

Idaho Senior Services First Draft State Plan comment summary from: Steering Committee Members, AAA Directors, ICOA Commissioners, and Public Meetings:

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

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

2. 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.

Comments on the Core Services:

1. Transportation:

A. Comments on Service Delivery: 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.

Outcome: 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.

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.

- 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.

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 emphasize 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”

- 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 comments from steering questions 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:** Comment 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 discharge 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 rates not 2015. **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:

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. **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 Summary of Comments and Corresponding Changes to State Plan Goals, Objectives, Strategies, Performance Measures, Baselines and Benchmarks from Draft 1 of State Plan Review. 9

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, 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
 - 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	Registered Consumers	Total Cost Per Meal	Reimbursement Cost	Consumer contributions /donations	Volunteer Time	Consumer Satisfaction
PSA I:	1,869	N/A	\$4.37	N/A	N/A	N/A
PSA II:	1698	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	\$3.11	N/A	N/A	N/A
PSA V:	1,936	N/A	\$3.25	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:

- 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 look 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 IIIIE 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 III 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 III 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 Idaho Falls. 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 (Covers 10 counties)	432	139
Boise (Covers 17 counties)	1082	322
Idaho Falls (Covers 12 counties)	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.

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			
	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
MIPPA Participants as of April 1, 2015	MIPPA Participants as of December 31, 2015	Change	
37,377	38,652	Increase 1275	

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

Outcome: No change:

19. Alzheimer’s Disease Supportive Services Program (Place holder for current 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.
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 and develop volunteer training and in-service presentations to educate people about resident's rights, and track staffing needs.
 - **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	
PSA IV	1,910	1.5	Yes
PSA V	1,578	1	
PSA VI	1,653	1.25	Yes

2015 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
Equipment/building – disrepair, hazard, poor lighting, fire safety, not secure	35	0	16	0	0	10	61
Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	15	4	17	10	9	0	55

- **Benchmark:** Use trend data to determine staffing and develop statewide training materials and presentation

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.

Outcome: No change: 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 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 address 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.