- **Preliminary Damage Assessment - Supplementary Justification in Support of Request for Assistance:** ICOA could/would be called upon to provide background information in the form of a brief narrative description of pre-disaster conditions, covering elderly populations and conditions of the affected area.
- **Processing Disaster Assistance Requests:** When requested by BHS, ICOA will;
  Perform disaster/emergency functions as outlined in this plan, and the Governor's executive order (No. 2010-09)
  Provide specific supporting data for Federal assistance application and participate in preliminary damage assessment.
  Participate in preliminary damage assessment (State and/or State-FEMA Damage Assessment.)

Disaster Application Center – Post disaster Phase:

BHS notifies State agencies to provide personnel for staffing Disaster Application Centers. ICOA staffing may be necessary for the following functions: Assistance for the aged.

Should a disaster or state of emergency exist in the state of Idaho, the following individuals will be responsible for actions indicated. Scott Carpenter has been assigned as the Emergency Coordinator. In his absence, Kevin Bittner has been assigned alternate. Next would be Birgit Luebeck.

FISCAL OPERATIONS:

- Payments to AAAs for on-going operations and services. In order to ensure funds are made available so AAAs have the ability to serve vulnerable seniors during any emergency event (whether the event affects their region of the state or ours), ICOA must be able to receive federal funds and make payments to the AAAs. Transfers of funds from the federal agencies to the state, and from the state to payees are largely done electronically

- Contact for requesting federal funds when computer systems are unavailable:
    - Call State Controller's office
- Process for paying bills through STARS in event our computer system is disabled:
    - Use STARS enabled computer at another state agency, logging on with our passwords and usernames
    - Use a computer at the State Controller's Office, logging on with our passwords and usernames
- Process for paying ICOA staff payroll through the I Time and State Wide Accounting System, in event our computer system is disabled
    - Staff will be required to fill out paper timesheets
    - Accounting staff will use I Time enabled computer in another state agency, logging on with our passwords and usernames

RECORD KEEPING

ICOA & AAA staff must maintain accurate records during an emergency event, including time worked, emergency purchases made, personal miles driven for work purposes, as well as noteworthy benchmark activities, instructions and information. These documents will be required for monetary reimbursement and payroll, and be invaluable after the event in order to improve emergency preparedness plans.

Vitals

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

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

This information should be relayed to BHS if rescue is required. The AAA Director and Region X should be made aware of all efforts accomplished by the ICOA and BHS.

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

The Idaho Commission on Aging must be able to indicate how many older persons might be residing in a given area. This information is to be provided to ICOA by the AAA involved

immediately after a disaster. Region X is required to contact the ICOA to obtain and forward this information to the federal government.

Alternate Business Office Location

Should a disaster or emergency occur that renders the offices of ICOA inaccessible or uninhabitable, business will be temporarily conducted from the facilities of the Idaho Transportation Department. Their location and contact are:

Bryan Smith
Idaho Transportation Department
3311 West State Street
Boise ID 83707

Responsibility to inspect and determine if the ICOA office and building are safe to occupy falls to the owner of the building, The Idaho Commission for the Blind and Visually Impaired, 341 W Washington, Boise, ID 83720.

Emergency Preparedness for Idahoans

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

Stocking up now on emergency supplies can add to your safety and comfort during and after any natural disaster. Store enough supplies for at least 72 hours.

Emergency Supply Checklist:

Survival

- Water-2 quarts to I gallon per person per day
- First aid kit, freshly stocked
- Food {packaged, canned, no-cook and baby food and food for special diets)
- Blankets or sleeping bags
- Portable radio flashlight and spare batteries
- Essential medication and glasses
- Fire extinguisher
- Money

Sanitation Supplies

- Soap and liquid detergent
- Toothpaste and toothbrushes
- Feminine and infant supplies
- Toilet paper
- Household bleach

Personal

- ID
- Will
- Insurance
- Credit cards
- Passport
- Green card
- Family records

Safety and Comfort

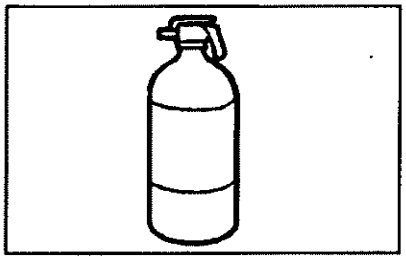
- Sturdy shoes
- Heavy gloves for clearing debris
- Candles and matches
- Knife or razor blades
- Tent
- Gun and ammunition

Cooking & Tools

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

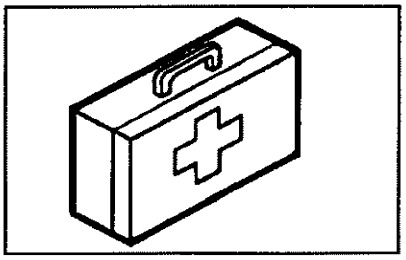
Emergency Supplies to Be Stored:

After a major earthquake, electricity, water and gas may be out of service. Emergency aid may not reach you for several days. Make sure you have the following items in your home, at your office or in your car.



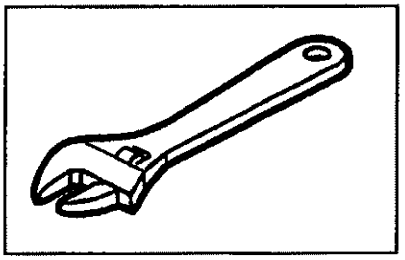
Fire extinguisher

Your fire extinguisher should be suit-able for all types of fires and should be easily accessible.



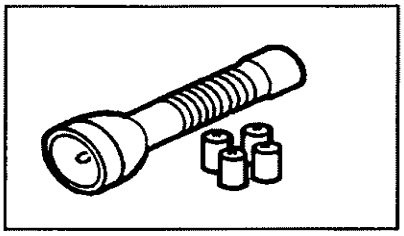
First aid kit

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

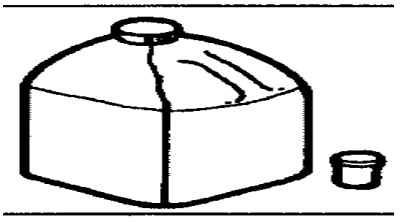


Wrench

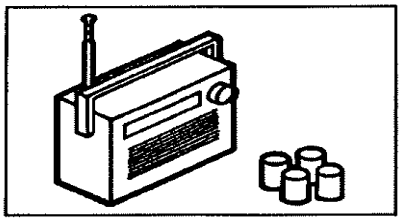
Have crescent or pipe wrench to turnoff gas and water valves if necessary.



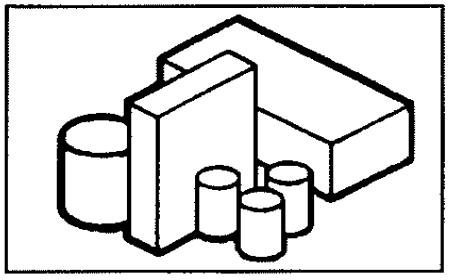
Flashlight and extra batteries: Keep flashlights in several locations in case of a power failure. Extra bat-teries last longer if you keep them in the refrigerator.



Water and disinfectant Store several gallons of water for each person. Keep a disinfectant such as iodine tablets or chlorine bleach to purify water if necessary.

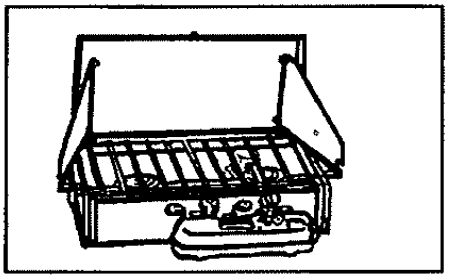


Radio and extra batteries Transistor radios will be useful for receiving emergency broadcasts and current disaster information.

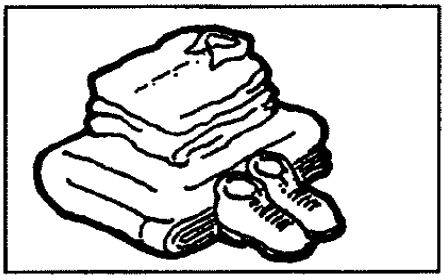


Dry or canned food

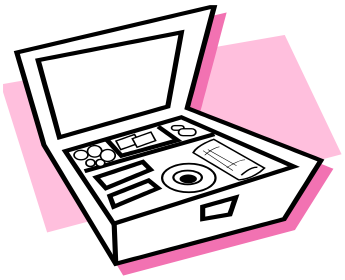
Store a one-week supply of food for each person. It is preferable to store food that does not require cooking.



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



Blankets, clothes and shoes Extra blankets and clothing may be required to keep warm. Have shoes suitable for walking through debris.



Recommended Items to Include in a Basic Emergency Supply Kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation.
- Food, at least a three-day supply of non-perishable food.
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both.
- Flashlight and extra batteries.
- Rain proved matches and a candle.
- First aid kit.
- Whistle to signal for help.
- Moist towelettes, garbage bags.
- Wrench or pliers to turn off utilities.
- Cell phone with solar charger or Spot unit.

Additional Items to Consider Adding to an Emergency Supply Kit:

- Prescription medications and glasses.
- Infant formula and diapers.
- Pet food and extra water for your pet.
- Sleeping bag or warm blanket for each person.
- Household chlorine bleach and medicine dropper- When diluted nine parts water to one ppart part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.

Pandemic Influenza &Emergency Preparedness:

Pandemic Flu

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

Plan for a Pandemic:

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

Make a Pet Disaster Supply Kit:

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

Pet Emergency Supplies:

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

Pet First Aid:

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

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

Hearing Aides

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

Batteries

- Store extra batteries for hearing aids and implants. If available, store and extra hearing aid with your emergency supplies.
- Maintain TTY batteries. Consult your manual for information.
- Store extra batteries for your TTY and light phone signaler. Check the owner's manual for proper battery maintenance.

Communication

- Determine how you will communicate with emergency personnel if there is no interpreter or if you don't have your hearing aids. Store paper and pens for this purpose.
- Consider carrying a pre-printed copy of important messages with you , such as: "I

  Speak American Sign Language (ASL) and need an ASL interpreter.
- If possible obtain a battery-operated television that has a decoder chip for access to signed or captioned emergency reports.
- Determine which broad casting systems will be accessible in terms of continuous news that will be captioned and/or signed. Advocate so that television stations have a plan to secure emergency interpreters for on-camera emergency duty.

Special Considerations for Those with a Disability:

- Find two friends or family members that would be willing to help you in the event of evacuation and know how to operate equipment you might need.
- Learn what to do in case of power outages and personal injuries. Know how to connect or start a back-up power supply for essential medical equipment.
- Learn your community's evacuation routes.
- Listen to battery-operated radio for emergency information.

Disaster Supply Kit:

- In addition to the general supply kit listed above persons with disabilities might want to include:
- Extra wheelchair batteries, oxygen, medication, catheters, food for guide or service dogs, or other special equipment you might need.
- A stock of non-perishable food items that may be necessary for diet restrictions.
- A list of the style and serial numbers of medical devices such as pacemakers.
- Store back-up equipment, such as a manual wheelchair, at your neighbor's home, school, or your workplace.
- If preparation is done ahead of time the following are suggestions on how you can prepare for an evacuation easier in regards to special consideration when caring for persons with disabilities and elderly caring for those with special needs:

Special Checklist Considerations:

- Remember your special needs family member or friend is under stress and may be preoccupied during the event of an evacuation and may not pack everything they need. Following is a checklist of important items to remember in an evacuation in addition to the checklist stated above.
- Have a list of all prescription medications; times they are to be take, and an extra supply of this medication.
- Have the names and phone numbers of their doctors, pharmacy and home health agency.
- Pack all of their personal hygiene articles, including denture cleansers and adhesives.

When Do You Get Involved?

Citizen Corps actively involves citizens in making our communities and our nation safer, stronger, and better prepared. We all have a role to play in keeping our hometowns secure from emergencies of all kinds. Citizen Corps works hard to help people prepare, train, and volunteer in their communities. **What role will you play?** Being ready starts with you, but it also takes everyone working together to make our communities safer. Citizen Corps provides a variety of opportunities for you to get involved. You can provide valuable assistance to local fire stations, law enforcement, emergency medical services, and emergency management. Get connected to disaster volunteer groups through your local Citizen Corps Council, so that when something happens, you can help in an organized manner. Citizen Corps programs build on the successful efforts that are in place in many communities around the country to prevent crime and respond to emergencies. You can join the Citizen Corps community by:

- Volunteering for local law enforcement agencies through the Volunteers in Police Service (VIPS) Program.
- Being part of a Community Emergency Response Team (CERT) to help people immediately after a disaster and to assist emergency responders.

For further information go to:

www.citizencorps.gov

www.fema.gov

www.bhs.gov

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

Emergency Checklist:

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

Create an Emergency Plan:

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

Attachment M

CIVIL RIGHTS

Title VI, Civil Rights Act of 1964
Title VII, Equal Employment Opportunity Act of 1972
Sections 503 and 504 of the Rehabilitation Act of 1973
Age Discrimination Act of 1975
Title II, Americans with Disabilities Act of 1990

SECTION I: *STATEMENT OF POLICY*

As a recipient of federal and state funds, the Idaho Commission on Aging (ICOA) complies with all anti-discrimination statutes which address provision of programs/ services, contracting for provision of programs/services, and/or hiring of employees.

The ICOA does not discriminate against any person or class of persons on the basis of race, color, national origin, sex, creed, age (subject to age eligibility requirements of the Older Americans Act of 1965, as amended, and requirements for participation in Older Worker Programs), marital status, veteran's status, or disability.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color, or national origin, with Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990 which prohibit discrimination against qualified individuals with disabilities, and with regulations of the Department of Health and Human Services issued pursuant to the Acts (Title 45, Code of Federal Regulations [CFR], Parts 80 and 84). In addition to the provision of programs and services, Title VI, Section 504, and the ADA cover employment under certain conditions.

Any questions, concerns, complaints, or requests for additional information regarding the rights of individuals under any of the above-mentioned Acts may be obtained upon written request to:

Administrator, Idaho Commission on Aging
341 West Washington Street
Boise, ID 83702
Or call: (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

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

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

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

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

5. The ICOA, the AAAs, 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 ICOA, the AAAs, and all subcontractors shall have procedures for monitoring all aspects of their operations to assure that no policy or practice is, or has the effect of being,

discriminatory against beneficiaries or other participants. Monitoring shall include, but not be limited to:

a) location of offices and facilities;
b) manner of assigning applicants or clients to staff;
c) dissemination of information;
d) eligibility criteria for participation in programs/receipt of services;
e) referral of applicants/clients to other agencies and facilities;
f) contracts with minority, women's, and disability organizations;
g) use of volunteers and/or consultants;
h) provision of services;
i) program accessibility;
j) reasonable efforts to make accommodations and provide auxiliary aids for applicants/clients with disabilities;
k) use of available statistical data pertaining to demographics and needs of low-income minority groups and other targeted classes residing in the region relative to their:

i. potential participation in programs,
ii. actual (historic) participation in programs,
iii. employment patterns, especially, their use as employees or staff in programs administered by the agency or contractor,
iv. membership on advisory councils,
v. number and nature of complaints alleging discrimination which have been filed,
vi. number of bilingual staff and staff qualified as sign language interpreters; and

l) written assurances of compliance with Title VI, Sections 503 and 504, and the Americans With Disabilities Act.

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

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

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

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

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. AAAs 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. AAAs shall have on file appropriate Assurance of Compliance with Title VI documents and the Americans with Disabilities Act from *each* subcontractor.

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

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

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

d) **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from

participation in, or be subjected to discrimination under any program or activity for which the 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.

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

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

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

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

A. AAA *PROCEDURES:*

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

2. **Obtaining a qualified interpreter:** The AAA are responsible for:
   (a) Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff;
   (b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;

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

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

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

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

_____, _____, 2016

Sam Haws, Administrator
Idaho Commission on Aging
341 West Washington Street
Boise, ID 83702

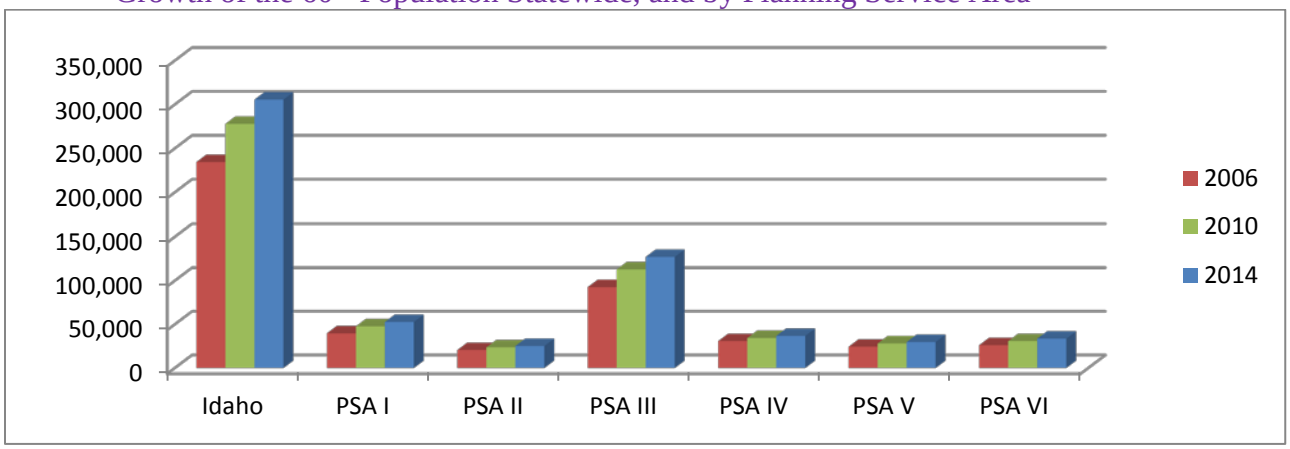
Date

Attachment N

PLANNING AND SERVICE AREA DEMOGRAPHICS

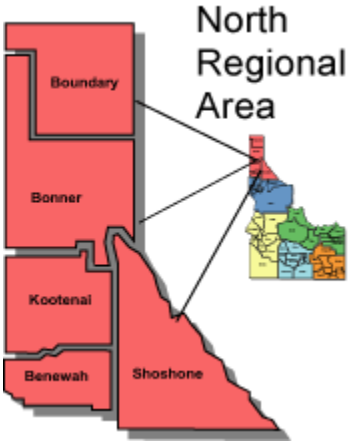
Overview

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



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

PSA I



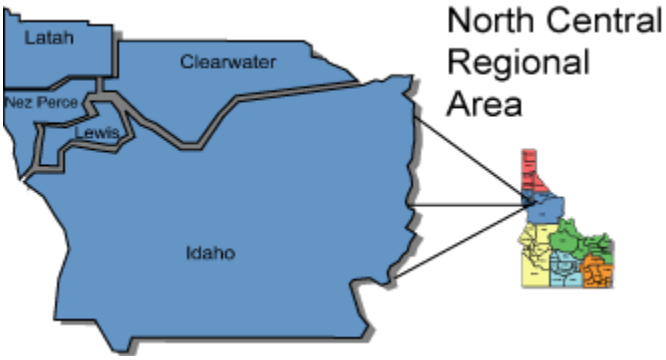
Geographic Information:

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

Demographic Information:

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

PSA II

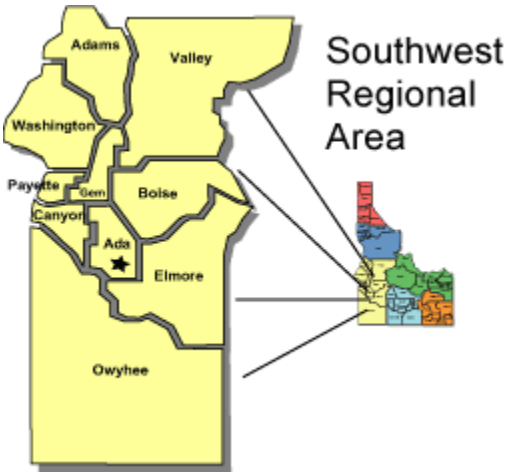


Geographic Information:
The region in PSA II covers 13,403 square miles in five north-central Idaho counties: Lewis, Idaho, Clearwater, Latah, and Nez Perce. PSA II is mostly rural except for the major university cities of Lewiston and Moscow. Students come from all over the nation and several foreign countries to enroll at Lewis-Clark State College or the University of Idaho. Their presence has a strong influence on the character of the metropolitan area.

Beyond urbanized Lewiston, Idaho's only inland port city, the region's five counties present a diverse topography which includes expanses of prairie and farmland as well as rugged mountainous terrain. Isolated communities tucked into the region's mountains and valleys are difficult to reach at any time; during the snowy winters, these tiny settlements are virtually inaccessible.

Demographic Information:
Based on the 2014 American Community Survey Estimates, the total population in PSA II was 106,381 of which 25,254 (23.7%) individuals were over the age of 60. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is 27,185. The Area Agency on Aging and Adult Services (AAA II) is a department within Community Action Partnership and has its office in Lewiston.

PSA III

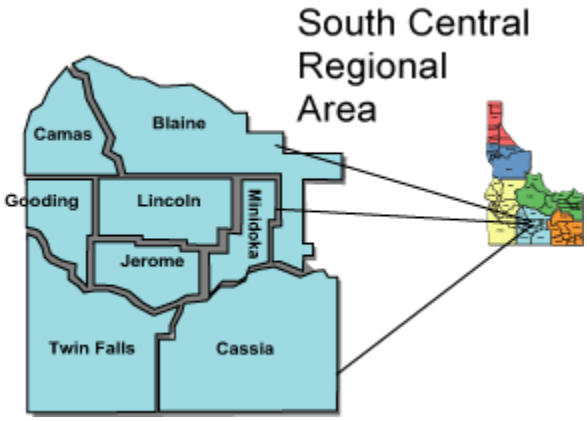


Geographic Information:
The largest region, both in terms of area (21,879 square miles), number of counties (ten: Ada, Canyon, Elmore, Payette, Washington, Adams, Boise, Owyhee, Gem, and Valley) is also the most urbanized.

The Boise Metropolitan Statistical Area (MSA) is Idaho's "megacity", sprawling over two counties (Ada and Canyon) and actually including the cities of Boise, Meridian, Nampa and Caldwell, along with several formerly small communities that have recently grown into adjoining satellite cities. The area is collectively known as the Treasure Valley. The metropolitan area's quality of life is further enhanced by the presence of several colleges and universities. The ICOA functions as the interim AAA serving this entire region, and maintains an office in Meridian.

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

PSA IV



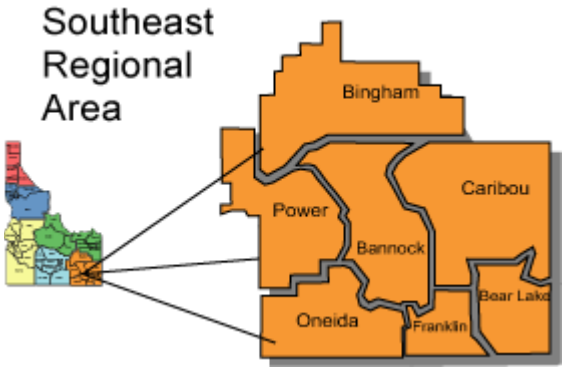
Geographic Information:
The region in PSA IV covers 11,509 square miles in eight counties (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls). The College of Southern Idaho, located in the city also named Twin Falls, is the parent organization for the area agency on aging which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

Demographic Information:
Based on the 2014 American Community Survey Estimates, the total population in PSA IV was 187,891 of which 36,834 (19.6%) individuals were over the age of 60. A population of 46,528 (25%) is concentrated in the city of Twin Falls. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is 48,647.

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

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

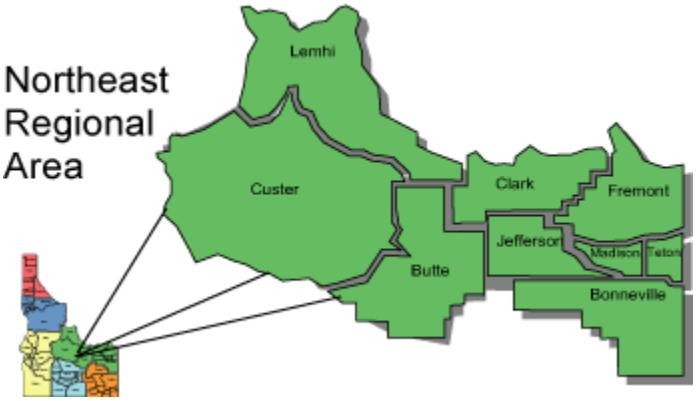
PSA V



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

Demographic Information:
Based on the 2014 American Community Survey Estimates, the total population in PSA V was 166,586, of which 29,842 (17.9%) individuals were over the age of 60. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is 36,969.

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 2014 American Community Survey Estimates, the total population in PSA VI was 209,982 of which 33,677 (16%) 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 33,894.

Exhibit 1A Idaho Growth Change and Demographics

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

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

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

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

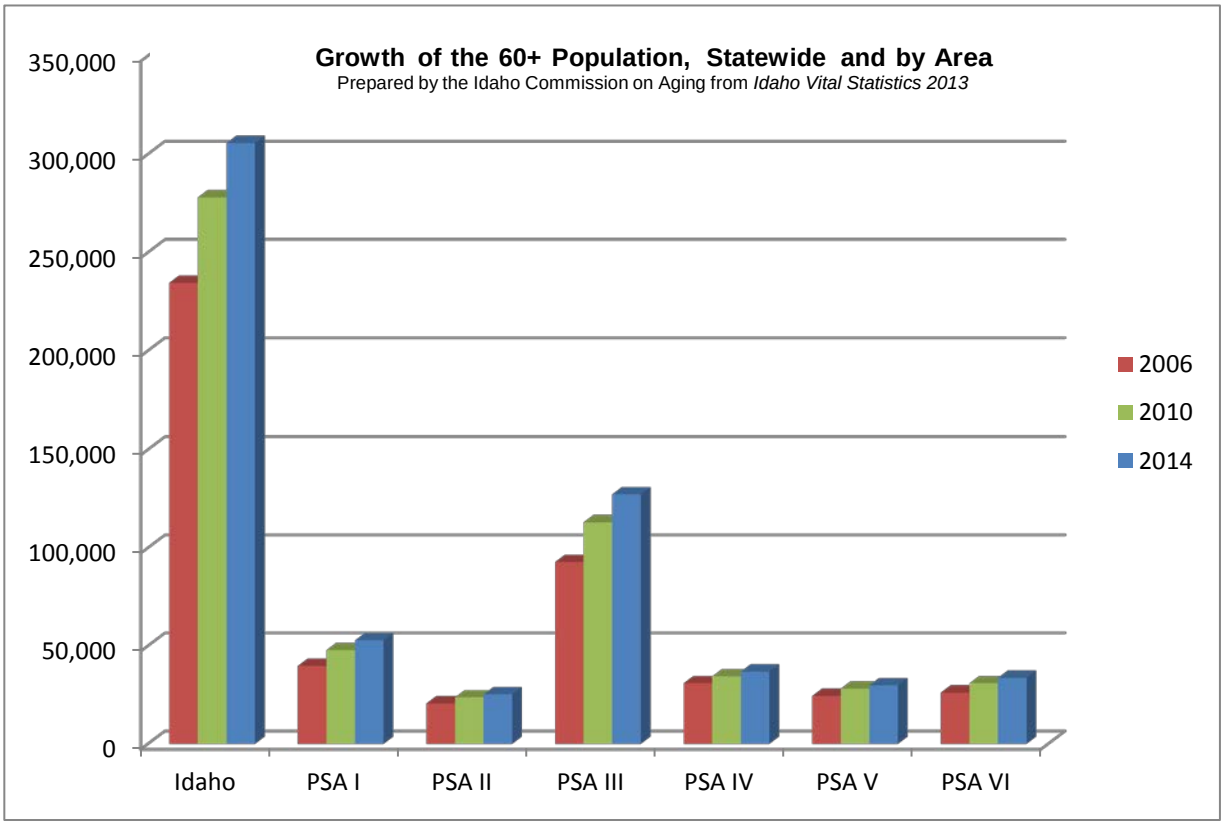
According to the Idaho State Historical Society, the entire population of Idaho numbered only 17,804 in 1870. By 1880 it had reached 32,610. When Idaho officially became the 43rd state on July 3, 1890, the population had reached 88,548— an increase of nearly 400 percent in just two decades. The state's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

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

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

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

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



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

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

…and greatest loss counties:

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

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

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

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

Idaho Resident Life expectancy 2013

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

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

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

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

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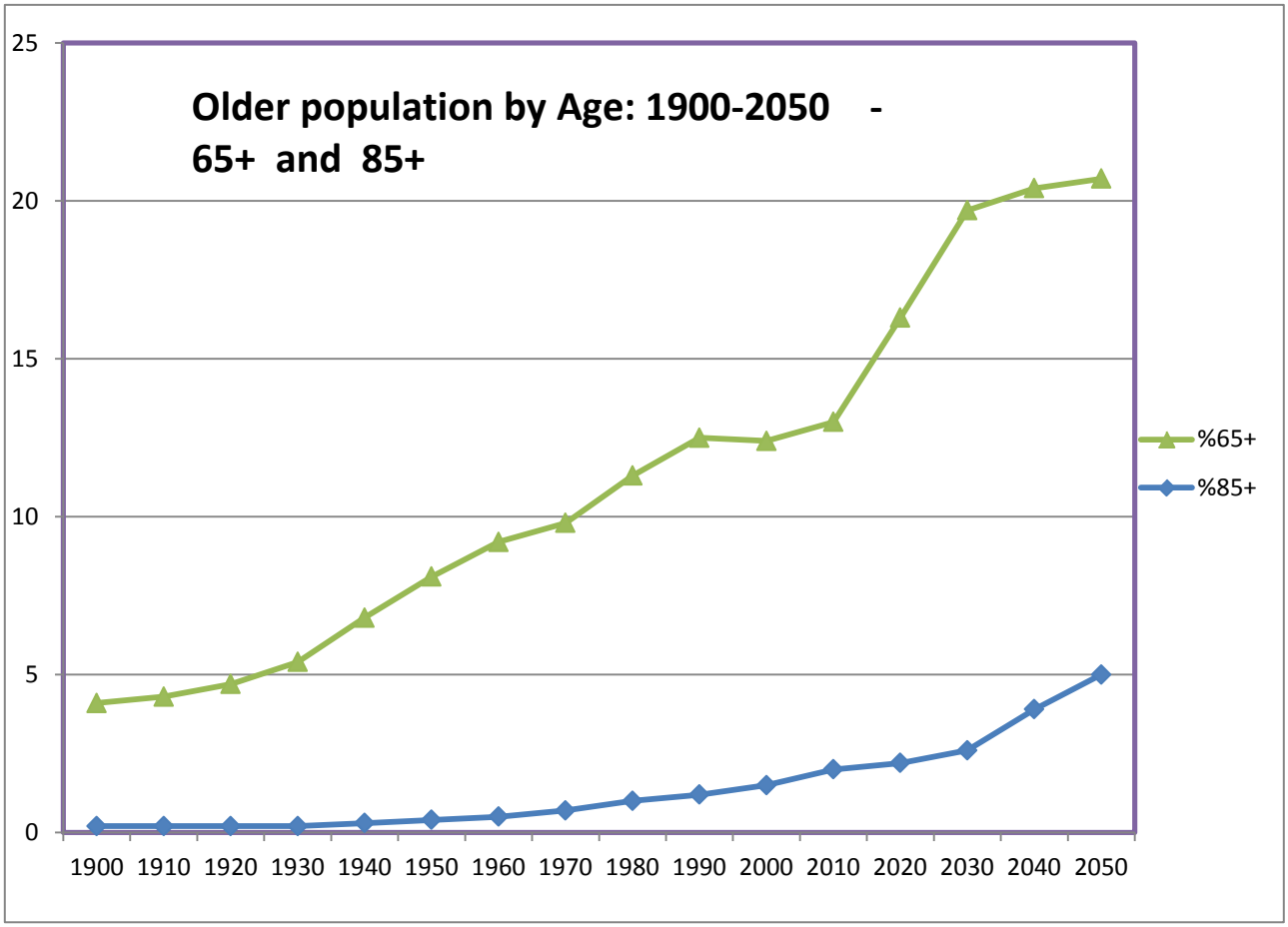
[2] From *2013 Idaho Vital Statistics,* published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

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

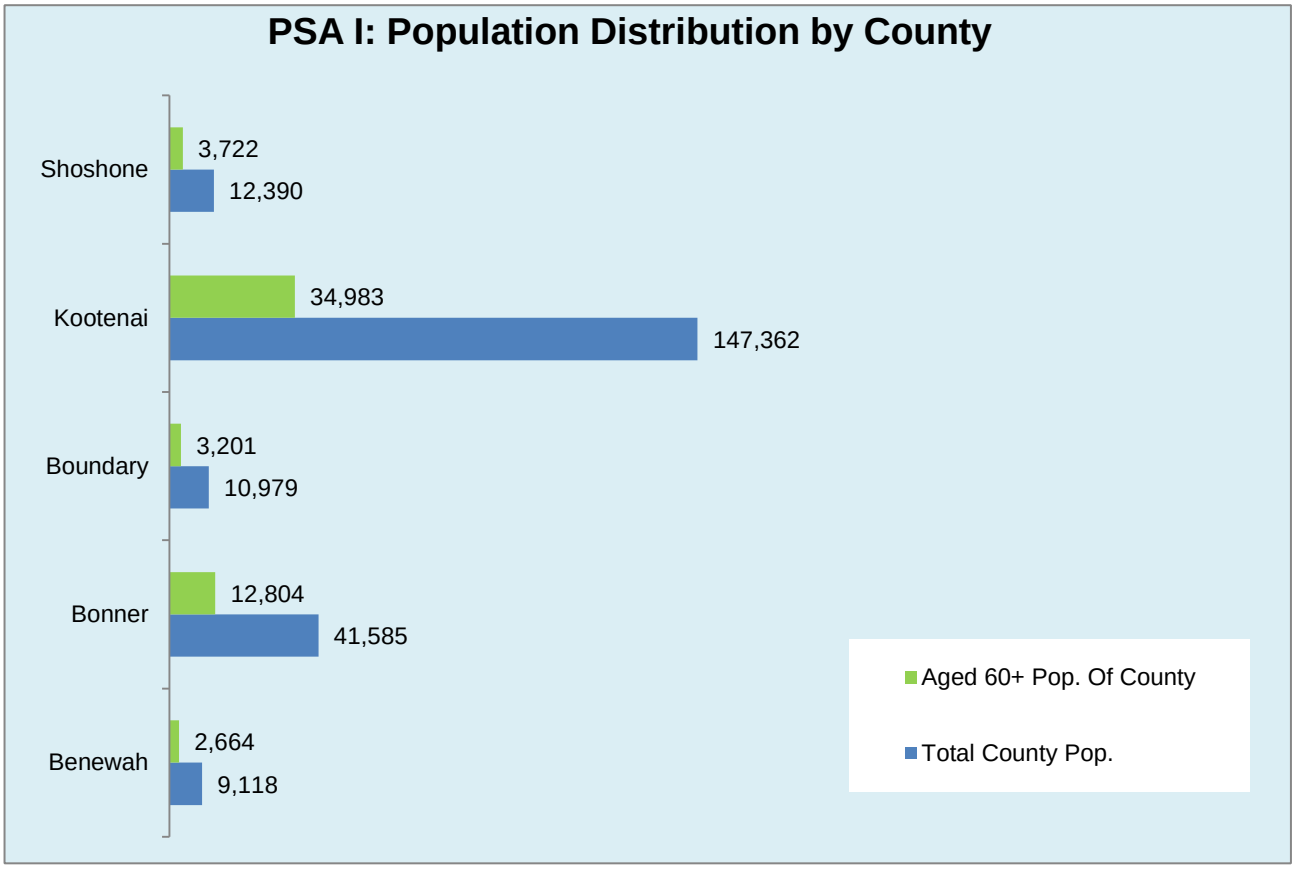


The growth of Idaho's older population reflects predicted growth in this population nationwide as a consequence of the aging of the Baby Boomer generation. The chart above depicts this anticipated growth in Idaho and *in the US overall.*

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

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

*Data comes from the 2014 American Community Survey Estimates

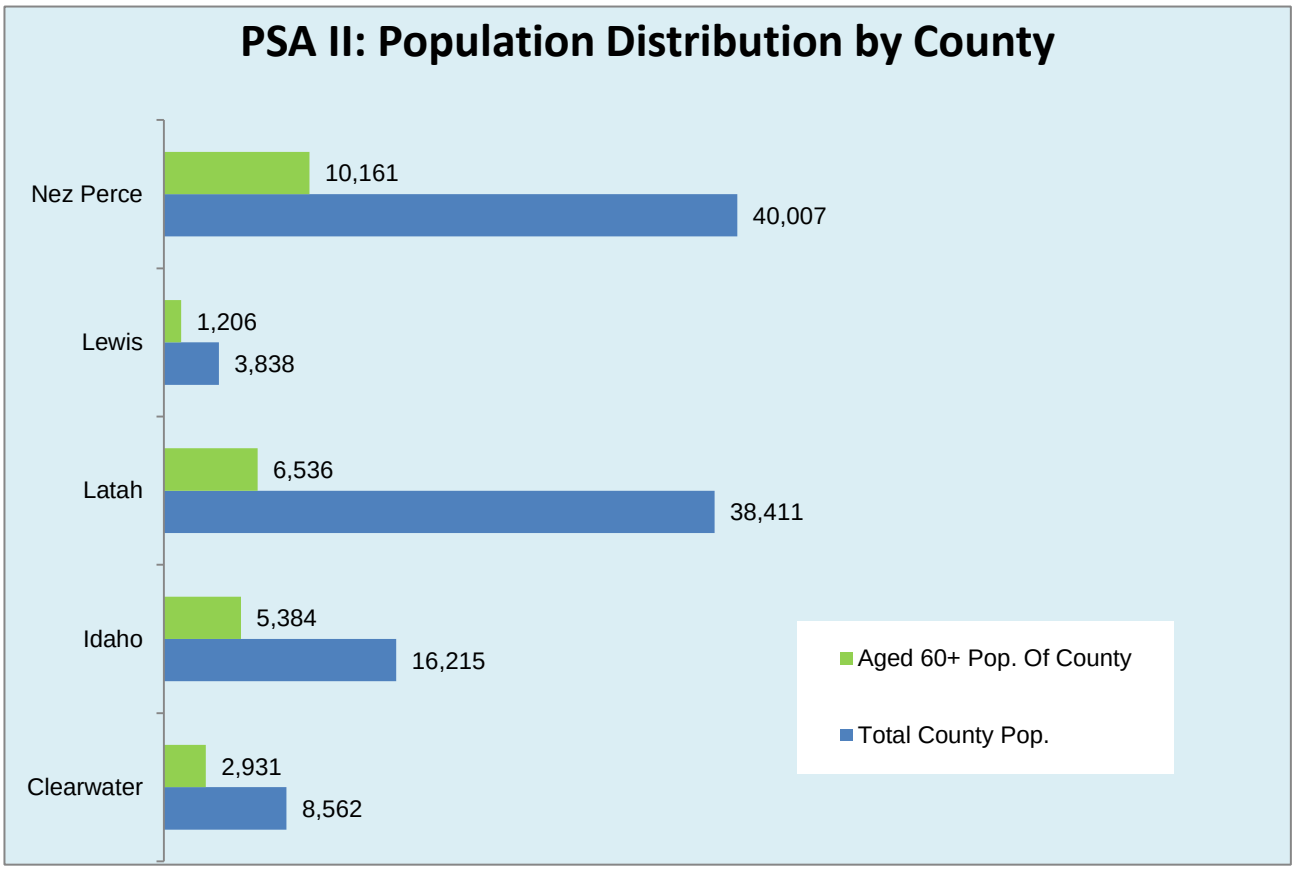


The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. Department of Health and Human Services, Bridged-Race Population Estimate, Vintage 2014

Planning and Service Area II

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

*Data comes from the 2014 American Community Survey Estimates

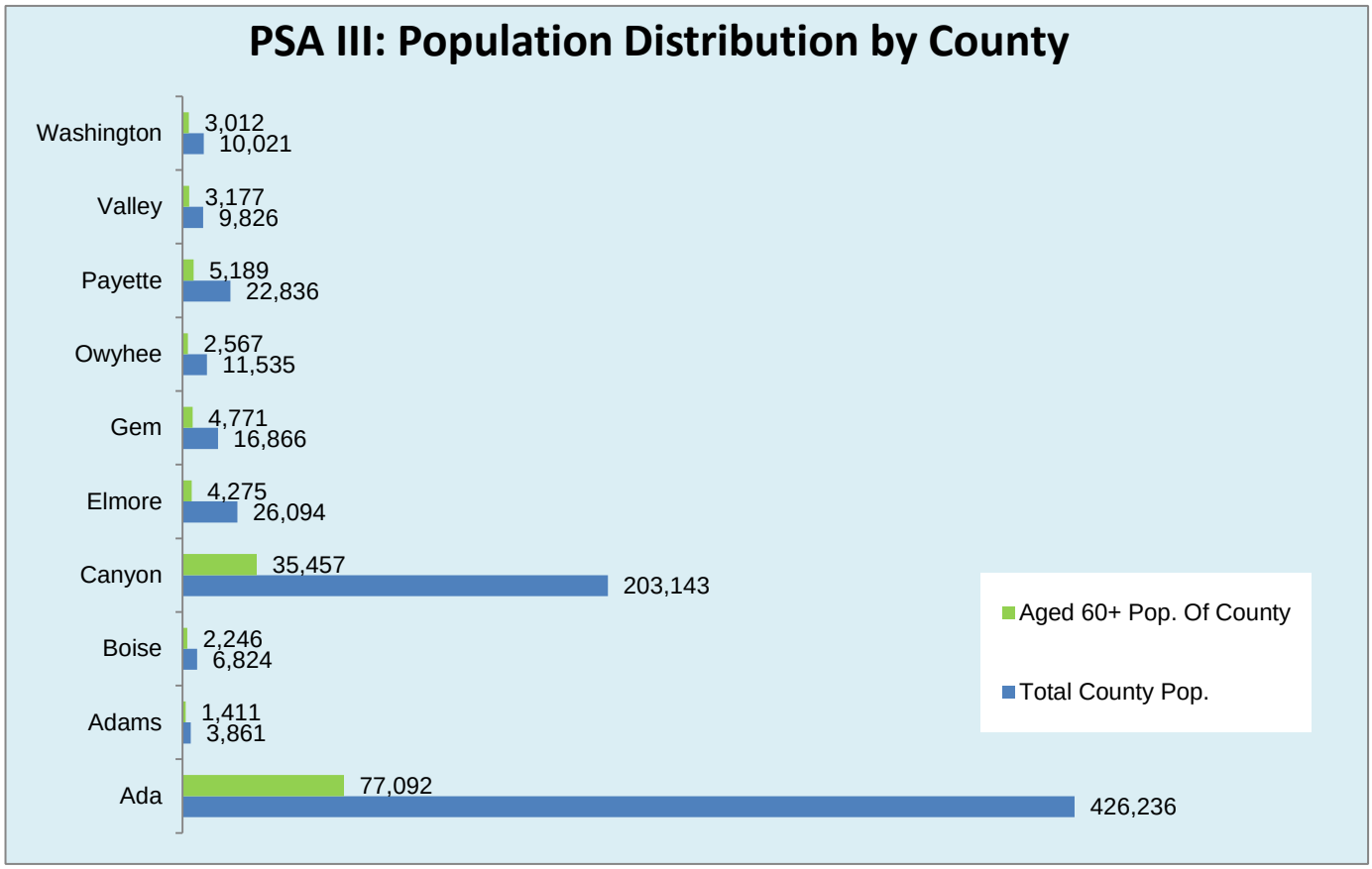


The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. Department of Health and Human Services, Bridged-Race Population Estimate, Vintage 2014

Planning and Service Area III

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

*Data comes from the 2014 American Community Survey Estimates

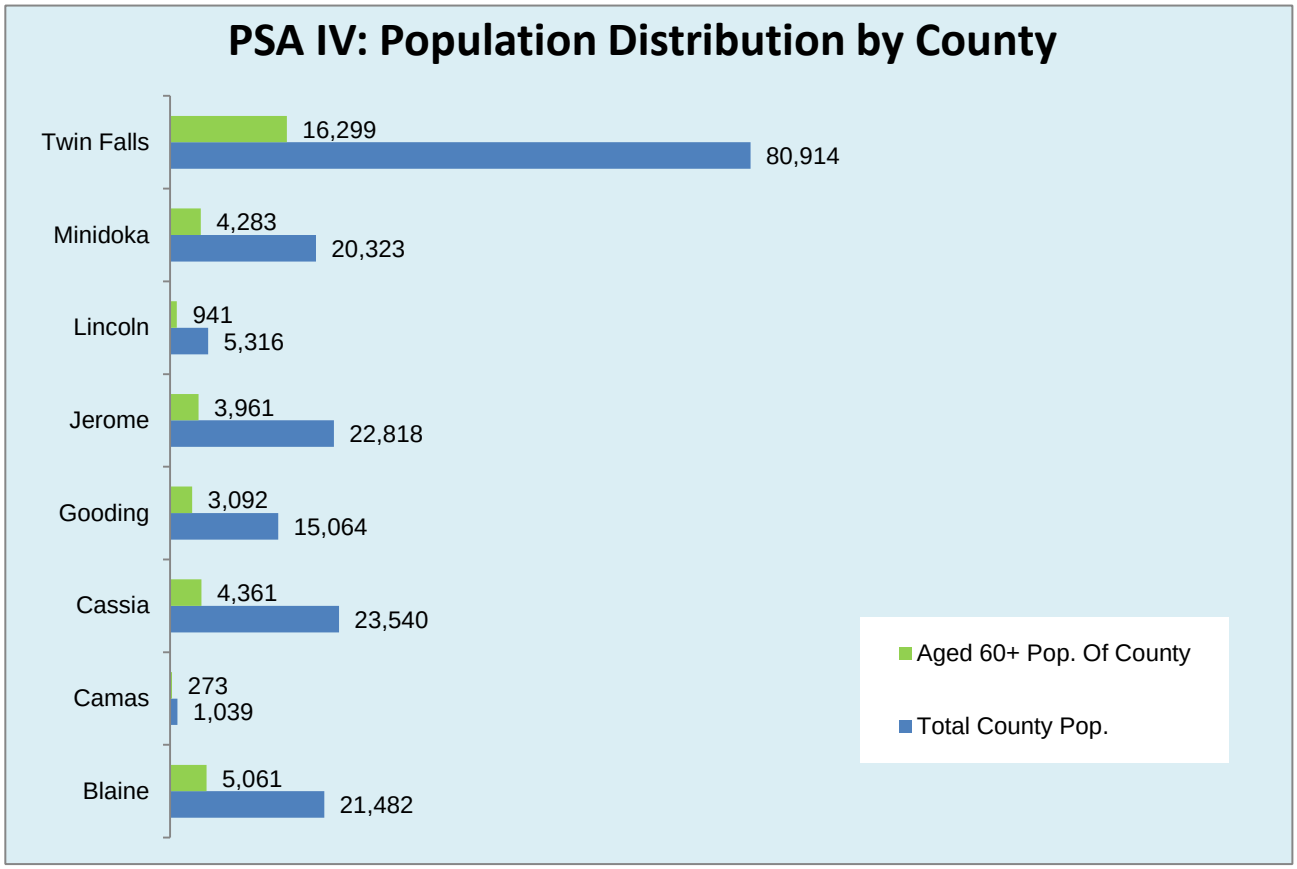


The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. Department of Health and Human Services, Bridged-Race Population Estimate, Vintage 2014

Planning and Service Area IV

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

*Data comes from the 2014 American Community Survey Estimates

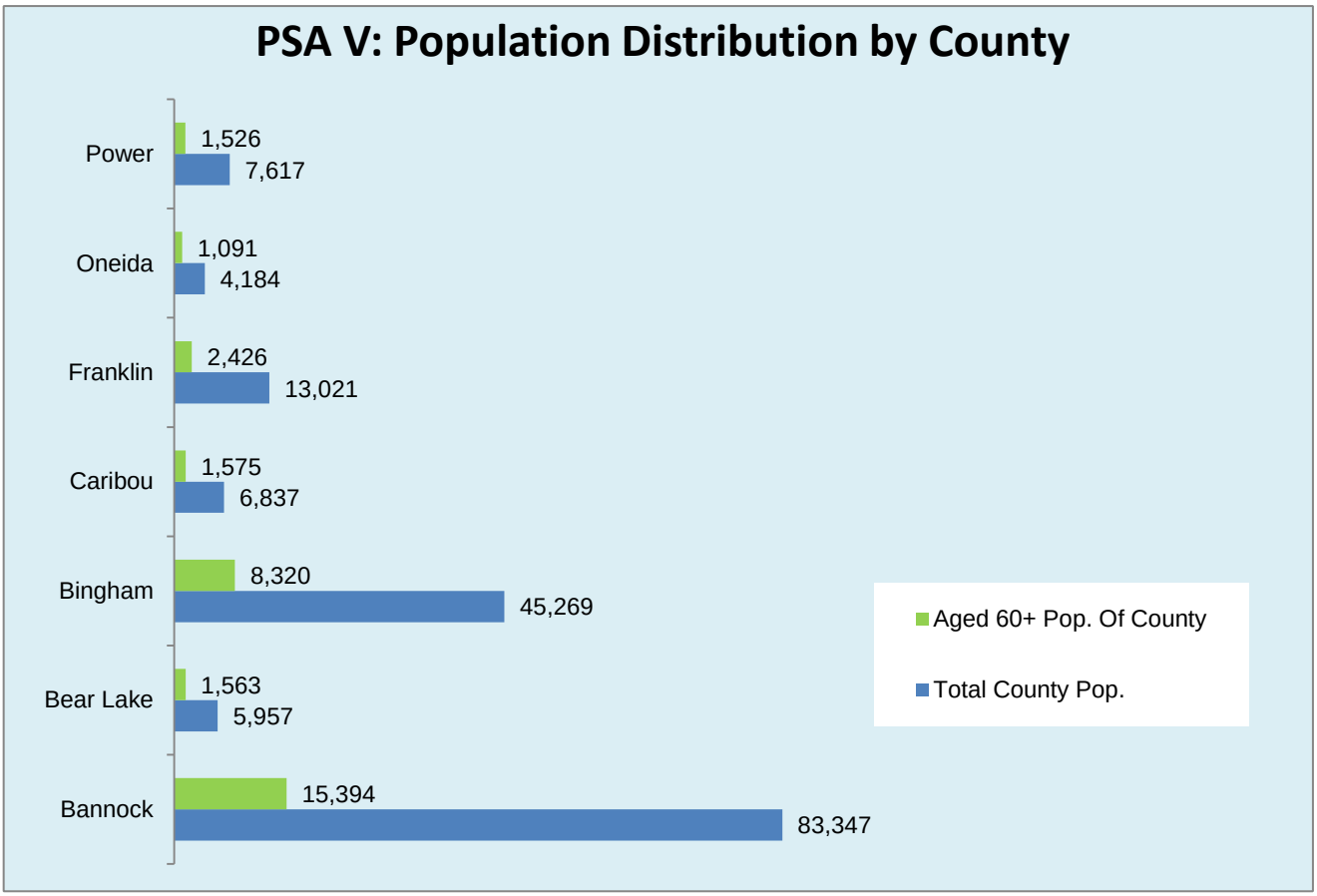


The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. Department of Health and Human Services, Bridged-Race Population Estimate, Vintage 2014

Planning and Service Area V

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

*Data comes from the 2014 American Community Survey Estimates

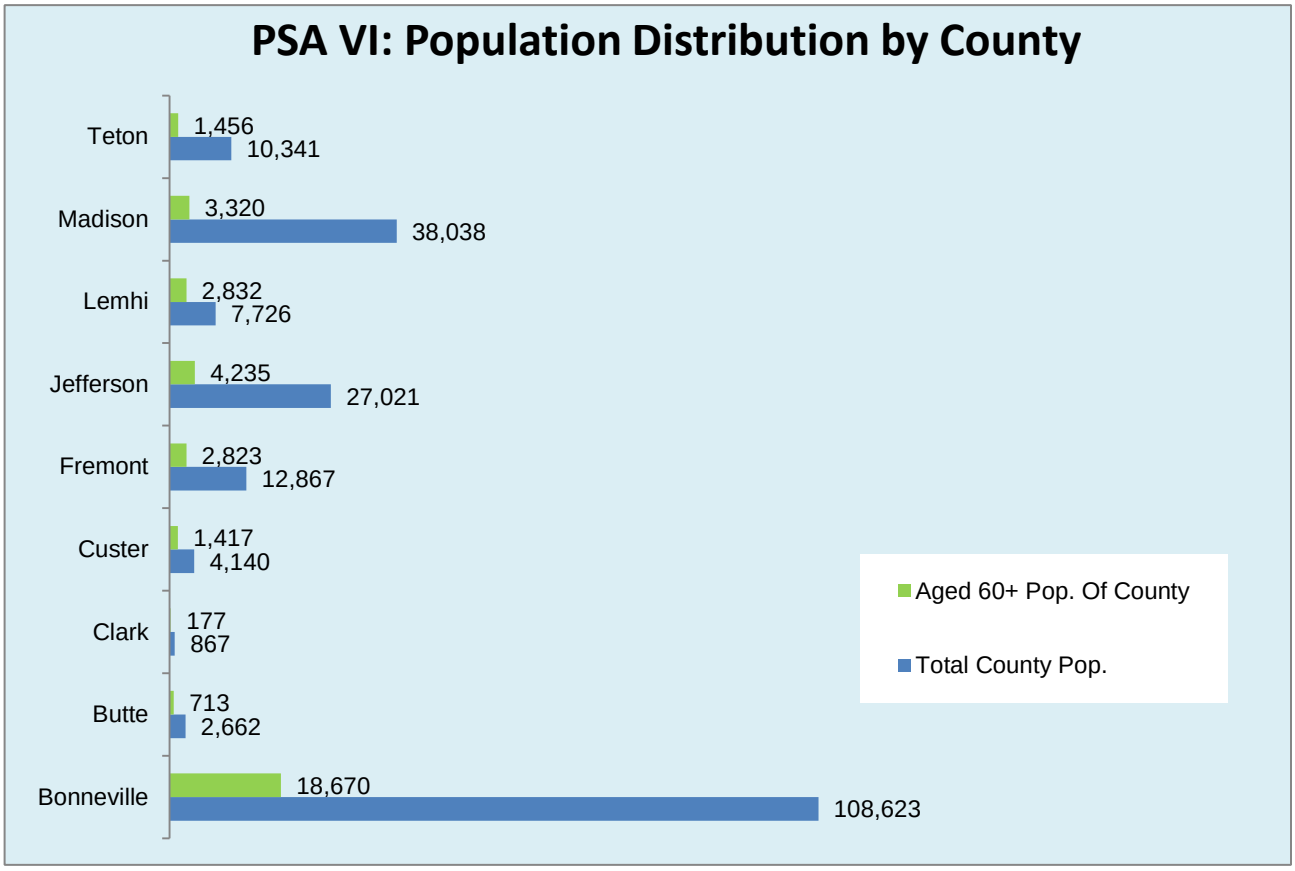


The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. Department of Health and Human Services, Bridged-Race Population Estimate, Vintage 2014

Planning and Service Area VI

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

*Data comes from the 2014 American Community Survey Estimates



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