



October 4, 2012

Sam Haws, Administrator
Idaho Commission on Aging
341 W. Washington, 3rd Floor
Boise, ID 83702

Dear Administrator Haws:

I am pleased to inform you of the approval of the Idaho Commission on Aging State Plan on Aging under the Older Americans Act for Federal Fiscal Years 2012-2016. The official plan period begins October 1, 2012 and ends September 30, 2016.

The plan clearly outlines priority actions for Idaho to continue its excellent work to build and strengthen partnerships to further and sustain long term care reform efforts. It includes goals that align with ACL's vision for the development of services and supports that will allow seniors and family caregivers to maximize their ability to be healthy, safe, and as independent as possible in their communities.

I am pleased that while you are continuing to enhance and increase the effectiveness of ACL funded and state core programs for seniors and people with disabilities, you will continue to work toward incorporating system changing programs, blended revenue streams, and a broad range of future partnerships in order to ensure seniors and people with disabilities have easy access to a comprehensive array of services and supports to assist in maintaining their health and independence in their own homes and communities.

The Regional Support Center staff in Seattle looks forward to working with you in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact David Ishida, Regional Administrator, at (415) 437-8790. I appreciate your dedication and commitment toward improving the lives of older Idahoans.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Greenlee".

Kathy Greenlee
Administrator/ Assistant Secretary for Aging

Idaho Commission on Aging

Senior Services State Plan for Idaho

October 1, 2012 –
September 30, 2016



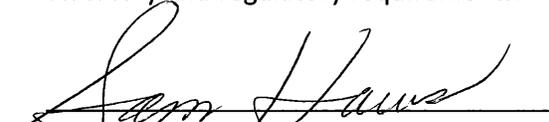
VERIFICATION OF INTENT

This State Plan is submitted for the State of Idaho for the period October 1, 2012 through September 30, 2016. 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 purposes 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 on Aging.

The State Plan on Aging as submitted has been developed in accordance with all federal statutory and regulatory requirements.


Sam Haws, Administrator
Idaho Commission on Aging

June 14, 2012
Date

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- Attachment B: State Plan Steering Committee Members
- Attachment C: State Plan Development Schedule
- Attachment D: Needs Assessment
- Attachment E: Planning Service Area Growth Change and Demographics
- Attachment F: Intrastate Funding Formula
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Executive Summary

The Idaho Commission on Aging (ICOA) submits the Senior Services State Plan for Idaho to the Administration for Community Living (ACL). This plan demonstrates our commitment to provide opportunities for individuals to access private and public pay long term care support services. This effort resulted in a “No Wrong Door” approach by establishing goals, objectives and strategies to provide public access to senior and disability resources through the Aging and Disability Resource Center (ADRC).

This State Plan provides a clear picture of the ICOA’s responsibilities and serves Idahoans through safeguarding their rights, fostering their self-sufficiency, providing counseling and advocating on their behalf. The ICOA addresses the specific areas identified as concerns through the development of the strategic plan that identifies the goals, objectives and strategies to improve the senior and disability network in Idaho.

The Idaho Commission on Aging was designated by the Governor as the State Unit on Aging (SUA) in Idaho, pursuant to the Older Americans Act of 1965, as amended, Section 305. The ICOA is considered an independent Commission directly under the Governor’s office and administers and ensures compliance of federally funded programs under the Older Americans Act (OAA). Through a statewide network of six Area Agencies on Aging (AAA), the ICOA administers a broad array of services and programs to individuals in Idaho over the age of 60, their families, and vulnerable adults aged 18 and older.

The Mission of the ICOA is to improve quality of life for all older Idahoans, vulnerable adults, and their families through education, advocacy, accountability and service; to provide opportunities for all to live independent, meaningful and dignified lives within communities of their choice.

The Older Americans Act (OAA) authorizes the state to designate a State Unit on Aging (SUA) to administer federal programs in Idaho. As the SUA, the ICOA has the authority to: develop and manage budgets and programs, propose statutory changes and administrative rules, and develop the required State Plan to address the needs of older Idahoans and vulnerable adults in Idaho. Like its counterparts in other states, ICOA is required to submit a new State Plan to the ACL every four-years. The implementation period for this State Plan is October 1, 2012 through September 30, 2016. ICOA coordinated and collaborated with stakeholder and partnering agencies over a 12 month period to develop the plan.

The development of the plan started in September of 2011, ICOA began to address the findings contained in a 2011 Legislative Services, Office of Performance Evaluation (OPE) report. As a result of the OPE report, ICOA conducted an intensive revision of its statewide program manual in December of 2011 and finalized and released the manual to Idaho’s six Area Agencies on Aging (AAA) in April of 2012.

In April and May of 2012, ICOA staff traveled to all of Idaho’s Planning Services Areas (PSA) to review the state and federal programs being implemented at the local level. The review process helped to build an understanding of the roles and responsibilities between the ICOA and the AAAs, and also identified gaps between the local communities and state and federal programs.

The ICOA then compiled the lessons learned over the past twelve months from the ADRC and SCSEP program revision, the response to the OPE report, the revised program manual, the AAA reviews, and the needs assessment to develop the State Plan Goals, Objectives, Strategies, Measures and Baselines. In March of 2012, the ICOA organized a State Plan Steering Committee to review and comment on the initial plan.

Public comment was taken from May 15 – June 8, 2012, and focused on collecting feedback on the plan from rural communities, the general senior population, and the minority senior population. ICOA also reached out to low income seniors through mailings, senior centers, stakeholders, partner agencies, e-mails, and twitter notifications. The Aging and Disability Resource Center (ADRC) was the primary access point to review the State Plan and provide feedback. ICOA also mailed out copies upon request.

ICOA's Senior Services State Plan for Idaho has gone through an extensive internal and external review process to outline the direction ICOA will take over the next four-years. As a key planning task to develop the strategic plan, ICOA contracted with Boise State University (BSU) to update a 2008 Statewide Needs Assessment by conducting a new and revised statewide survey. The needs assessment will be used to not only identify any significant changes in service needs during the past four years, but it will also allow ICOA to determine future statewide demands.

The purpose of this study was to investigate the current and future long-term care needs of older adults in Idaho. A random sample of 3,000 individuals aged 50 and older throughout Idaho were sent a survey asking them a range of questions about their needs, abilities, preferences and activities. Key results derived from the 2012 report were very consistent with the 2008 study and include the following:

- The majority of respondents do not have long-term care insurance (79.1%) and when asked how they were going to pay for long-term care, they indicated Medicare.
- Most respondents either participate in activities as much as they would like or are not interested. Overall, 46% of respondents indicated they were not interested in attending a Senior Center, which is much lower than the 61% who were not interested in the 2008 survey.
- Of those that provide care for someone else, 68% indicated they were not aware of care giver services provided in their community.
- Overall, 42% of respondents access the internet frequently or somewhat frequently, and most do so from their homes. Between ages 50-65, about 60% of respondents reported frequently using the internet. In the 66-74 year old age group this dropped to 42% who frequently use the internet, and in the oldest age group only 19% reported frequently using the internet.
- Some individuals receive support from family and friends, but over 85% indicated they do not get support from their community or through community services.
- The majority of respondents (80%) indicate their quality of life is good to very good, with another 11% indicating neither bad nor good.

The top concerns were the cost of healthcare, long term care, and the ability to stay at home as they age. The Plan's goals and objectives will enhance Idaho's aging and disability network with a number of significant improvements such as partnerships with Medicaid, Veteran's Affairs, State Independent Living Council, and Centers for Independent Living. These partners support the 'No Wrong Door' concept that will allow all Idahoans to access resources and services through the ADRC.

The ICOA will measure progress through the tracking and analysis of established baselines and identified performance measures. Progress will be monitored by the ICOA Administrator as part of a continuous improvement process. Reports will be provided to the ICOA Commissioners, the Department of Financial Management, the ADRC and other program steering committees.

Introduction

In 1965, Congress enacted the Older Americans Act (OAA) establishing the Administration on Aging (“AoA”) in the U.S. Department of Health and Human Services, and authorizing state agencies to work with the AoA to meet the following objectives for older people:

- An adequate income in retirement in accordance with the American standard of living.
- The best possible physical and mental health which science can make available without regard to economic status.
- Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
- Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.
- Opportunity for employment with no discriminatory personnel practices because of age.
- Retirement in health, honor, dignity—after years of contribution to the economy.
- Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities.
- Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.
- Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

In successive amendments, the OAA created the concept of Planning and Service Areas (PSAs) and a host of service programs to aid in meeting the above objectives. In Idaho, PSAs are geographic areas of the state delineated by the ICOA and represented by Area Agencies on Aging (AAAs) designated by the ICOA. AAAs are responsible for planning and coordinating a wide array of services for older people.

Idaho Commission on Aging

Overview

Idaho's State Unit on Aging was created in 1968 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 replace the council with a seven member commission.

The Administrator of the ICOA, by state statute, is appointed and serves at the pleasure of the Governor. The Governor also appoints the Commissioners to advise the Administrator regarding programs, policies and issues addressed by the ICOA.

The majority of ICOA's federal funds are awarded to the State through the following OAA programs: Title III—Grants for State and Community Programs on Aging, Title V—Community Service Senior Opportunity Act, and Title VII—Allotments for Vulnerable Elder Rights Protection Activities. State funding is used to match the federal dollars and to provide funding for the Adult Protection program.

The ICOA administers and ensures compliance with federally funded programs under the OAA and state funded programs under the Idaho Senior Services Act (Act). ICOA plans and coordinates funds, monitors a statewide program of services to address the present and future needs of older Idahoans, and serves as a catalyst for improvement in the organization, coordination, and delivery of aging services in Idaho.

The ICOA contracts with AAAs to provide the programs defined in the OAA. There are six AAAs located throughout the state who serve all 44 counties in Idaho.

ICOA Vision

The ICOA's vision is to ensure that all Idahoans retain their autonomy to determine their own life course as they age.

ICOA Mission

The ICOA's mission is to improve quality of life for all older Idahoans, vulnerable adults and their families through education, advocacy, accountability and service; to provide opportunity for all to live independent, meaningful and dignified lives within communities of their choice.

ICOA Funding

The ICOA receives and manages more than \$12,951,700 of federal and state funds annually, 88% of which is contracted to local providers across Idaho, who served over 19,739 Idahoans in 2011.

The ICOA receives an annual allotment of federal funds under Title III of the OAA, as amended, from the AoA. The federal funds are allocated to the six AAAs based on a federally approved intrastate funding formula. A copy of this funding formula is at Attachment F.

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

Older Americans Act (OAA) Core Programs

Title III-B: Supportive Services

1. Transportation

Transportation services are designed to take older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or promoting independent living. Each AAA, in accordance with OAA and the Idaho Administrative Procedures Act (IDAPA) rules, must assure continuing efforts are made to make transportation services available to eligible older individuals residing within the geographical boundaries of their PSA. Some AAAs which provide transportation services, offer vouchers to eligible participants for services through an independent transportation provider. All transportation services reported here are supported by federal funds. During a normal fiscal year there are approximately 75,000 boardings funded through the OAA across Idaho.

2. In-Home Services

A. Case Management

Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's holistic needs while promoting quality, cost effective outcomes. Case management empowers individuals and their families to make choices concerning in-home, community-based or institutional long-term care services. Case Management includes services and coordination such as:

- Comprehensive assessment with the older individual, including their physical, psychological and social needs.
- Development and implementation of a service plan with the older individual to mobilize the resources and services identified in the assessment to meet their needs including coordination of resources and services.
- Coordination and monitoring of formal and informal service delivery, ensuring that services specified in the plan are provided.
- Periodic reassessment and revision of the status of the older individual.
- In accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

The AAAs provide Case Management services, which are funded with Title III-B, Title III-E, and State funding. In carrying out these services, the AAAs are required to utilize and recommend community resources that allow individuals to make an independent and informed choice of a service provider. These resources may include: AAA service providers, mental health centers, hospitals, home health agencies, legal services providers, not for profit organizations, and others. Approximately 26,400 hours of Case Management services are provided during a normal fiscal year.

B. Homemaker

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

preparation, essential shopping, personal errands, banking and bill paying, medication management, and, with restrictions, bathing and washing hair.

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

- They have been assessed to have activities of daily living deficits, instrumental activities of daily living deficits, or both, which prevent them from maintaining a clean and safe home environment; Clients aged sixty (60) years or older, who have been assessed to need homemaker service, may be living in the household of a family member (of any age) who is their primary caregiver.
- They are Adult Protection referrals for whom homemaker service is being requested as a component of a supportive services plan to remediate or resolve an adult protection complaint.
- They are home health service or hospice clients who may need emergency homemaker service.

Homemaker services are provided with State funding and client cost sharing and administered by Idaho's AAAs through subcontracts with local providers. During a normal fiscal year, about 59,000 hours of homemaker services are provided to eligible individuals.

C. Chore

Chore service is designed to be provided to individuals who reside in their own residence. Chore can provide assistance with routine yard work, sidewalk maintenance, heavy cleaning, or minor household maintenance to persons who have functional limitations that prohibit them from performing these tasks. Clients qualify to receive chore service if:

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

Chore services are provided through volunteer and private pay programs.

D. Telephone Reassurance

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

E. Friendly Visiting

Friendly Visiting is performed by individuals (usually volunteers) who visit or read to an older individual during a home visit. This service is provided through the AAAs through Idaho's home delivered meals program. Friendly visits may also occur incidentally, in conjunction with the volunteer Ombudsman's facility inspections.

F. In-home Respite

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

- Meeting emergency needs.

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

Respite programs managed by the AAAs are funded with State funding and Title III-E funds. The AAAs subcontract respite services with local area providers. During a normal fiscal year, approximately 32,700 hours of respite services are provided to caregivers.

3. Legal Services

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

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

The Legal Assistance program is funded by Title III B and Title III E and managed by Idaho's AAAs though a subcontract with Idaho Legal Aid Services. The ICOA State Plan requires a minimum of 3% of Title III- B Funds be expended on Legal Assistance. During the past State fiscal year, over 5% of Title III-B funds were spent on Legal Assistance. Title III-E funds are also eligible for this service.

4. Information and Assistance

The Information and Assistance program brings people and services together. Services are provided by AAAs to the community through a phone call, by walking into their offices or through the AAA websites. Currently, Information and Assistance includes:

- Information on community opportunities and services, including information relating to assistive technology.
- Assessment of the problems and capacities of individuals.
- Links to available opportunities and services.
- Establish follow-up to determine outcomes and to provide additional assistance in locating or using services as appropriate; Information and Assistance is funded through Title III-B and Title III-E. During a normal fiscal year, around 16,400 information and assistance contacts are made statewide.

5. Outreach

Outreach activities include speaking with individuals on a one-on-one basis, identifying their service needs, and providing them with information and assistance to link them with appropriate services. The AAAs initiate outreach for the purpose of providing education about, and encouraging the use of, existing services and benefits. Outreach activities are conducted by the AAAs and their subcontractors. Outreach activities are funded through Title III-B. Approximately 18,900 outreach contacts are made during a normal fiscal year.

Title III-C1: Congregate Meals

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

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

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

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

Congregate meals are provided through contracts with nutrition sites (often senior centers) administered by the AAAs. Nutrition site coordinators screen and assess participants for eligibility, and the AAAs maintain program and client records, and collect and report meal counts to ICOA. Idaho's congregate meals are funded with a combination of Title III-C1, State funding, and Title III-E funds and participant contributions. During a normal fiscal year, around 535,000 congregate meals are served across Idaho.

Title III-C2: Home Delivered Meals

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

Each participating AAA establishes procedures that allow nutrition site coordinators options to offer a meal to:

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

Eligibility to receive home-delivered meals is based upon the degree to which activities of daily living deficits and instrumental activities of daily living deficits limit ability to independently prepare meals. Volunteers and paid staff who deliver meals to homebound seniors often spend time with the home bound individual to help to reduce their feelings of social isolation and are trained to check on the welfare of seniors. The AAAs screen and assess participants for eligibility, maintain program and client records, and collect and report meal counts to ICOA. Home delivered meals are provided through contracts administered by the AAAs. Home-delivered meals are funded with a combination of Title III-C2, State funding, and Title III-E funds and participant contributions. Across Idaho, about 521,000 home delivered meals are served during a normal fiscal year.

Title III-D: Disease Prevention and Health Promotion Services

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

- Health risk assessments and routine health screening (which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening).
- Nutritional counseling and educational services for individuals and caregivers.
- Evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease, alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition.
- Programs of physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation.
- Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention.
- Screening for the prevention of depression, coordination of community mental health services and education, and referral to psychiatric and psychological services.
- Educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act Medication management screening and education to prevent incorrect medication and adverse drug reactions.
- Information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer’s disease and related disorders with neurological and organic brain dysfunction.
- Gerontological counseling.

Following are example activities in which some of the AAAs provide oversight:

- Open houses on health promotion subjects in partnership with local resources.
- Nurses provide in home review and follow-up for case management clients on multiple medications.
- Facilitation of North Idaho Senior Games and staff participation in planning and organizing.
- Durable medical equipment loan closet
- Funds used toward sustainable living, specifically elder nutrition, food preservation and food production.
- Contract with the College of Southern Idaho to present the evidence-based “Over Sixty and Getting Fit” exercise program.
- Presentation by a pharmacist to review medication regimes for compatibility.
- Purchase and disseminate medical history bracelets.
- Sponsor Chronic Disease Self-Management Workshops.
- Provide senior dental exams.

Title III-E: Family Caregiver Support Program

The AAAs support the family caregivers by providing:

- Information to caregivers about available services.
- Assistance in gaining access to services.
- Individual counseling, organization of support groups, and/or caregiver training
- Respite care to enable caregiver relief.
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

The Family Caregiver program is funded by Title III-E and supported through AAA coordination of community and volunteer-based organizations that provide relief to families who would otherwise become weary from the demands of caregiving. Caregiving can range from periodic phone calls and visits from distant caregivers, buying groceries or managing money, to the daily duties of personal care. Caregiving responsibilities may also be spread over several households and beyond family to friends and acquaintances. Information, training,

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

Title III and Title VII: Ombudsman

Title VII of the OAA authorizes the Long-Term Care Ombudsman Program to work to improve the quality of life of residents in nursing homes and assisted living facilities. The Ombudsman program provides a mechanism to receive, investigate, and resolve complaints made by, or on behalf of, residents of long-term care facilities. The Ombudsman Program functions as a program with an independent voice from that of the Idaho Commission on Aging and other state agencies.

Ombudsman staff and volunteers informally investigate and resolve these complaints. They visit long-term care facilities to ensure they are accessible to residents, monitor conditions, provide education regarding long-term care issues, identify long-term care concerns, and work toward needed change. Six local ombudsman programs, housed in Idaho's AAAs, provide services to the 79 nursing homes and 290 assisted living facilities in the state. The Ombudsman program is supported by Title III-B, Title VII, and State funding.

During the twelve month period in 2011, the Idaho Ombudsman program received 1,928 complaints, gave 173 presentations on aging issues, participated in 74 resident councils, and made a total of 4,523 visits to the state's nursing homes and assisted living facilities. The program provided 4,478 consultations to individuals and to facility staff.

The Idaho Ombudsman program began implementation of a volunteer program in 2008 and in 2011 there were 96 volunteers for a 48% increase over the previous year. These volunteers provided 6,197 hours of service to long term care residents. A statewide training curriculum has been developed for paid and volunteer ombudsmen.

Title VII: Vulnerable Elder Rights Protection

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

In June 2011, Idaho partnered with BSU to offer a statewide Elder Abuse Summit and Senior Scam Jam to examine elder abuse and financial exploitation from a social services, legal, and health care point of view, and to create a forum for the exchange of knowledge and perspectives. Approximately 150 professionals attended and funds remaining from this event (collected from a variety of sponsors and a small registration fee for professionals) are being used to support prevention and education activities under the auspices of the Idaho Justice Alliance for Vulnerable Adults (JAVA). Vulnerable Elder Rights Protection is supported by Title VII of the OAA.

Title V: Senior Community Service Employment Program

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

Participants must be unemployed, 55 years of age or older, and have incomes no more than 125% of the Federal Poverty Guidelines. Eligible individuals average 20 hours per week and generally obtain the training

that they need to move into unsubsidized employment within the first 27 months. However, for those individuals who need more training they may participate in SCSEP for up to 48 months. The dual goals of the program are to promote useful opportunities in community service activities through training assignments in public and non-profit agencies and to provide participants with the skills they need to move into unsubsidized employment, so they can achieve economic self-sufficiency.

The ICOA entered into a contract with Experience Works in October 2011 as the contractor for the SCSEP program. Experience Works has offices in Boise, Coeur d'Alene, and Twin Falls. Experience Works places participants at host agencies where they receive training while earning minimum wage.

Ninety-two older Idahoans in the SCSEP program provided 89,353 community service hours in 2010. Twenty-seven of the ninety-two participants entered into unsubsidized employment.

Older Americans Act Discretionary Programs

Alzheimer's Disease Supportive Services Program

In an effort to strengthen the system of services offered in Idaho to support persons with Alzheimer's Disease and their families, the ICOA was awarded a grant by the AoA to provide the online Building Better Caregivers workshop to caregivers. The workshop is a proven, evidence-based intervention developed by Stanford University. Building Better Caregivers (BBC) offers techniques to deal with problems associated with a wide range of chronic conditions. It explores appropriate use of medications, communicating effectively with family, friends, and health professionals, making informed treatment decisions, and disease-related problem solving. The ICOA contracted with the National Council on Aging (NCOA) to translate the online workshop to a public online format for Idaho caregivers. NCOA also worked with Stanford to train facilitators, mentors, and administrators on workshop delivery and supporting technology.

Through participation in the free online BBC program, caregivers of people with Alzheimer's Disease, or other forms of dementia, learn about a range of topics including, stress management, difficult care partner behaviors and emotions, healthy eating and exercise, making good decisions, finding help, and making plans for the future. Workshop participant recruitment is accomplished through contracts with the six AAAs, other community based organizations, and BSU Center for the Study of Aging. Numerous other public and private organizations are referral sources for participants as well. The BBC workshop is available through 2012 at: www.caregivers.selfmanage.org

Medicare Improvement for Patients and Providers Act

Medicare Improvement for Patients and Providers Act (MIPPA) is a national initiative funded by the AoA and Centers for Medicare and Medicaid Services (CMS). The ICOA received a grant for expanding and enhancing outreach efforts to:

- Educate Medicaid and Medicare beneficiaries about the necessity of enrolling annually for Medicare Part D prescription drug insurance and assist beneficiaries with accessing insurance plans.
- Locate and educate those eligible for the low income subsidy (aka. LIS or Extra Help) for Medicare prescription drug plan costs and assist with application process.
- Locate and educate persons eligible for the Medicare Savings Program (MSP) to get help paying for Medicare Part A (hospital insurance) and/or Part B (medical insurance) premiums and assist with applications.
- Provide education on disease prevention, changes in Medicare wellness benefits, and Medicare Part D annual enrollment changes.

The ICOA contracts with the AAAs in regions I, V, and VI to coordinate efforts with the Idaho Department of Insurance's Senior Health Insurance Benefits Advisors program (SHIBA), and other community agencies that serve low income persons, to refer eligible persons to the MIPPA program. The AAAs disseminate information through media, the mail, and events to educate persons who may be eligible for the Medicare Part D (prescription drugs) low income subsidy and Medicare savings program. The AAAs also provide one-to-one and group presentations, and application assistance to Medicare beneficiaries.

Senior Medicare Patrol

Senior Medicare Patrol (SMP) is a nationwide program funded by the AoA in partnership with CMS. SMP projects recruit and train volunteers to help Medicare and Medicaid beneficiaries become educated health care consumers. Paid staff and volunteers work in their communities to identify deceptive health care practices, such as double-billing, overcharging, or providing unnecessary or inappropriate services.

The SMP program coordinates with SHIBA to ensure that there are SHIBA staff, SMP contractors, and trained volunteers across the state to assist Medicare beneficiaries, including limited English speakers.

SMP also creates and supports education opportunities (i.e. Scam Jams) for consumers and the public about fraud and scams, such as financial exploitation, identity theft, computer scams, and mail and telemarketing scams. SMP contractors and volunteers educate beneficiaries about Medicare Part D prescription drug plans and how to enroll during the enrollment period. Contractors and volunteers help plan and staff outreach events and conduct one-to-one beneficiary counseling. During 2011 there were 172 volunteers who provided 4,721 hours of service in support of the SMP program.

Aging and Disability Resource Center

The national vision of the Aging and Disability Resource Center (ADRC) is the creation of a single point of entry to seamlessly integrate lifespan support and services into a continuum that provides options for consumers and caregivers that is easy to access and understand. ADRCs are envisioned as highly visible and trusted places where people of all incomes, ages, and disabilities can turn for information on the full range of long-term support options. The Idaho ADRC is funded by an AoA grant.

The ICOA designated Idaho's six AAAs as local ADRC sites. The AAAs (who provide Information and Assistance, Ombudsman and Case Management services) are ideal candidates to offer statewide coverage and expertise in long-term care options. The ICOA continues to establish strong state and local level partnerships to serve as guides during the ADRC Five Year Plan implementation. A new ICOA website <http://www.aging.idaho.gov/> was officially launched on January 3, 2012. The website promotes the ADRC and includes an interactive map linking clients to local ADRCs for senior and disability resources. The ICOA will establish consistent statewide Options Counseling standards which will be available on the ADRC website for training and reference purposes.

The ICOA established an agreement with 211 CareLine to be the centralized phone number for the ADRC, providing streamlined access to services for consumers. The 211 CareLine operators screen and refer to the ADRC sites and to partners such as the Money Follows the Person (MFP) program offered through the Idaho Department of Health and Welfare (IDHW). Along with building local sites, ADRC third year funds will support the development of an online resource database and online consumer decision tools. Supplemental grants such as the MFP/ADRC and the MIPPA/ADRC (listed below) have been awarded to the ICOA to further strengthen the ADRC's functions to benefit consumers.

Money Follows the Person/ADRC

The IDHW approached the ICOA to partner on the ADRC-MFP Grant Supplemental Funding Opportunity, through the AoA and the CMS, to strengthen partnerships and leverage resources between both agencies. The State Independent Living Council (SILC) was also invited as a partner to assist in the development of Person Centered Transition Planning within the ADRC. The ICOA Deputy Administrator currently serves on the Idaho Home Choice MFP Advisory Council making the relationship between both grantees stronger and providing opportunities to share information.

The ICOA will incorporate MFP information in the ADRC web-based self-assessment that will provide screening and direct clients to the MFP program. The SILC will facilitate shared trainings with the ADRC and Centers for Independent Living staff that will cover Options Counseling, Person Centered Transition Planning, and employment information for people with disabilities. The MFP/ADRC program is slated to begin in June 2012.

Medicare Improvement for Patients and Providers Act/Aging and Disability Resource Center (MIPPA/ADRC)

ICOA received grant funding, through the AOA and the CMS, for the MIPPA/ADRC partnership. A contract with the Eastern Idaho Community Partnership, the AAA serving eastern Idaho, was established to develop online training materials concerning Medicare Part D. The on-line training will also offer education on disease prevention, changes in Medicare wellness benefits, and annual Part D election enrollment changes.

The on-line training materials will be publicly accessible through the ADRC website. Forms, documents, and reference materials will be included. Users will have the ability to contact an Options Counselor by dialing a toll-free number listed on the ADRC website. The Options Counselors will be trained in ADRC benefits counseling, including MIPPA/SMP program eligibility and other public eligibility programs. Implementation of the program is expected in the fall of 2012.

Title VI Coordination

Title VI-Grants for Native Americans requires coordination to promote the delivery of supportive services, including nutrition services, to Native Americans, Alaskan Natives, and Native Hawaiians that are comparable to services under Title III to preserve and restore their respective dignity, self-respect, and cultural identities.

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

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

Idaho's AAAs coordinate with tribal organizations in various parts of the state.

State Program

Adult Protective Services

The Adult Protection (AP) Program required by the Idaho Code Title 67-5011 Adult Protection Services and Idaho Code 39-53 Health and Safety: Adult Abuse, neglect and Exploitation Act charges the ICOA and the AAAs with assisting vulnerable adults who are unable to manage their own affairs, carry out the activities of

daily living, or protect themselves from abuse, neglect, or exploitation. Around \$1.3 million of State general fund dollars are distributed among the six AAAs to provide AP services to all 44 Idaho counties.

The ICOA is statutorily charged with providing AP services to ensure that vulnerable adults are protected from abuse, neglect, and exploitation and that the services are the least restrictive to personal freedom and ensure the maximum independence of the individuals served. AP services are also intended to provide assistance to care giving families experiencing difficulties in maintaining functionally impaired relatives in the household. The AP program focuses on promoting education as a means of prevention.

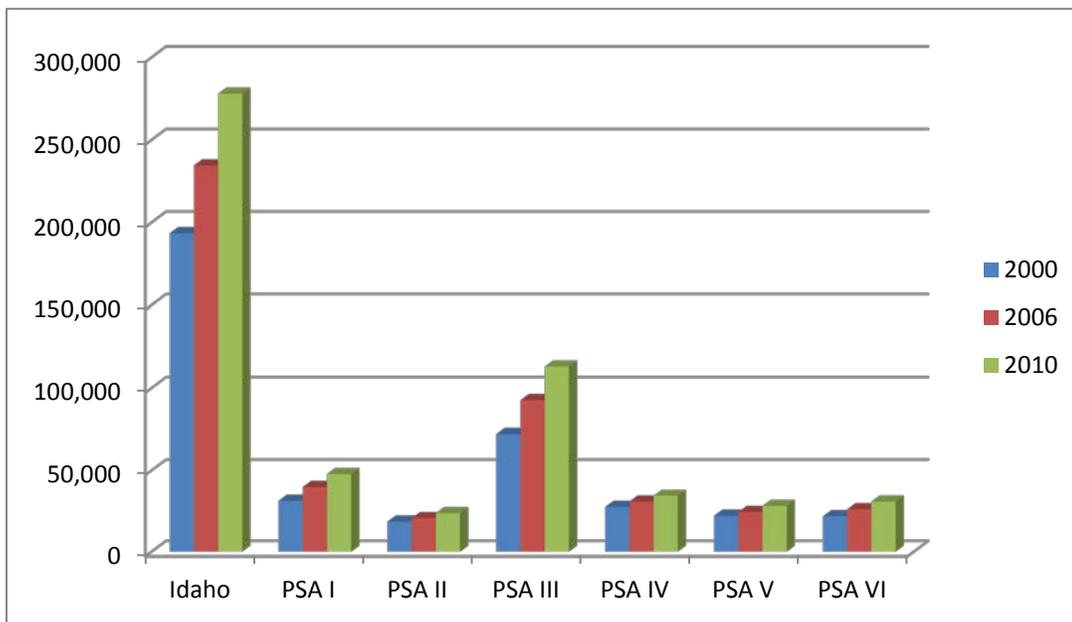
In 2011, six public meetings were held around the state at each AAA. These meetings offered an opportunity for interested citizens to give input on the AP program. Participants consistently emphasized the importance of better communication and coordination between agencies involved with protecting Idaho's vulnerable adults. Recommendations were made to re-evaluate and amend the AP statute to provide better direction and clarification of the AP process, and to provide more public education on adult protection issues.

During 2011, the Adult Protection program investigated 1,971 allegations, substantiated 323, and referred 231 cases to law enforcement. The ICOA will establish MOUs with Law Enforcement, and other local leaders who carry out duties of protecting vulnerable adults from abuse, neglect and exploitation and will focus on areas such as prevention strategies, improved reporting, detection, and investigation. The ICOA and AAAs will engage local entities and the public to raise awareness not only of elder abuse but of the local resources that are available as a community safety net and to increase protection of older persons' health, safety, and financial security.

Planning and Service Areas

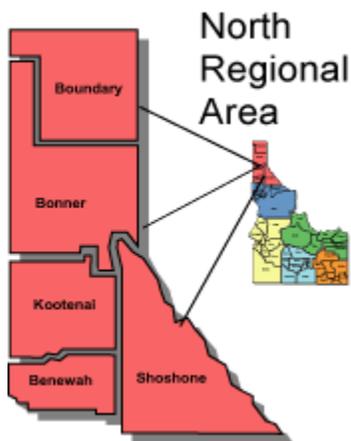
Overview

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



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

PSA I



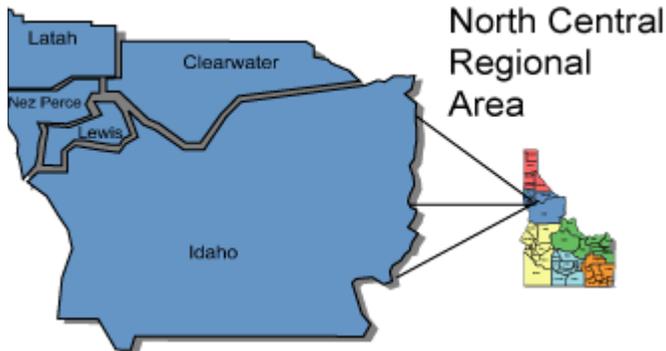
Geographic Information:

PSA Region I covers 7,932 square miles in the five northern-most counties in Idaho: 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. 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 2010 Census, the population in PSA I is 212,393, of which 47,798 (22.5%) individuals are over the age of 60. Sixty five percent of the population resides in Kootenai County where the city of Coeur d’Alene is located.

PSA II



Geographic Information:

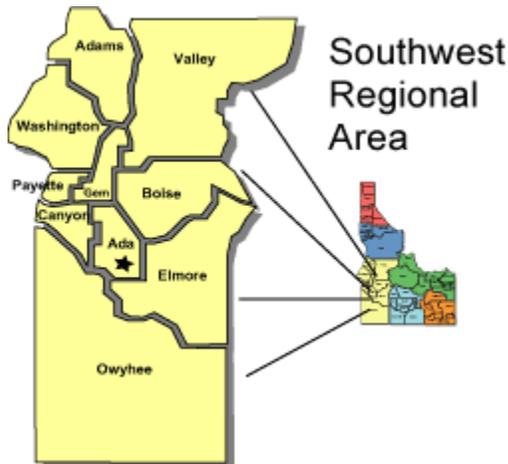
PSA Region II covers 13,403 square miles in five north-central Idaho counties: Lewis, Idaho, Clearwater, Latah, and Nez Perce. PSA II is mostly rural except for the major university cities of Lewiston and Moscow. Students come from all over the nation and several foreign countries to enroll at Lewis-Clark 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 2010 Census, the population in PSA II is 105,310 of which 23,712 (22.5%) individuals are over the age of 60. 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:

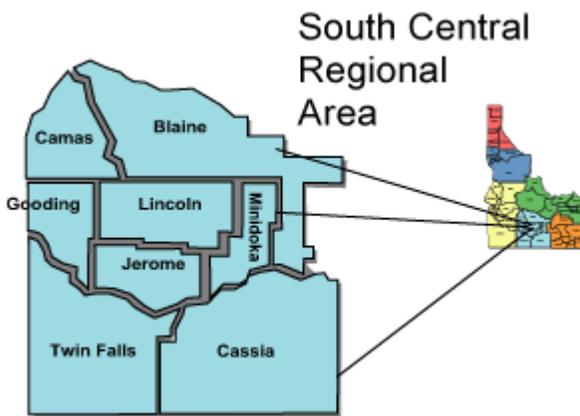
PSA III, is the largest region in terms of area (21,879 square miles), number of counties (ten: Ada, Canyon, Elmore, Payette, Washington, Adams, Boise, Owyhee, Gem, and Valley) and population.

The Boise City-Nampa, Idaho Metropolitan Statistical Area is Idaho’s “megacity”, sprawling over two counties (Ada and Canyon) and includes the cities of Boise, Meridian, Nampa and Caldwell, along with several 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 AAA serving this entire region is Sage Community Resources located in Garden City.

Demographic Information:

Based on the 2010 Census, the population in PSA III is 690,258 of which 113,014 (16.4%) individuals are over the age of 60.

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 of Twin Falls, is the parent organization for the area agency on aging which serves PSA IV.

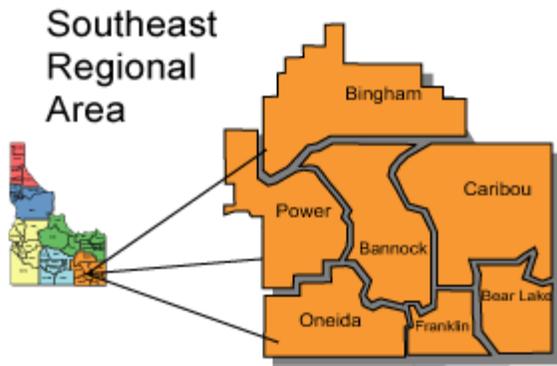
Demographic Information:

Based on the 2010 Census, the population in PSA IV is 185,790 of which 34,419 (18.5%) individuals are over the age of 60. A population of 44,125 (23%) is concentrated in the city of Twin Falls.

Urban growth is enhanced by its status as Idaho’s second refugee resettlement city. In recent years this has led to greater 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 City-Nampa, Idaho Metropolitan Statistical Area 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



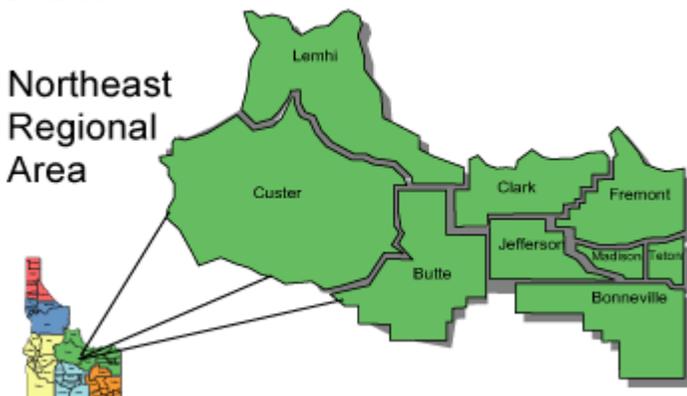
Geographic Information:

PSA region 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 from its office 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 2010 Census, the population in PSA V is 116,284, of which 28,194 (17%) individuals are over the age of 60.

PSA VI



Geographic Information:

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

Demographic Information:

Based on the 2010 Census, the population in PSA VI is 207,499 of which 30,854 (14.9%) individuals are over the age of 60. Idaho Falls is the largest city.

Cost Sharing

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

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

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

Rules governing State Act programs also permit cost sharing in the form of a sliding fee scale for services supported with state funds. Cost sharing payments are required from certain clients receiving Homemaker services. Clients whose household income exceeds 100% of poverty (as established by the United States Department of Health and Human Services), after certain adjustments for medical expenses, are required to make a cost sharing payment according to an ICOA sliding fee scale. ICOA updates the sliding fee scale annually. A copy of the sliding fee scale is attached as Addendum H.

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

Collaborative Partners

Community Care Advisory Council Medicaid

The Community Care Advisory Council Medicaid is a joint council focusing on residential care or assisted living facilities and certified family homes. The Council is charged to make policy recommendations regarding:

- Coordination of licensing and enforcement standards.
- Provision of services to residents.

The council is also involved with advising the IDHW regarding the development of new rules, and providing feedback for proposed rules. ICOA has a permanent seat on this council to ensure that consumer representation is provided.

Idaho Council on Developmental Disabilities

The Idaho Council on Developmental Disabilities (the "DD Council") is a chapter of a national organization with a mandate to monitor issues and entities affecting persons with developmental disabilities. These are defined as serious disabilities which manifested or were acquired prior to the individual's 22nd birthday and which are

likely to persist over the individual's lifetime. The DD Council advocates on behalf of individuals with developmental disabilities in regard to public policy, conditions, or other issues at the national, state and local levels. The ICOA assigns a staff person to participate on the DD Council to represent the interests of older persons with developmental disabilities and older persons who are caregivers of adult children or young grandchildren with developmental disabilities. The DD Council website is at www.icdd.idaho.gov.

Idaho Department of Health and Welfare, Division of Community and Environmental Services

Since 2006 the ICOA has assisted the Idaho Department of Health and Welfare's, Division of Health to obtain grants to implement and sustain the "Living Well in Idaho" program. Living Well in Idaho uses the Stanford University Chronic Disease Self-Management Program curriculum. The program is designed to help adults with chronic conditions take control of their health by enlisting people with chronic illness to teach their peers how to control symptoms through relaxation techniques, diet, exercise and better communication with health providers. The ICOA provides leadership and technical assistance in partnership with the Division of Health to the nine program sites across the state. BSU's Center for the Study of Aging is also a partner in this effort.

Idaho Department of Health and Welfare, Division of Medicaid

Through a supplemental grant, Money Follows the Person/ADRC, the Division of Medicaid, in collaboration with the ICOA and the State Independent Living Council (SILC) will partner to:

- Provide Options Counseling to Medicaid recipients as well as those aged and disabled who are -not eligible for Medicaid.
- Strengthen infrastructures by providing education and outreach.
- Market to the Idaho Home Choice Money Follows the Person program to stakeholders.

Idaho Suicide Prevention Council

Idaho Suicide Prevention Council (Council) members are appointed by the Governor. The Council is responsible for developing, implementing and ensuring continued relevance of the Idaho Suicide Prevention Plan. Council members are proponents for suicide prevention in Idaho and prepare an annual report on the Plan implementation. The ICOA makes a staff member available for Council membership, representing the interests of older people and their families.

Idaho is among several states in the Intermountain West with suicide rates higher than the rest of the country. Age groups with the highest rates of suicide are those 65 and older, with those over 85 being highest at risk. ICOA joins other Council members in disseminating the most recent 2011 Idaho "Suicide Prevention Plan: Action Guide" is meant to assist organizations and communities in developing meaningful suicide prevention efforts locally and to measure the results of those efforts.

Idaho Suicide Hotline accomplishments are:

- Two –years of funding has been secured.
- Advisory group has been identified.
- Mountain States group has been identified to implement the Hotline in Idaho.

Justice Alliance for Vulnerable Adults

The Justice Alliance for Vulnerable Adults (JAVA) is a newly established collaboration of agencies to strengthen community partnerships, increase awareness and educate the community about abuse of vulnerable adults. JAVA's goal is to ensure that every vulnerable adult in Idaho is visible and valued.

JAVA is administered through the Idaho Center for Aging Studies at BSU and supported in part by a grant from the AoA and the US Department of Health and Human Services.

JAVA accomplishments are:

- Idaho Elder Abuse Summit presented at BSU on June 2011.
- A “Legal Guide for Older Adults” developed in cooperation with Idaho Legal Aid Services.
- Scam Jam workshops conducted around the State to educate seniors and others on how to avoid scams and frauds.

Public Transportation Idaho Mobility Council

The Public Transportation Idaho Mobility Council (IMC), formerly the Interagency Working Group, is mandated under Section 40-514 of the Idaho Code. Its members represent most of the state agencies that utilize public funds to provide a transportation service. IMC’s purpose is to provide consensus-based advice and assistance to the Idaho Transportation Department specific to analyzing public transportation needs, identifying areas for coordination, and developing strategies for eliminating procedural and regulatory barriers to coordination at the state level. <http://i-way.org/Community/meetingdocumentation>

The ICOA has been a member of the IMC since its inception and will continue to work with other state agencies and community partners to improve transportation services for all Idahoans and for seniors in particular.

State Independent Living Council

The Idaho State Independent Living Council (SILC) advocates for equal opportunity, equal access, independence, and choices for people with disabilities. The Council consists of 23 members who are appointed by the Governor for three-year terms. The ICOA appoints a staff person to act as an ex-officio member on the Council. SILC focuses on maximizing opportunities for disabled individuals, empowering them, and ensuring their integration and full participation in their own communities. According to the SILC mission and charter statements, “the Idaho SILC provides leadership and developmental opportunities to empower grassroots advocates, who, in turn, will develop systemic changes in public policy to positively impact people with disabilities.”

ICOA partners with SILC to ensure that seniors with disabilities maintain their dignity and independence as they age. These joint efforts promote acceptance and respect for persons of all ages within the broader community and contribute impetus toward changing social attitudes towards those with disabilities. The website for SILC is: www.silc.idaho.gov

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

In developing the measures and baselines for the Strategic Plan, ICOA used demographic data from the 2010 Census and Idaho’s Vital Statistics along with client demographics from Social Assistance Management Software (SAMS). ICOA also used the 2012 Needs Assessment prepared by BSU to identify focus areas across the state addressing needs for services and access to information. All financial program data was collected by ICOA’s fiscal officer and used as a baseline for coordination and future opportunities. By using the Aging and Disability Resource Center (ADRC) as the access point for information and public comment, we used Google Analytics to gather website usage statistics. ICOA also did an internal analysis identifying partnering agencies and community organizations and used these as the baseline to develop strategies to strengthen the Aging and Disability network in Idaho.

ICOA's Goals, Objectives Compared to AoA's Goal 1

	AOA Goal 1:
Idaho Commission on Aging Goals and Objectives	<i>Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options.</i>
G1: Improve opportunities to access up-to-date community resources addressing health and long-term care options for Idahoans	X
Objective 1: Increase outreach efforts to target population.	X
Objective 2: Strengthen and sustain the ADRC website and services as the single entry point for public and private resources.	X
Objective 3: Improve the collection and distribution of resource information on the ADRC website and local AAA offices.	X
G2: Strengthen existing home and community-based and evidence-based services.	X
Objective 1: Increase the efficiency and effectiveness of home and community-based services.	X
Objective 2: Build participation in evidence based-services.	X
G3: Promote healthy and active life styles for Idahoans.	
Objective 1: Provide additional opportunities for older adults to engage in social and physical activity to develop healthy behaviors.	
Objective 2: Increase volunteerism to support long-term care and home and community based services.	
Objective 3: Increase employment opportunities by connecting employers with unemployed older Idahoans	
Objective 4: Increase health promotion and disease prevention outreach through materials and education.	X
Objective 5: Identify opportunities to increase community transportation options to enable seniors to travel to community events, volunteer work, services, shopping and medical appointments.	X
G4: Protect the rights of older people and prevent their abuse, neglect and exploitation.	
Objective 1: Increase coordination with state entities, organizations, and institutions that protect vulnerable adults from abuse, neglect, and exploitation.	
Objective 2: Provide additional resources to help people make informed decisions about long-term care or assisted living facilities.	X
Objective 3: Increase public outreach to recognize and report signs of elder abuse, neglect and exploitation.	
G5: Maintain an effective and responsive management and administrative structure.	
Objective 1: Update state and federal quality assurance review processes.	
Objective 2: Implement systematic changes to establish administrative and service continuity.	

ICOA's Goals, Objectives Compared to AoA's Goal 2

Idaho Commission on Aging Goals and Objectives	AOA Goal 2: <i>Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home- and community-based services, including supports for family caregivers.</i>
G1: Improve opportunities to access up-to-date community resources addressing health and long-term care options for Idahoans	X
Objective 1: Increase outreach efforts to target population.	X
Objective 2: Strengthen and sustain the ADRC website and services as the single entry point for public and private resources.	X
Objective 3: Improve the collection and distribution of resource information on the ADRC website and local AAA offices.	X
G2: Strengthen existing home and community-based and evidence-based services.	X
Objective 1: Increase the efficiency and effectiveness of home and community-based services.	X
Objective 2: Build participation in evidence based-services.	X
G3: Promote healthy and active life styles for Idahoans.	
Objective 1: Provide additional opportunities for older adults to engage in social and physical activity to develop healthy behaviors.	
Objective 2: Increase volunteerism to support long-term care and home and community based services.	X
Objective 3: Increase employment opportunities by connecting employers with unemployed older Idahoans	
Objective 4: Increase health promotion and disease prevention outreach through materials and education.	
Objective 5: Identify opportunities to increase community transportation options to enable seniors to travel to community events, volunteer work, services, shopping and medical appointments.	
G4: Protect the rights of older people and prevent their abuse, neglect and exploitation.	
Objective 1: Increase coordination with state entities, organizations, and institutions that protect vulnerable adults from abuse, neglect, and exploitation.	
Objective 2: Provide additional resources to help people make informed decisions about long-term care or assisted living facilities.	
Objective 3: Increase public outreach to recognize and report signs of elder abuse, neglect and exploitation.	
G5: Maintain an effective and responsive management and administrative structure.	
Objective 1: Update state and federal quality assurance review processes.	
Objective 2: Implement systematic changes to establish administrative and service continuity.	X

ICOA's Goals, Objectives Compared to AoA's Goal 3

	AOA Goal 3:
Idaho Commission on Aging Goals and Objectives	<i>Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.</i>
G1: Improve opportunities to access up-to-date community resources addressing health and long-term care options for Idahoans	X
Objective 1: Increase outreach efforts to target population.	X
Objective 2: Strengthen and sustain the ADRC website and services as the single entry point for public and private resources.	
Objective 3: Improve the collection and distribution of resource information on the ADRC website and local AAA offices.	X
G2: Strengthen existing home and community-based and evidence-based services.	X
Objective 1: Increase the efficiency and effectiveness of home and community-based services.	X
Objective 2: Build participation in evidence based-services.	X
G3: Promote healthy and active life styles for Idahoans.	X
Objective 1: Provide additional opportunities for older adults to engage in social and physical activity to develop healthy behaviors.	X
Objective 2: Increase volunteerism to support long-term care and home and community based services.	X
Objective 3: Increase employment opportunities by connecting employers with unemployed older Idahoans	X
Objective 4: Increase health promotion and disease prevention outreach through materials and education.	X
Objective 5: Identify opportunities to increase community transportation options to enable seniors to travel to community events, volunteer work, services, shopping and medical appointments.	X
G4: Protect the rights of older people and prevent their abuse, neglect and exploitation.	
Objective 1: Increase coordination with state entities, organizations, and institutions that protect vulnerable adults from abuse, neglect, and exploitation.	
Objective 2: Provide additional resources to help people make informed decisions about long-term care or assisted living facilities.	
Objective 3: Increase public outreach to recognize and report signs of elder abuse, neglect and exploitation.	
G5: Maintain an effective and responsive management and administrative structure.	
Objective 1: Update state and federal quality assurance review processes.	
Objective 2: Implement systematic changes to establish administrative and service continuity.	

ICOA's Goals, Objectives Compared to AoA's Goal 4

	AOA Goal 4:
Idaho Commission on Aging Goals and Objectives	<i>Ensure the rights of older people and prevent their abuse, neglect, and exploitation.</i>
G1: Improve opportunities to access up-to-date community resources addressing health and long-term care options for Idahoans	X
Objective 1: Increase outreach efforts to target population.	
Objective 2: Strengthen and sustain the ADRC website and services as the single entry point for public and private resources.	
Objective 3: Improve the collection and distribution of resource information on the ADRC website and local AAA offices.	X
G2: Strengthen existing home and community-based and evidence-based services.	
Objective 1: Increase the efficiency and effectiveness of home and community-based services.	
Objective 2: Build participation in evidence based-services.	
G3: Promote healthy and active life styles for Idahoans.	
Objective 1: Provide additional opportunities for older adults to engage in social and physical activity to develop healthy behaviors.	
Objective 2: Increase volunteerism to support long-term care and home and community based services.	
Objective 3: Increase employment opportunities by connecting employers with unemployed older Idahoans	
Objective 4: Increase health promotion and disease prevention outreach through materials and education.	
Objective 5: Identify opportunities to increase community transportation options to enable seniors to travel to community events, volunteer work, services, shopping and medical appointments.	
G4: Protect the rights of older people and prevent their abuse, neglect and exploitation.	X
Objective 1: Increase coordination with state entities, organizations, and institutions that protect vulnerable adults from abuse, neglect, and exploitation.	X
Objective 2: Provide additional resources to help people make informed decisions about long-term care or assisted living facilities.	X
Objective 3: Increase public outreach to recognize and report signs of elder abuse, neglect and exploitation.	X
G5: Maintain an effective and responsive management and administrative structure.	
Objective 1: Update state and federal quality assurance review processes.	
Objective 2: Implement systematic changes to establish administrative and service continuity.	

ICOA's Goals, Objectives Compared to AoA's Goal 5

	AOA Goal 5:
Idaho Commission on Aging Goals and Objectives	<i>Maintain effective and responsive management.</i>
G1: Improve opportunities to access up-to-date community resources addressing health and long-term care options for Idahoans	X
Objective 1: Increase outreach efforts to target population.	
Objective 2: Strengthen and sustain the ADRC website and services as the single entry point for public and private resources.	
Objective 3: Improve the collection and distribution of resource information on the ADRC website and local AAA offices.	X
G2: Strengthen existing home and community-based and evidence-based services.	X
Objective 1: Increase the efficiency and effectiveness of home and community-based services.	
Objective 2: Build participation in evidence based-services.	
G3: Promote healthy and active life styles for Idahoans.	
Objective 1: Provide additional opportunities for older adults to engage in social and physical activity to develop healthy behaviors.	
Objective 2: Increase volunteerism to support long-term care and home and community based services.	
Objective 3: Increase employment opportunities by connecting employers with unemployed older Idahoans	
Objective 4: Increase health promotion and disease prevention outreach through materials and education.	
Objective 5: Identify opportunities to increase community transportation options to enable seniors to travel to community events, volunteer work, services, shopping and medical appointments.	
G4: Protect the rights of older people and prevent their abuse, neglect and exploitation.	
Objective 1: Increase coordination with state entities, organizations, and institutions that protect vulnerable adults from abuse, neglect, and exploitation.	
Objective 2: Provide additional resources to help people make informed decisions about long-term care or assisted living facilities.	
Objective 3: Increase public outreach to recognize and report signs of elder abuse, neglect and exploitation.	
G5: Maintain an effective and responsive management and administrative structure.	X
Objective 1: Update state and federal quality assurance review processes.	X
Objective 2: Implement systematic changes to establish administrative and service continuity.	X

ICOA GOAL 1

G1: Improve opportunities to access up-to-date community resources addressing health and long-term care options for Idahoans.

Objective 1: Increase outreach efforts to target population.

Strategy 1: Partner with the Idaho Assistive Technology Project, Community Action Partnership and other technology groups to identify and market ways for older individuals residing in rural areas to access available assistive technologies through: senior center newsletters, calendar of events, Twitter, on-site events and websites such as ADRC.

Baseline: 1. One Partner: Assistive Technology (www.idaho.at4all.com). 2. No links to/from ADRC website. 3. No Assistive Technology coordination through ICOA's senior network.

Measure: Increase at least one partnership per year, Provide links to Assistive Technology resources on ADRC website. Increase Statewide coordination.

Strategy 2: Implement the use of multi-generational media to reach caregivers, as well as older individuals with greatest social needs through media, such as; Facebook, Twitter, and Google +, and the involvement of youth groups, education program and large employers around the state. Develop sharable content and focus on community partners to expand outreach. (Based on BSU Needs Assessment, 86% of the people surveyed were not aware of services provided in their community).

Baseline: 1. ICOA uses two social media resources (Facebook and twitter). 2. Have AAAs identify existing social media baselines in their Area Plans. 3. National information content sources: fraud prevention content through SMP program, Building Better Caregivers.

Measure: ICOA increases visibility on existing social media resources: i.e. increase the number of "likes" and "followers" by at least 10% each. AAAs identify ways to increase and measure senior service outreach in Area Plan updates. Identify new partners and areas of outreach.

Strategy 3: Coordinate ADRC outreach information and education resources with other agencies including PERSI in health promotion fairs and outreach events: For example, assisting low-income older minority individuals through Hispanic and Tribal community health fairs, Central District Health immunization events/promotions and senior centers for low-income older individuals, etc.

Baseline: ICOA coordinates with two programs: SHIBA and Living Well to help distribute ICOA and senior service material.

Measure: Add two new partners per year to help promote ADRC and aging network.

Strategy 4: Collaborate with partnering agencies to coordinate outreach programs for seniors with low-income: For example, SMP and SHIBA volunteers inform clients about Medicare benefits and how to identify Medicare fraud through the SMP grant and the Department of Insurance's SHIBA program.

Baseline: 1. Four AAA Ombudsman volunteer programs. 2. Six other volunteer programs: Department of Insurance's Statewide Health Insurance Benefits Advisors program, Corporation for National Service, Volunteers in Service to America, Retired Senior Volunteer Program, and AmeriCorps' Senior Companion Program, and SMP volunteer program.

Measure: Create volunteer Ombudsman programs in the remaining two AAA areas. Increase statewide coordination by one volunteer program for each year.

Objective 2: Strengthen and sustain the ADRC website and services as the single entry point for public and private resources.	
Strategy 1: Modify AoA Options Counseling Standards for Idaho and incorporate into referral procedures and implement through collaboration with the ADRC and Centers for Independent Living (CIL) sites.	Baseline: 1. No standard criteria for options counseling. 2. ADRCs have not been designated. 3. No MOUs between ADRCs and CILs.
	Measure: Finalize Option Counseling standards. Designate six ADRCs. Have MOUs between ADRCs and CILs.
Strategy 2: Provide 211 Careline with ADRC taxonomy and ADRC site referral training to support streamline access for consumers. In particular, strengthen database to cover resources for seniors with limited income.	Baseline: 1. Initial training with 211 Careline completed. 2. Six month data for 211 Careline was two hundred and eleven calls transferred to AAAs from July to Dec 2011. 3. 211 Careline on website but not other literature.
	Measure: Provide quarterly 211 Careline Training. Promote 211 Careline through ICOA partners and include in literature.
Strategy 3: Support both public and private pay consumers through website tools such as an online self-assessment and online MIPPA training, and link to other agency directories to sustain ADRC functions. Utilize website tools to generate management report to track progress. Target Population: low-income older individuals, low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, caregivers of individuals with Alzheimer's, and individuals with Alzheimer's.	Baseline: 1. Website tools in place include: interactive map, site survey, Google Analytics, Facebook and Twitter. 2. Resource directory links include: 211 Careline, AAA VI, CTAI and SILC directories.
	Measure: Increase the number of website tools, such as: individual needs assessments and links to other agency directories. Monitor referrals that are being made to AAAs to make sure they are appropriate.
Strategy 4: Sustain the ADRC by identifying new partners with mutual benefits: For example Medicaid, CILs, Idaho Legal Aid Services, Transportation etc.	Baseline: 1. ADRC Steering Committee, 6 AAAs, Veteran's Administration, Centers for Independent living, State Independent Living Counsel, BSU, American Association of Retired Persons, Legal Aid Services, Idaho Council on Developmental Disabilities, Idaho State University, Living Independents Network Cooperation, Department of Insurance, Idaho Department of Health and Welfare.
	Measure: Identify benefits for different types of partners. Increase number of new partnerships by at least one per year and include links to their information on the ADRC.
Strategy 5: Increase community awareness of the ADRC by providing "ADRC 101" to organizations such as AARP, Retirement Community Groups, hospital discharge planners, and consumer groups such as Kiwanis, Veterans groups, retired teacher groups, etc. Content will include helpful information about older residents of Idaho,	Baseline: 1. ADRC 101 education materials created. 2. ICOA provided ADRC 101 training to 211 Careline. 3. AAA's have not included ADRC education in local areas.
	Measure: ICOA increases ADRC outreach and education through five ADRC presentations per year. AAA identify ADRC outreach and measures in Area Plans and set a

including minority individuals, those with limited English proficiency, and individuals with Alzheimer's.	minimum number of presentations.
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Objective 3: Improve the collection and distribution of resource information on the ADRC website and local AAA offices.

Strategy 1: Make sure technical Alliance of Information and Referral Systems (AIRS) standards are incorporated into data collection systems: For example, standards for options counseling, assessment tools, directories, key word searches, multi-agency terminology, etc.	Baseline: 1. Two data collection systems meet AIRS standards: Social Assistance Management Software (SAMS) and Information Referral Software (IRIS).
	Measure: Identify other areas that could benefit from AIRS compatibility and make them compliant.
Strategy 2: Establish online FAQ's, calendar of events, links to manuals and references on ADRC website. Target Population: low-income older individuals, low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, caregivers of individuals with Alzheimer's, and individuals with Alzheimer's.	Baseline: 1. ADRC website is set up to house documents. 2. Also has News and Events page 3. Includes customer feedback/survey section.
	Measure: Perform quarterly website information updates. Include FAQ and calendar of events, sections. Monitor survey results and make changes when needed.
Strategy 3: Incorporate senior services offered for tribes in the ADRC resource database to better serve low-income minority individuals as well as older individuals with limited English proficiency.	Baseline: One tribal resource for Nez Perce is identified on the ADRC website under the "Partners and Resources" page.
	Measure: Coordinate with all Tribes to include them in ADRC resource database.
Strategy 4: Utilize consumer evaluation and input for feedback on ease of use and material content of the ADRC website. Engage local consumer groups through AARP and collaborate with ICOA's administrator and commissioners to play a major role in the content and usability of the ADRC services, such as services for individuals with Alzheimer's and their caregivers.	Baseline: 1. Customer survey section set up on ADRC site and data is being analyzed.
	Measure: Provide annual report to Administrator with corrective action plan if needed.
Strategy 5: Coordinate with the Idaho Humane Society program to deliver pet food and pet care to low-income and homebound seniors with pets. This program could be coordinated with the Home Delivered Meals program.	Baseline: 1. Established working relationship with the Idaho Humane Society and the Idaho Department of Education's service learning program.
	Measure: Increase awareness and distribution of information regarding Pet Food Pantry needs and services provided. Track deliveries made to homebound seniors with pets.

ICOA GOAL 2

G2: Strengthen existing home and community-based and evidence-based services.	
Objective 1: Increase the efficiency and effectiveness of home and community-based services.	
<p>Strategy 1: Identify baseline units of service and develop goals with the AAAs to strengthen services to the target population: for example, service providers prioritize service delivery to older low-income minority individuals, older individuals residing in rural areas, individuals with Alzheimer's and their caregivers.</p>	<p>Baseline: 1. Establish unit goals based on greatest economic and social need through existing National Aging Program Information System (NAPIS) data, and set baseline goals within local Planning Service Area.</p>
	<p>Measure: Analyze Census and SAMS data to determine service baselines to target populations. Identify at least 1 baseline per AAA service area that focuses on increasing services to individuals with greatest needs. Develop goal/s that will exceed the baseline. Goals will be updated annually in ICOA's and AAAs' annual strategic plan.</p>
<p>Strategy 2: Coordinate with Friends in Action and the BSU Center for the Study of Aging to develop and expand a Life Span Respite coalition.</p>	<p>Baseline: 1. Coalition Exists. 2. Developing grant.</p>
	<p>Measure: Increased Life Span Respite coalition by at least two member organizations per year, award funding, implement program, develop reporting at local, state and federal levels.</p>
<p>Strategy 3: Identify those service areas that are not "dementia capable". Utilize the dementia toolkit for evaluation and implementation, then provide best practices to our partners to better serve individuals such as those with Alzheimer's and their caregivers.</p>	<p>Baseline: 1. Existing "dementia capable toolkit" 2. Areas "not dementia capable" need to be identified.</p>
	<p>Measure: Select one service area to make dementia capable per year: i.e.: Information and Referral, Options Counseling, Adult Protection, Respite, etc.</p>
Objective 2: Build participation in evidence based-services.	
<p>Strategy 1: Match evidence-based program information to agencies and organizations for implementation: For example, provide Chronic Disease and Self-Management Program (CDSMP) to SCSEP participants, explore option of providing work experience credit for CDSMP participation hours, and provide to IDOL One-Stop Career system to encourage involvement.</p>	<p>Baseline: 1. Living Well in Idaho/Chronic Disease Self-Management Program (CDSMP), Senior Medicare Patrol (SMP), Senior Community Service Employment Program (SCSEP), Fit and Fall Proof and Building Better Caregivers.</p>
	<p>Measure: Annually, match one agency with an evidence based program that is beneficial to their consumers.</p>
<p>Strategy 2: Collaborate with the Veterans Administration, Vocational Rehabilitation, local Veterans Administration medical centers and network with AAAs, home health and non-profit organization to implement the Veteran-Directed Home</p>	<p>Baseline: No existing service.</p>
	<p>Measure: Increase the number of VD-HCBS sites by at least one per year.</p>

and Community Based Service (VD-HCBS).	
Strategy 3: Increase evidence-based programs at State and local levels that will focus on the economic and social needs of older individuals of Idaho.	Baseline: 1. Living Well in Idaho/Chronic Disease Self-Management Program, Senior Medicare Patrol, Senior Community Service Employment Program, Fit and Fall Proof and Building Better Caregivers.
	Measure: Increase the number of Evidence-based programs by at least one per year and make available statewide. AAAs will incorporate strategies to increase evidence based programs in their Area Plans at the local level. Track the evidence-based indicator goals for each program.
Strategy 4: Coordinate programs with the Idaho Food Bank, Idaho Hunger Coalition, Idaho Hunger Task Force and the Community Action Partnership Association of Idaho to improve nutritional services provided to low-income seniors through the Home Delivered and Congregate Meal programs.	Baseline: 1. Idaho Food Bank and the ICOA developed nutrition guidance to address conflicting program guidelines between Older Americans Act and National Feeding America programs.
	Measure: Analyze nutritional client demographics to identify current service levels. Increase clients served by at least 2% per year by coordinating with multiple agencies.

ICOA GOAL 3

G3: Promote healthy and active life styles for Idahoans.	
Objective 1: Provide additional opportunities for older adults to engage in social and physical activity to develop healthy behaviors.	
Strategy 1: Identify existing evidence-based programs (such as Idaho State University, the Division of Health, Behavioral Health, Centers for Independent Living, AARP and Council for Developmental Disabilities, Rural Health) and make accessible through the ADRC website. In particular, access will include information that is available for older minority and limited English proficiency individuals.	Baseline: 1. Living Well in Idaho can be accessed through the ICOA/ADRC website.
	Measure: Add at least one evidence-based program to the ADRC website and on local ADRC sites per year.
Strategy 2: Support senior centers in their efforts to increase the number of participants engaged in their services. Assist seniors with the coordination of other local websites like the Chamber of Commerce and Rotary, Idaho Department of Parks and Recreation, etc., and help them develop a presence on the ADRC site.	Baseline: 1. ARDC sites provide links and contact information to some senior centers. 2. Utilize Senior Centers to host events such as Senior Medicare Patrol fraud prevention classes.
	Measure: Add senior center page with links to individual senior center sites through ADRC websites. Provide four senior center opportunities to participant in evidence based programs per year. Track opportunities provided to senior centers and track number of senior centers who participated.

Objective 2: Increase volunteerism to support long-term care and home and community based services.	
Strategy 1: Develop and implement an annual statewide, ICOA, aging, network volunteer recognition award.	Baseline: 1. No recognition award for volunteers established.
	Measure: One recognition event per year recognizing volunteers from different programs.
Strategy 2: Increase volunteer recruitment and the development of volunteer programs through agency coordination, marketing, outreach, and utilizing social media (i.e. Facebook networking).	Baseline: 1. Currently four AAA Ombudsman volunteer programs and five other volunteer programs: Department of Insurance's Statewide Health Insurance Benefits Advisors (SHIBA) program, Corporation for National Service (CNS), Volunteers in Service to America (VISTA), Retired Senior Volunteer Program (RSVP), and the AmeriCorps' Senior Companion Program (SCP).
	Measure: Develop a method of capturing the number of volunteers. Increase number of volunteers by at least 2% and one volunteer program per year.
Strategy 3: Incorporate volunteer organization services in the online resource database.	Baseline: 1. Current online system does not identify volunteer programs.
	Measure: Incorporate access to the following programs on the ADRC website: 1. Currently four AAA Ombudsman volunteer programs and five other volunteer programs: Department of Insurance's Statewide Health Insurance Benefits Advisors (SHIBA) program, Corporation for National Service (CNS), Volunteers in Service to America (VISTA), Retired Senior Volunteer Program (RSVP), and the AmeriCorps' Senior Companion Program (SCP).
Strategy 4: Coordinate with Mountain States Group to develop senior volunteer program and provide training to participate on the Idaho's suicide hotline. Mountain States Group is tasked with developing the hotline including volunteer recruitment and training.	Baseline: 1. Idaho is developing a statewide suicide hotline
	Measure: Participate in meetings and the development of the Hotline, volunteer recruitment and training.

Objective 3: Increase employment opportunities by connecting employers with unemployed older Idahoans	
Strategy 1: Provide access to Senior Community Service Employment Program (SCSEP) and Idaho Department of Labor's (IDOL) One Stop Shop employment sites to the Idaho Home Choice program's transition managers to link people, in particular, low-income seniors to employment opportunities.	Baseline: 1. No marketing or training to transition managers on the SCSEP or IDOL's One Stop Shop employment programs.
	Measure: Track number of transition managers that were provided employment program information and track referrals to SCSEP and One Stop Shop programs.

Strategy 2: Increase options for On-the-Job training, identify prioritization for placement of participants at Host sites who have a record of hiring participants and identify funding to be used to provide occupational skill training.	Baseline: 1. Existing Host-sites, Need to identify On-the-Job training and occupational skill training sites.
	Measure: Implement following options: On-the-Job Training, Host-site prioritization, increase amount of funds to occupational skill training.
Strategy 3: Link and increase volunteer programs to training opportunities for low-income seniors through the Senior Community Service Employment Program (SCSEP), SERVE Idaho, and Foster Grandparent Programs.	Baseline: 1. Volunteer programs have not been linked to the SCSEP program.
	Measure: Increase number of SCSEP participants assigned to volunteer programs by at least 5% over the next four years.
Strategy 4: Collaborate with the Idaho Hispanic Commission, Idaho State Veterans Administration, Idaho Division of Vocational Rehabilitation, the Idaho Department of Labor, Idaho Office of Refugees and the Community Council of Idaho to increase training and employment opportunities for older low-income minority individuals and older individuals with limited English proficiency.	Baseline: 1. ICOA participates on one employment related council: Workforce Development Council 2. ICOA participates in IDOL's One Stop Shop employment sites.
	Measure: Increase agency participation by at least one per year in the development of senior employment programs through SCSEP.

Objective 4: Increase health promotion and disease prevention outreach through materials and education.	
Strategy 1: Coordinate the distribution of free community fitness and health programs and technical assistance to low-income seniors through the ADRC website.	Baseline: No baseline data established.
	Measure: The ICOA will conduct a study of senior centers and other community programs to identify free fitness activities that are in place to establish a baseline. Build access through ADRC website.
Strategy 2: Develop resources and partnerships to provide statewide nutrition education and counseling through ADRC website, meetings, and training to serve low-income seniors including minority, limited English proficiency individuals, and individuals with Alzheimer's and their caregivers.	Baseline: Current information included on the website: Idaho Food Bank, Home Delivered and Congregate Meals, and "Idaho Physical Activity and Nutrition Program".
	Measure: Increase resources and partnerships by at least 5 in the next 4 years.
Strategy 3: Increase Title III-D (Health and Disease Prevention Program) evidence-based programs.	Baseline: 1. ICOA will evaluate eligible evidence-based programs.
	Measure: Increase number of eligible evidence-based programs in Idaho by at least one per year.

<p>Strategy 4: Partner with the Division of Health at Department of Health and Welfare to increase the availability of Living Well in Idaho workshops, and increase Building Better Caregivers participant recruiting partners.</p>	<p>Baseline: Currently Friends in Action provide Living Well in Idaho.</p> <p>Measure: Increase implementation sites for Living Well in Idaho by at least one per year. Increase participant referral agency by one per year for Building Better Caregivers.</p>
<p>Strategy 5: Coordinate with Idaho State University and other institutions that provide free medical screening and education. Include access to this information on ADRC calendar of events to better serve older individuals with limited English proficiency.</p>	<p>Baseline: ADRC website set up with events page, Twitter and Facebook.</p> <p>Measure: Set up ADRC calendar, Track number of free screening and education events. Identify potential institutions that provide free health and education services.</p>

<p>Objective 5: Identify opportunities to increase community transportation options to enable seniors to travel to community events, volunteer work, services, shopping and medical appointments.</p>	
<p>Strategy 1: Develop partnerships to increase resources for transportation, and participate in state and local transportation planning. In particular, older individuals residing in rural areas and low-income seniors.</p>	<p>Baseline: 1. ICOA is part of the Idaho Mobility Council, 2. ICOA's ADRC is linked to Community Transportation Association of Idaho (CTAI) website and statewide transportation directory. 3. AAAs address transportation in area plans. 4. Local senior centers provide transportation.</p> <p>Measure: Stay engaged with the Idaho Mobility Council, update transportation links from ADRC website quarterly, and participate at state and local transportation planning activities.</p>
<p>Strategy 2: Link to online transportation resources from the ADRC website. Target Population: low-income older individuals, low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.</p>	<p>Baseline: 1. Veterans Administration is developing a statewide transit directory. 2. ICOA has linked to transportation resources through the Community Transportation Association of Idaho's website.</p> <p>Measure: Increase state and local links to transportation resources through ADRC website.</p>

ICOA GOAL 4

<p>G4: Protect the rights of older people and prevent their abuse, neglect and exploitation.</p>	
<p>Objective 1: Increase coordination with state entities, organizations, and institutions that protect vulnerable adults from abuse, neglect, and exploitation.</p>	
<p>Strategy 1: Identify partners (such as Prosecuting Attorneys) who are active in preventing the abuse, neglect, and exploitation of vulnerable adults (including older low-income individuals that are a minority or have are limited in English Proficiency) and establish a community resource network accessible from the ADRC website and through face to face</p>	<p>Baseline: AAAs and AoA National Center on Elder Abuse identified on the ADRC website.</p> <p>Measure: Increase number of partners by at least one per year and access to information on ADRC website.</p>

coordination with partnering agencies.	
Strategy 2: Incorporate consumer links from ADRC website to resources that provide information concerning advance directives, powers of attorney, guardianships, abuse, and consumer scams and other legal aid services to protect low-income seniors.	<p>Baseline: The following information is available: Eldercare locator, Helpguide.org, and AoA National Center on Elder Abuse.</p> <p>Measure: Establish resources and links to partnering agencies.</p>

Objective 2: Provide additional resources to help people make informed decisions about long-term care or assisted living facilities.

Strategy 1: Increase coordination between Adult Protection, local Ombudsman and Tribal Services to provide public education to staff and residents of assisted living facilities about rights, prevention of abuse, neglect, and exploitation regarding minority seniors with limited English proficiency.	<p>Baseline: Ombudsman and AP scheduled training for 2012. Local AP and Ombudsman provide exclusive training materials and schedules.</p> <p>Measure: Bi-annually include AP and Ombudsman training together so responsibilities are well defined.</p>
Strategy 2: Increase frequency of regular visitation to assisted living facilities by increasing the number of qualified Ombudsman volunteers.	<p>Baseline: Current baseline is quarterly visits. Four of the six AAAs have Ombudsman volunteer programs.</p> <p>Measure: Increase volunteer programs to all six AAAs. Increase quarterly visitations of Skilled Nursing Home and Assisted Living Facility. Must meet minimum quarterly visits.</p>

Objective 3: Increase public outreach to recognize and report signs of elder abuse, neglect and exploitation.

Strategy 1: Support other organizations who provide education and outreach to the public concerning elder abuse, neglect, and exploitation of adults including individuals with Alzheimer's and their caregivers through the posting of pertinent information on the ADRC website and specific training with the 211 Careline operators: For example, Justice Alliance for Vulnerable Adults (JAVA), Ada County Abuse in Later Life.	<p>Baseline: The ICOA is a member of JAVA.</p> <p>Measure: Increase number of organizations by at least 1 per year through MOUs or participation. Track Adult Protection hits and downloads through Google analytics on the ADRC website.</p>
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ICOA GOAL 5

G5: Maintain an effective and responsive management and administrative structure.

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

Strategy 1: Review ICOA's external compliance requirements. Update the onsite review monitoring tool kits. Implement monitoring to include annual onsite reviews.

Baseline: ICOA has an existing review monitoring toolkit.

Measure: Update monitoring tool kit to be used in 2013.

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

Strategy 1: ICOA defines data quality needs for the state and federal reporting. Develop data quality assurance plan with AAAs.

Baseline: Currently, data analysis is built into ICOA's monthly invoicing, quarterly reports, and annual review processes.

Measure: Analyze data to determining missing statistics and implement processes to increase data quality.

Strategy 2: Assign ICOA Program Specialists to oversee specific planning service area/s. Develop program instructions and guidance procedures for Program Specialist.

Baseline: The ICOA Program Specialists oversee programs.

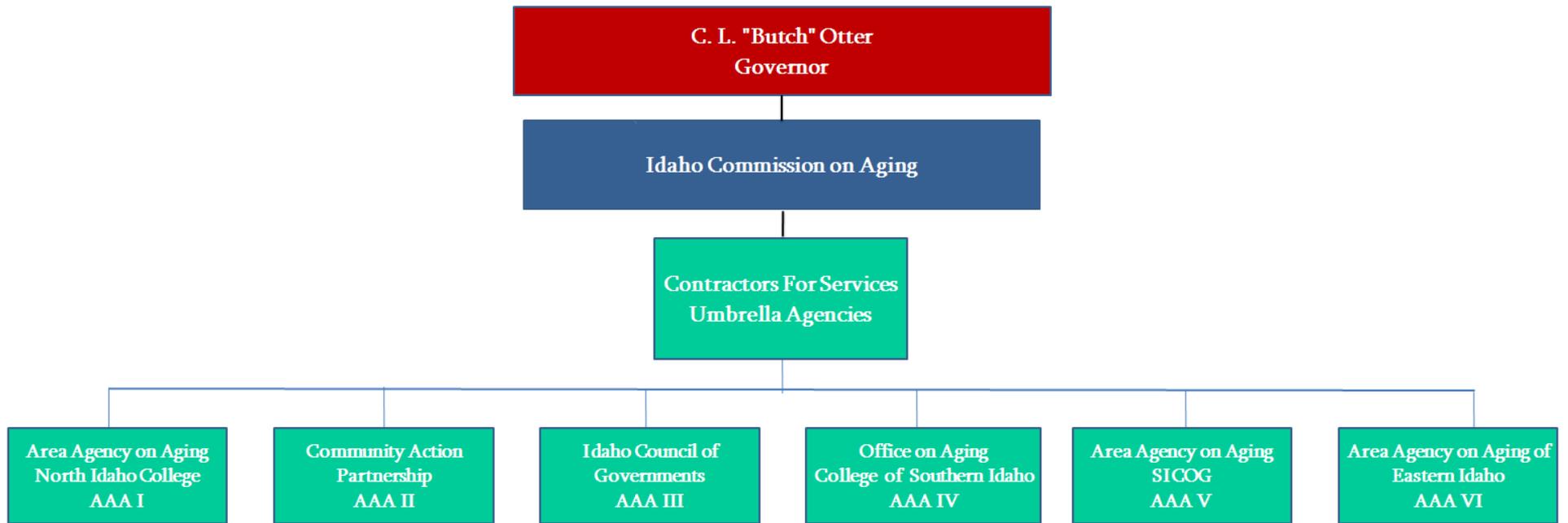
Measure: Program Specialists will coordinate the following for their assigned area: funding opportunities, review Area Plans, meet key dates in Program Manual, main contact for program issues.

Strategy 3: Maintain statewide Program Manual that identifies federal and state regulations and provides policies, guidance, reports and forms to implement Senior Service Act and OAA services in Idaho.

Baseline: Current Manual released April 30, 2012

Measure: Maintain as living document and make changes and additions as regulations change or clarification is needed. Continue to solicit feedback on semi-annual basis.

ATTACHMENT A: Idaho Commission on Aging Organization Chart



ATTACHMENT B: Steering Committee Members

State Plan Steering Committee Members			
	Name	Affiliation	Title
1	Don Alveshere	Idaho Division of Vocational Rehabilitation	Administrator
2	David Brasuell	Idaho State Veterans Administration	Administrator
3	Phyllis Barker	Department of Insurance	SHIBA Supervisor
4	Sarah Toevs	Boise State University, Center for the Study on Aging	Dept Director
5	Cathy McDougall/Dede Wildon	AARP (American Association of Retired Persons)	Associate State Director
6	Russ Spearman	Idaho State University	Project Director of Institute of Rural Health Traumatic Brain Injury Program
7	Jim Cook	Idaho Legal Aid Services	Deputy Director
8	Roger Howard	Living Independence Network Center (CILS)	Executive Director
9	Natalie Peterson	Idaho Department of Health and Welfare	Bureau Chief
10	Marilyn Sword	Idaho Council on Developmental Disability	Executive Director
11	Robbie Barrutia	Idaho Independent Living Council	Executive Director
12	Karen Vauk	Idaho Food Bank	President/CEO
13	Dwight Johnson, Pam Pearson	Idaho Department of Labor	Administrator/ Socio-Economic Planner
14	Deedra Hunt	Idaho Commission on Aging	Program Specialist
15	Heather Wheeler, Clif Warren	Transportation (Community Transportation of Idaho, CTAI)	Executive Director, Regional Mobility Manager
16	Russ Duke	Central District Health/Immunization	Director
17	Stephanie Bender-Kitz	Friends in Action (non-profit)	Director
18	Margie Gonzalez, Lymaris Blackmon	Hispanic Commission	Executive Director/Administrator Assistant
19	Carl Skabronski	Citizen (Planning Service Area 4 (Magic Valley))	Citizen
20	Georgia Barros	Nez Perce tribe USDA Food & Nutrition Services	FDP Director
21	Janice Carson	Idaho Assistive Technology Group	Director
22	Konni Peterson	Senior Center Representative (Planning Service Area 5 (Pocatello))	Citizen
23	Jeff Rosenthal	Idaho Humane Society	Executive Director

ATTACHMENT C: Development Schedule

Idaho's Senior Services Plan Steering Committee and Public Comment Review Schedule	
Schedule:	Date:
Aging and Disability Resource Center, Steering Committee (ADRC)	Friday, 7/1/2011:
Senior Community Services Employment Program (SCSEP)	Friday 7/1/2011:
Office of Performance Evaluation (OPE) Report	Thursday 9/1/2011:
Idaho Commission on Aging (ICOA) Program Manual update	Thursday 12/1/2011:
Initial: Steering Committee Meeting	Thursday, March 22nd and/or Friday March 23rd 2012
Send out: Program descriptions, goals, objectives, strategies and performance measures for Steering Committee review:	Released Friday March 23, 2012
Receive Steering Committee's comments by:	Thursday, March 29, 2012
Receive BSU Needs Assessment by:	Friday April 20, 2012
Incorporate BSU Needs Assessment into goals/objectives/strategies and measures by:	Wednesday, April 25, 2012
Second: Steering Committee review starts:	Thursday, April 26, 2012
Receive Steering Committee's comments by:	Thursday, May 3, 2012
Area Agencies on Aging (AAAs) review starts:	Monday May 7, 2012
Receive AAAs comments by:	Friday May 11, 2012
Public Comment and AoA review starts:	Tuesday, May 15, 2012
Receive Public Comment and AoA feedback by:	Friday, June 8, 2012
Final: Steering Committee review	Thursday, May 31, 2012
Receive Steering Committee's comments to be incorporated into final State Plan by:	Friday, June 8, 2012
Send State Plan to AoA	Wednesday, June 13, 2012

ATTACHMENT D: BSU Needs Assessment



Center for the Study of Aging

Idaho Commission on Aging Needs Assessment Survey Results

May 2012

Conducted by
Center for the Study of Aging
Boise State University

Funded by
Idaho Commission on Aging

Tamra Fife, MHS
Lee Hannah, DVM, MS, MPH

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Appendices

Appendix A. Survey Instrument

Appendix B. Idaho Commission on Aging Area Map

Appendix C. Overall 2012 Survey Results

Appendix D. Area Agency on Aging Results

Executive Summary

The findings reported in this document are based on a statewide survey of individuals 50 and older conducted for the Idaho Commission on Aging in March 2012. The survey, based on a similar assessment conducted in 2008, was designed to provide information for future planning for the long-term care needs of older Idahoans. A unique feature of this assessment as compared to the 2008 survey was the collection of information from participants at selected congregate meal sites representing each of the six Agency on Aging Area (AAA) regions in addition to a mailed survey. A total of 4,000 surveys were distributed, 3,000 through direct mail and 1000 at congregate meal sites, and 814 surveys were returned representing a response rate of 20 %.

The demographic characteristics of this population differ slightly from the 2008 report. In 2012, the age range of respondents was 51 to 97 years, with an average age of 71 in comparison to an average age of 67 for respondents to the 2008 survey. In 2012, 55% of respondents were retired compared with 62% in 2008. In this survey an additional 28% were still working either part- or full-time. Only 48% of the respondents were married, compared to 73% in the 2008 study, and 28% were widowed. For income, 29% reported being in the less than \$20,000 income group, compared to 17% reporting that income level in the 2008 study.

For transportation, 85% of respondents indicated they drive themselves and those that indicated having problems with transportation reported health or disability as the major reasons. In the 2008 survey the question regarding transportation was asked as “Drive or ride in a car”, making direct comparison difficult but when you combine this question from the 2012 survey with “Ride with a family member or friend” at 12.4% we come close to the 98% from 2008 who “Drive or ride in a car” with about 97% in the current survey falling into these two categories.

Overall 85% of respondents indicated their community is a good place to grow old with the remaining 15% reported transportation and lack of access to health services as factors contributing to their selection of a “No” response. The majority of respondents, almost 80%, indicated they did not have trouble affording items that were needed, but among those who did report difficulties, access to dental care and eye glasses were significantly different from other items.

As in the 2008 study, respondents provided information about their ability and desire to participate in activities, their ability to perform varying levels of physical activities, and ways they obtain information about services. New to the 2012 survey, respondents were asked how often they accessed the internet for information. Respondents were also asked about long-term care planning, support from community and family members, and their current quality of health.

Key results derived from the 2012 report were very consistent with the 2008 study and include the following:

- The majority of respondents do not have long-term care insurance (79.1%) and when asked how they were going to pay for long-term care, they indicated Medicare.
- Most respondents either participate in activities as much as they would like or are not interested. Overall, 46% of respondents indicated they were not interested in attending a Senior Center, which is much lower than the 61% who were not interested in the 2008 survey.
- Of those that provide care for someone else, 68% indicated they were not aware of care giver services provided in their community.
- Overall, 42% of respondents access the internet frequently or somewhat frequently, and most do so from their homes. Between ages 50-65, about 60% of respondents reported frequently using the

internet. In the 66-74 year old age group this dropped to 42% who frequently use the internet, and in the oldest age group only 19% reported frequently using the internet.

- Some individuals receive support from family and friends, but over 85% indicated they do not get support from their community or through community services.
- The majority of respondents (80%) indicate their quality of life is good to very good, with another 11% indicating neither bad nor good.
- The top concerns among this population were the cost of healthcare, long term care, and their concern about their ability to stay in their homes as they age.

Introduction

The purpose of this study was to investigate the current and future long-term care needs of older adults in Idaho. A random sample of 3,000 individuals aged 50 and older throughout Idaho were sent a survey asking them a range of questions about their needs, abilities, preferences and activities. This document is organized in sections to report the results

First, the report begins with a description of the study and the study instrument. The sampling procedure is detailed, as well as the data collection methods and the analysis plan. Next, the report summarizes the return rate and the demographic information about the survey participants. Preferences and needs of the participants follow the description of the survey participants. These preferences are divided into seven categories: social activities, physical activities, sources of information, transportation, care giving, assistance and support, and other concerns. The report ends with a summary of the results and implications for future planning and policy development.

Survey Instrument

The survey items and format were adapted from an existing needs assessment tool administered in 2008 by the Center for the Study of Aging at Boise State University under a subcontract from the Idaho Commission on Aging (ICOA). Other questions were created based on the needs and interests of the Idaho Commission on Aging and from a review of needs assessment tools used in other states. The survey was designed to collect basic demographic and socio-economic information, transportation uses and needs, sources of support and assistance, and potential caregiver responsibilities. Specific items included frequency of attendance at such services as senior centers, exercise and fitness classes, sporting events or religious services. In addition, respondents were asked how they find out about services, items that were needed but could not be afforded, and the activities they need help with or are able to perform for themselves. The survey form is reproduced in Appendix A.

Sampling

The Center for the Study of Aging contracted with AccuData to select a population of 3,000 individuals who mirrored the percent of aged 50 and older residents from each of the six AAA areas (shown in Appendix B). These were then sorted to select 50% males and 50% females within each area. All addresses were for non-institutional settings. The area population percentages aged 50 and older were obtained from the Department of Labor statistics. The Center for the Study of Aging purchased a one time mailing option and received the list in an Excel dataset. The envelopes were printed by the BSU Printing and Graphics Department and bulk mailed after printing. Because the envelopes were bulk mailed by zipcode, we did not receive undeliverable envelopes back to BSU. Therefore we have no way to calculate the proportion of the mailing addresses which were no longer valid at the time of mailing. (Overall results from the survey are found in Appendix C).

In addition to the 3,000 randomly selected individuals who received a mail survey, 1,000 surveys were distributed to a representative sample of congregate meal sites. ICOA provided the researchers with a list of all congregate meal sites in the six AAA areas. Using the same percentage of the population in each area that was used from the random selection of mail participants, the researchers calculated the number of surveys to be sent to each Area. Using this population estimate, the researchers randomly selected small, medium, and large meal sites across the state as survey distribution points. The coordinator at each site was contacted to inform them of the purpose of the survey and distribution process and verify the mailing address. A packet of surveys and postage paid return envelopes were sent to each site and the site coordinators were asked to

give them to persons aged 50 and over receiving services at the center. The distribution of surveys by Area and meal site was as follows:

- Area 1: 6 sites selected and 165 surveys distributed;
- Area 2: 6 sites selected and 95 surveys distributed;
- Area 3: 5 sites selected and 400 surveys distributed;
- Area 4: 8 sites selected and 130 surveys distributed;
- Area 5: 7 sites selected and 100 surveys distributed; and
- Area 6: 6 sites selected and 110 surveys distributed.

Results by area, based on findings from congregate meal sites are located in Appendix D. Although these results are based on a smaller sample of the population, because they were completed by individuals receiving services, they provide insight into the needs and concerns of some of the most vulnerable Idaho elderly. This provides a snapshot of a population of high interest to ICOA and the areas.

Data Collection

Prior to contacting any persons in the sample, approval for the study was received from the Institutional Review Board (IRB), approval #EX 193-SB12-039, of Boise State University, which is the federally mandated mechanism used to protect human subjects in research. The cover letter to the survey stated that this research was approved by the IRB and provided phone and address information for both the lead researcher of the Center for the Study of Aging and the IRB staff person who could be contacted with any questions. In addition, AccuData reviewed both the survey and cover letter to ensure that we were not purchasing the list for purposes other than our stated intent. AccuData required several minor wording changes which were sent through the BSU IRB for a second time to ensure both entities were aware of all changes to the documents prior to mailing.

Response Rates and Sample and Respondent Characteristics

Of the 3,000 surveys distributed by mail, 550 or 18.8% were returned with the survey form completed in total or in part. Of the 1,000 surveys sent to congregate meal sites, 236 or 23.6%, were returned. There was also an additional 28 surveys completed using the on-line version of the survey. The respondents of the survey were slightly different than Idaho's population. For example, the female response rates are slightly higher than the population mix. In the 2010 U.S. Census, 48% of the population age 50 and older in Idaho was male and 52% was female whereas the survey respondents were 43% male and 58% female.

Table 1. Demographic information of sample population.

	Idaho Population over 50 years old (2010)	Sample Sent Survey N=4000	Respondents N=814
Male 50+	48%	50%	42%
Female 50+	52%	50%	58%

Data Preparation and Analyses

Data entry was performed by Center for the Study of Aging staff. Data entry checks were conducted after data entry was completed. Prior to analyses, data were checked for out-of-range values, appropriate skip patterns and patterns of missing responses. All analyses were conducted by staff at the Center for the Study of Aging using the statistical software package, SPSS v.19.

Demographic Characteristics

The survey respondents were generally equally represented across all demographic categories. Two participants ages were not included in the age characteristics (ages 34 & 37) as they appear to be care givers. Table 2 reports the survey participants' average age, standard deviation, and the range of ages. Overall the average age of respondents was 70 years old and participants ranged from 51-97 years old. Table 2 also represents the difference from the 2008 survey where the average age was slightly less at 67.5.

Table 2. Survey participant age

Survey Year	Average	Standard Deviation (sd)	Range
2012	70.5	11.1	51-97
2008	66.9	10.8	50-99

Table 3 provides additional demographic characteristics of the survey respondents. Approximately 61% of respondents have lived in their community for 20 years or more. Most of the respondents can be described as retired (55%), married (48%), and white (95%) and describe their health as very good or good (86%).

The income levels of respondents were 29% reporting being in the less than \$20,000 group, compared to 17% reporting that income level in the 2008 study. In addition, the income range from \$50,000-\$59,999 was only 6% of the 2012 population. Thirty percent of respondents self-reported having an educational attainment of high school or less, 33% reported some college, with the remaining 34% reporting an Associate's degree or higher. Respondents also relied heavily on private insurance (38%) and Medicare (39%) for their health insurance. Forty-three percent of respondents indicated they used a combination of Medicare and private insurance. Only 6% of the respondents indicated they only used Medicaid as their health insurance, a reduction of 3% from the 2008 study. Of the 17% that reported "other insurance", 35% of those respondents indicated having no insurance.

Table 3. Demographic characteristics of survey respondents

Characteristic (n=815)		n	2012 Results	2008 Results
Gender	Male	333	41.8	43.3
	Female	463	58.2	55.7
Health Status	Very Good	334	41.0	47.2
	Good	364	44.7	41.8
	Neither Good nor Bad	90	11.0	7.8
	Bad	6	0.7	0.7
	Very Bad	1	0.1	0.4
Household Income	Less than \$10, 000	65	8.0	4.1
	\$10,000 to \$19,999	167	20.5	13.4
	\$20,000 to \$29,999	114	14.0	14.0
	\$30,000 to \$39,999	84	10.3	11.2
	\$40,000 to \$49,999	71	8.7	10.7
	\$50,000 to \$59,999	53	6.5	6.9
	\$60,000 to \$74,999	49	6.0	10.0
	\$75,000 and over	100	12.3	19.3
Education	0-11 years, no diploma	56	6.9	6.2
	High School graduate/GED	191	23.4	22.3
	Some college/technical training	272	33.4	33.3
	Associate's degree	55	6.7	5.5
	Bachelor's degree	134	16.4	17.4
	Graduate/Professional degree	92	11.3	14.7
Employment	Retired	445	54.6	50.4
	Working part-time	78	9.6	7.9
	Working full-time	156	19.1	26.6
	Unemployed/looking for work	22	2.7	0.4
	Homemaker	32	3.9	4.6
	Disabled	44	5.4	2.9
	Other	19	2.3	1.3
Marital Status	Married	391	48.0	72.9
	Widowed	228	28.0	13.5
	Divorced	117	14.4	9.1
	Single	51	6.3	3.5
	Partnered	12	1.5	0.1
	Other	3	0.4	0.1
Ethnicity	White	771	94.6	96.2
	Black /African American	2	0.2	0.1
	American Indian /Alaskan Native	7	0.9	1.2
	Native Hawaiian/Other Pacific	0	0.0	0.1
	Other	15	1.8	1.5
	Hispanic or Latino	7	0.9	1.5
Years in Community	0-5	101	12.4	10.6
	6-10	78	9.6	8.6
	11-15	75	9.2	8.8
	16-20	48	5.9	7.7
	20 or more	495	60.7	62.4

Most respondents live in a single family home (78%) and reported owning their home (81%), with most having two people per household. Sixty-three percent live with their spouse and 17% live with at least one child (Table 4).

Table 4. Household characteristics of 2012 versus 2008 survey respondents

Household Characteristics (n=815)		n	2012 Results	2008 Results
Ownership	Rent	112	14.1	6.3
	Own	646	81.2	90.5
Type of Home	Single family home	633	77.7	86.5
	Townhouse, condo, duplex or apartment	61	7.5	6.1
	Mobile home	61	7.5	4.4
	Assisted living residence	8	1.0	0.4
	Nursing home	4	.5	0.0
	Subsidized housing	26	3.2	1.0
	Other	10	1.2	0.9
Residents	Spouse	313	63.0	72.4
	Significant Other	26	4.0	1.0
	At least one child	32	17.0	13.0
	Child(ren) and his/her/their family	2	2.0	1.7
	Other relative(s)	17	5.0	1.7
	Unrelated adults/friends	10	2.0	0.9
	Grandchildren/great-grandchildren	5	5.0	1.3
	Other	8	1.0	1.2
Number of Residents	1 person	304	37.3	23.7
	2 people	387	47.5	59.9
	3 people	57	7.0	8.5
	4 people	26	3.2	3.8
	5 or more people	24	2.9	2.7

Social Activities

Social activities can provide a plethora of benefits that can sometimes be overlooked in planning for older adults. Engaging with others can enhance the well-being of older adults, thus, survey respondents were asked about their ability to, and interest in, participating in various types of social activities.

When asked about the frequency of participating in different types of social activities, there was greater variation based on the type of activity. Remove “return” here

Table 5 illustrates the interest level as well as whether individuals are able to participate as often as they would like. The activities where respondents indicated they are not able to participate as often as they like included: exercise or fitness (21%), community events (16%), and volunteer

work (15%). Respondents also did not get to attend degree/non-degree courses (16%) or family activities (16%) as often as they would like.

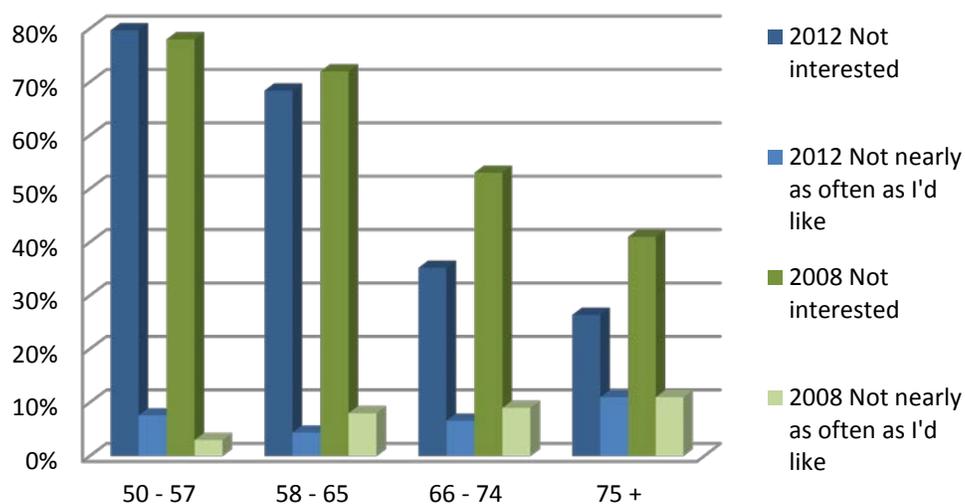
Table 5. Social activity participation from the 2012 respondents

	As often as I'd like	Almost as often as I'd like	Not nearly as often as I'd like	Not interested
Community Events/ Social Clubs	43.1%	15.1%	16.4%	25.5%
Degree/non-degree courses	16.1%	4.0%	16.0%	63.9%
Exercise / Fitness / Workouts / Activities	40.1%	11.9%	20.7%	27.3%
Family Activities	58.2%	19.5%	16.4%	5.9%
Library/Internet	48.3%	11.3%	14.3%	26.1%
Medical and pharmacy visits	76.8%	13.7%	4.0%	5.5%
Parks	58.1%	13.2%	13.8%	14.9%
Religion/worship	61.7%	8.0%	8.4%	21.9%
Senior centers	40.8%	6.8%	6.4%	46.0%
Shopping	73.4%	15.6%	7.1%	3.9%
Sporting events	42.8%	10.8%	12.8%	33.6%
Volunteer work	45.5%	10.8%	15.6%	28.1%
Working for pay	35.4%	6.4%	9.8%	48.4%

Two areas are notable, first almost half of survey respondents reported not being interested in taking degree and non-degree courses (64%) and going to senior centers (46%). Second, respondents were either not interested in working for pay (48%) or they were working for pay as often as they would like (35%).

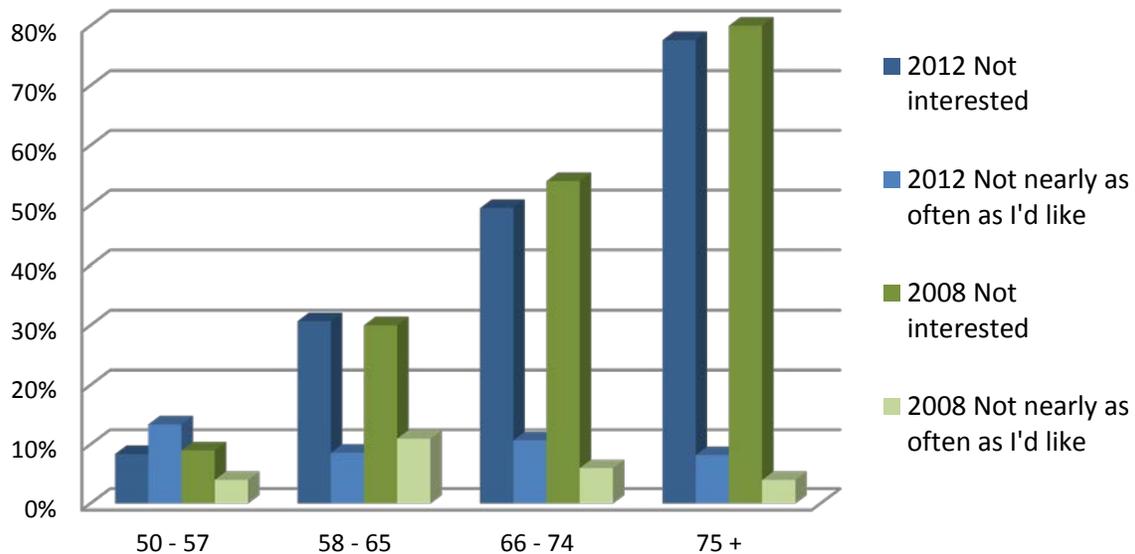
Interest in senior centers was very different by age group (Figure 1). The majority of 50-57 year olds (79%) were not interested in using senior centers, followed closely by 58-65 years olds at 69%. Yet, of the age group that had the highest interest in going to a senior center, those age 75 and older, only 9% do not get to go as often as they would like. Figure 1 shows that, compared to 2008, there was a decrease in respondents who reported that they were not interested in a senior center among the 66 years and older age groups.

Figure 1. Percentage of respondents' interest in attending a senior center by age



As might be expected, the percentage of individuals who were not interested in working for pay increased dramatically by age (Figure 2) with 78% of respondents age 75 and older not interested in working for pay compared to 9% of those 50-57 years old. Conversely, the highest percentage of individuals who were not working for pay nearly as often as they would like was found in the 50-57 year old group (11%).

Figure 2. Percentage of respondents' interest in working for pay by age



Physical Activity

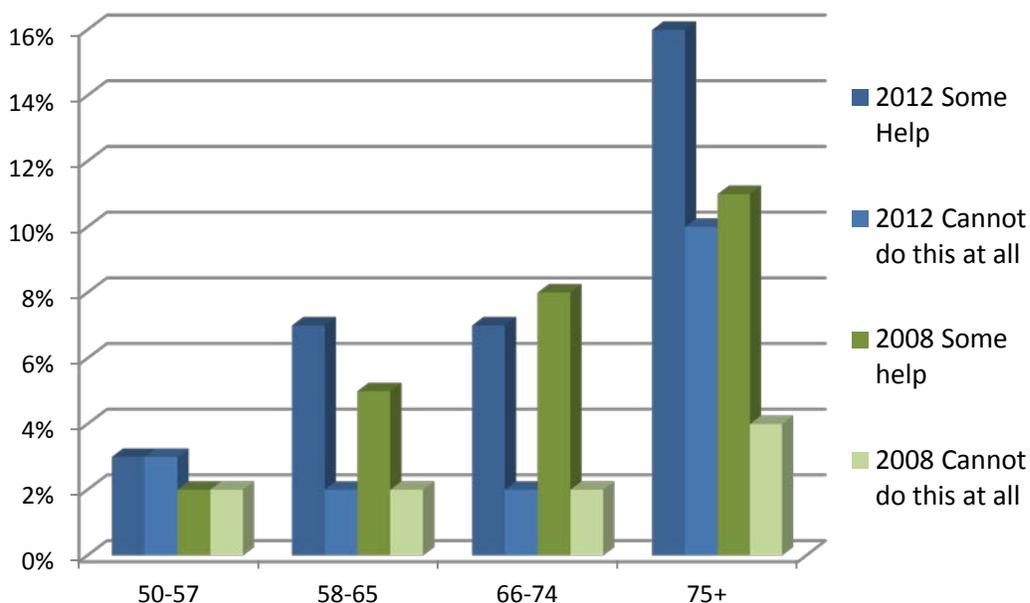
In order for older adults to remain independent, they must be able to perform a variety of tasks. These tasks can include Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs include basic personal care activities such as eating, walking and bathing. IADLs include more complex activities such as managing finances, home care and grocery shopping.

Most of the survey respondents were able to complete ADLs and IADLs without any help from others (Table 6). However, there are certain activities, particularly activities that require physical exertion, where respondents indicated more help is needed. For example, 27% of survey respondents indicated they need some help with heavy housework like moving furniture or washing windows and 15% indicated they cannot do this at all. Additionally, 34% need some help doing interior or exterior repairs and 27% need some help doing yard work and shoveling snow. The 2012 results of those able to complete ADLs and IADLs were similar to the 2008 results, with the exception that the percentage of those who cannot do activities such as interior or exterior repairs, yard work and heavy housework increased for those 65 years or older.

Table 6. Ability of respondents to perform various activities

Activity	Without any help		With some help		Cannot do this at all	
	n	%	n	%	n	%
Prepare own meals	737	90.9	56	6.9	18	2.2
Shop for personal items	735	91.1	57	7.1	15	1.9
Manage own medications	757	93.9	33	4.1	16	2.0
Manage own money	745	92.2	54	6.7	9	1.1
Use a telephone	775	96.6	19	2.4	8	1.0
Do light housework like dusting or vacuuming	688	85.3	80	9.9	39	4.8
Do heavy housework like moving furniture or washing windows	463	57.6	218	27.1	123	15.3
Do interior or exterior repairs	339	42.4	270	33.8	191	23.9
Do yard work and snow shoveling	445	55.3	217	27.0	143	17.8
Walk	720	89.6	66	8.2	18	2.2
Eat	795	98.8	8	1.0	2	.2
Dress self	786	97.3	20	2.5	2	.2
Bathe	774	95.7	29	3.6	6	.7
Use the toilet	797	98.6	9	1.1	2	.2
Get in and out of bed	795	98.1	10	1.2	2	.2
Respond to emergencies	720	90.0	63	7.9	17	2.1

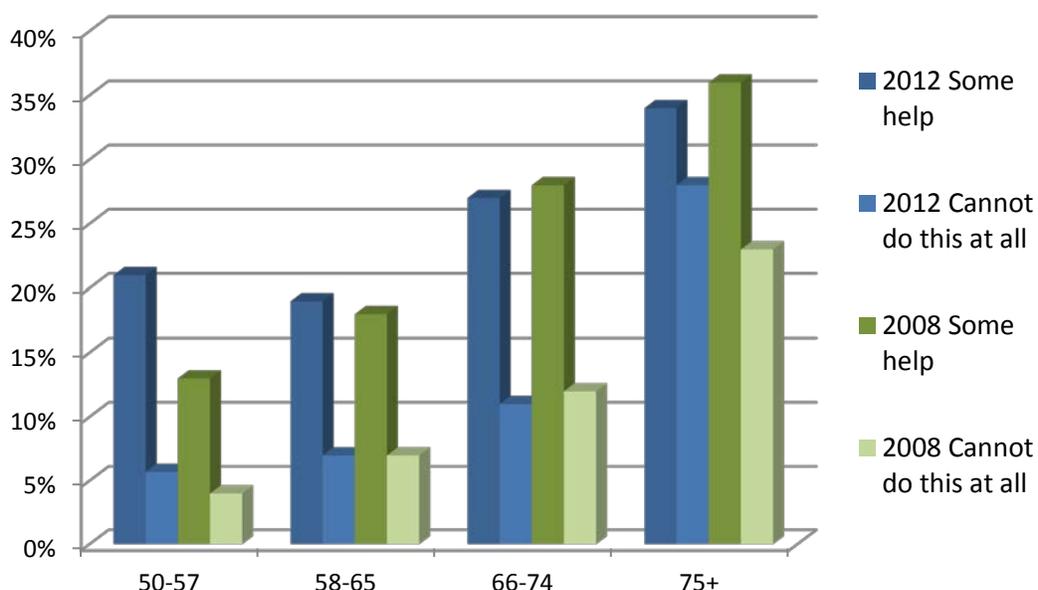
The need for assistance or the inability to perform certain activities was exacerbated for the oldest survey respondents. Light and heavy housework, interior or exterior repairs, yard work, shoveling snow and walking presented increasing challenges as age group increased. Figures 3 through 7 illustrate the percentage of individuals by age group that reported the ability to do a particular activity with some help or if they cannot perform the activity at all.

Figure 3. Respondents' level of help needed to perform light housework by age

Sixteen percent of survey respondents age 75 and older needed some help with light housework compared to 7% of 66-74 year olds and 3% of 50-57 year olds (Figure 3).

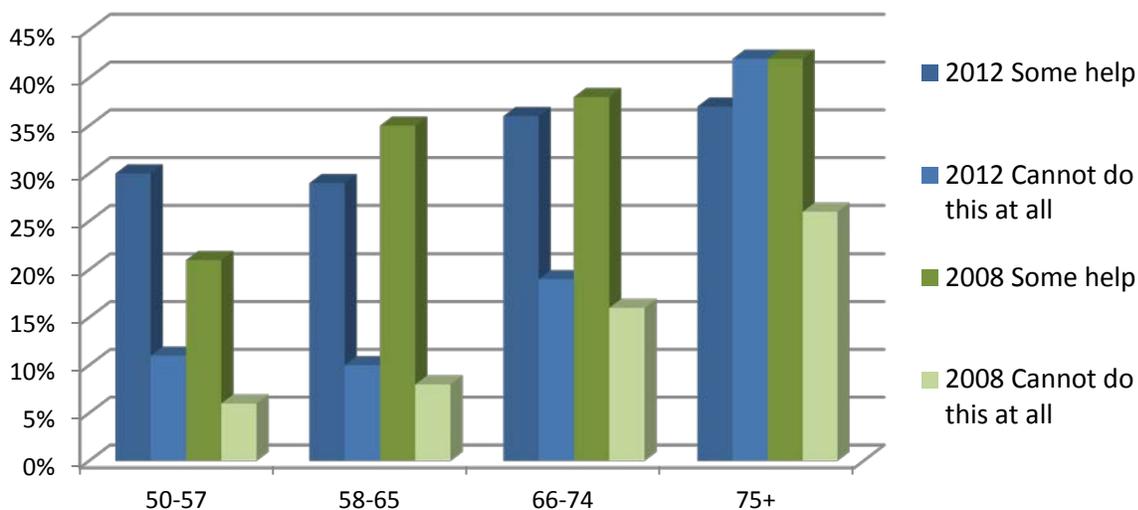
A larger proportion of survey respondents age 75 and older (34%) needed some help with heavy housework compared to 20% of individuals age 50-57. In addition, 28% of those 75 and older reported that they cannot do heavy housework, like moving furniture or washing windows at all compared to only 5% of 50-57 year olds (Figure 4).

Figure 4. Respondents' level of help needed to perform heavy housework by age



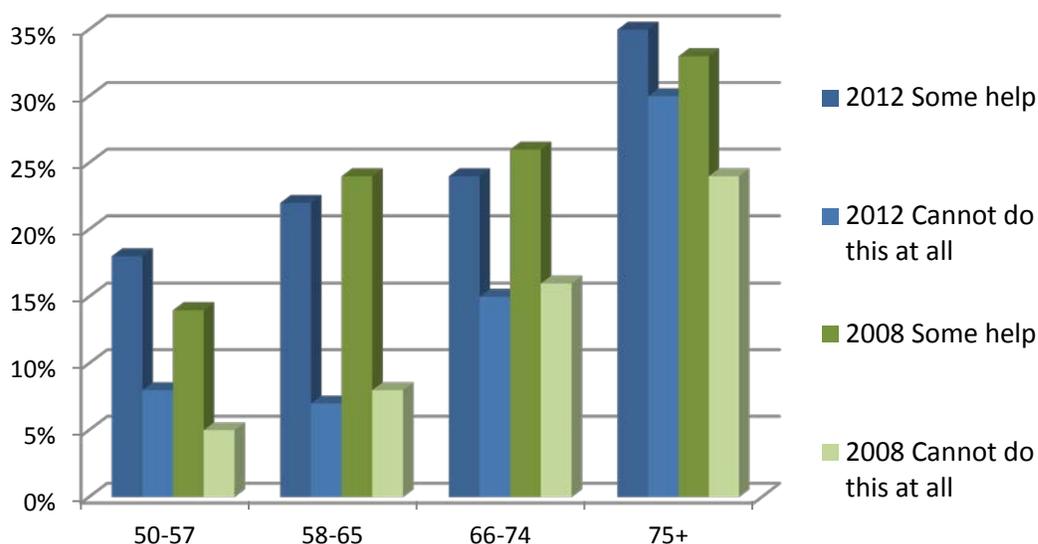
Performing interior and exterior repairs not only presents difficulties for the oldest group (37%), but also for the 66-74 (36%) and 58-65 (29%) year old groups (Figure 5). Overall, 42% of those surveyed in 2012 who self-reported being age 75 and older cannot do interior or exterior repairs at all, compared to 25% in 2008.

Figure 5. Respondents' level of help needed to perform interior or exterior repairs by age



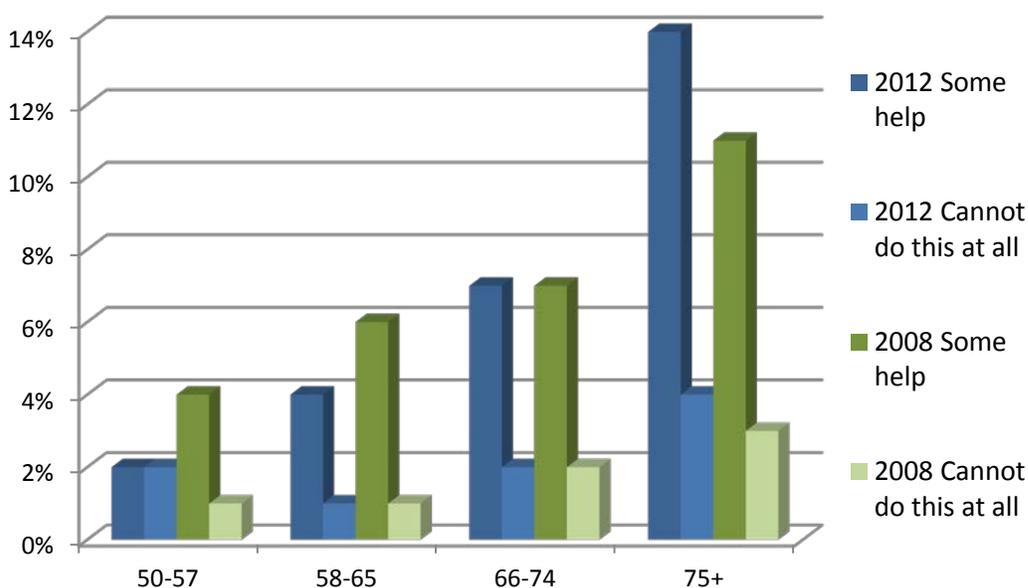
Physical work, such as yard work or shoveling snow, also presented increasing difficulties for the older groups (Figure 6). Twenty-nine percent of those age 75 and older and 14% of age 66-74 year olds cannot do any yard work or snow shoveling. More than a third (35%) of those respondents age 75 and older and another 41% of those respondents age 58-74 can perform those activities only with some help.

Figure 6. Respondents' level of help needed to do yard work or shovel snow by age



The percentage of respondents who need help walking also increased with age (Figure 7). Only 2% of 50-57 year olds needed some help with walking compared to 14% of respondents 75 and older.

Figure 7. Respondents' level of help needed to walk by age



Sources of Information

A key part of service delivery is understanding how the individuals who may require services prefer to receive information. In Idaho, respondents age 50 and older primarily use a newspaper to get information about available services and activities. Fifty-seven percent of respondents indicated they frequently use a newspaper to get information about services and activities. Another 31% sometimes use this medium. The next most frequently used sources were television (55%), word of mouth (49%) and the Internet (42%). Overall, 52% of respondents indicated they never use the library and 41% never use senior publications as a source of information for services or activities (Table 7).

Table 7. Frequency of use of information sources for services or activities

	2012 Frequently	2012 Sometimes	2012 Never	2008 Frequently	2008 Sometimes	2008 Never
Newspaper	57%	31%	11%	65%	25%	7%
Radio	30%	40%	31%	33%	38%	22%
Television	55%	34%	11%	56%	31%	9%
Library	15%	33%	52%	12%	35%	44%
Internet	42%	26%	33%	42%	24%	25%
Word of mouth	49%	46%	5%	44%	45%	6%
Senior publications	18%	41%	41%	15%	36%	42%

Across all age groups newspapers remain the most frequently used source of information for services and activities. However, there are interesting differences between the age groups. For instance, respondents age 50-57 are much more likely to frequently use the Internet (57%) as a source than respondents age 66-74 (43%) and respondents, age 75 and older (19%). Frequent library use is also higher for the older groups; 17% of respondents age 66-74 and 12% of respondents age 75 and older frequently use the library as a source of information for services and activities (Figures 8-12).

Figure 8. Respondents age 50-57 frequently used information sources

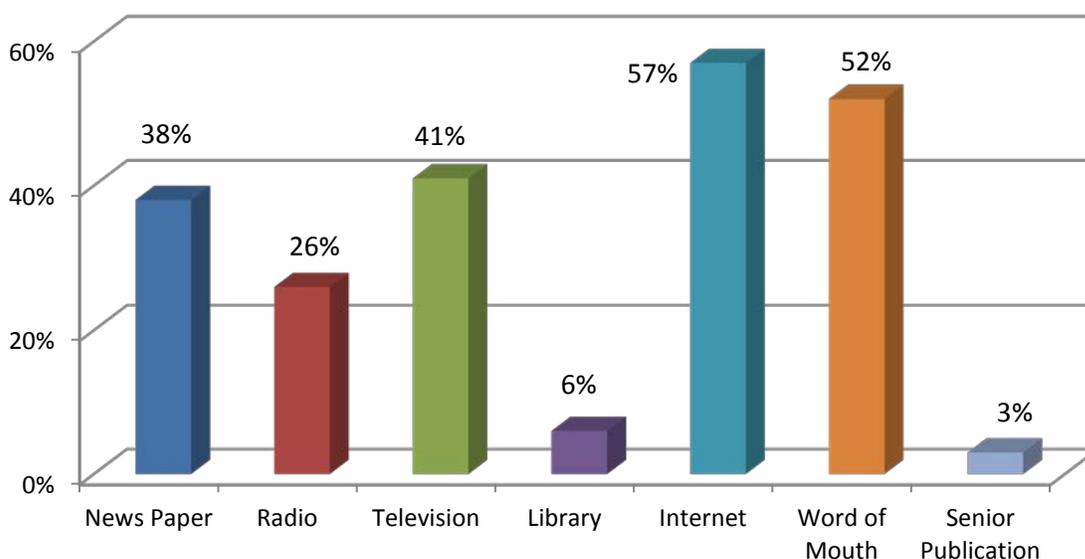


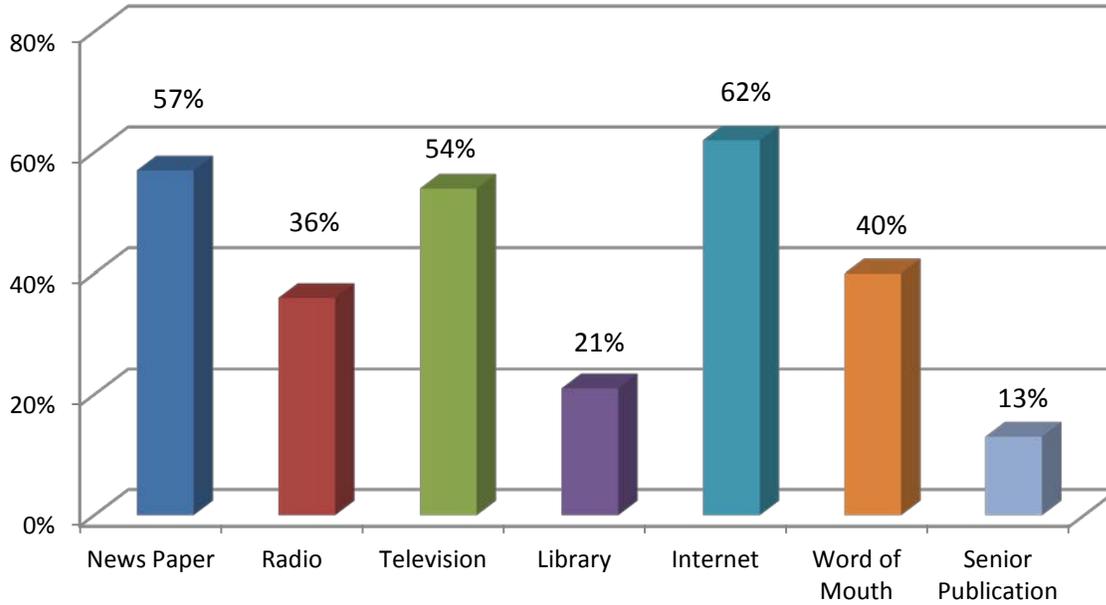
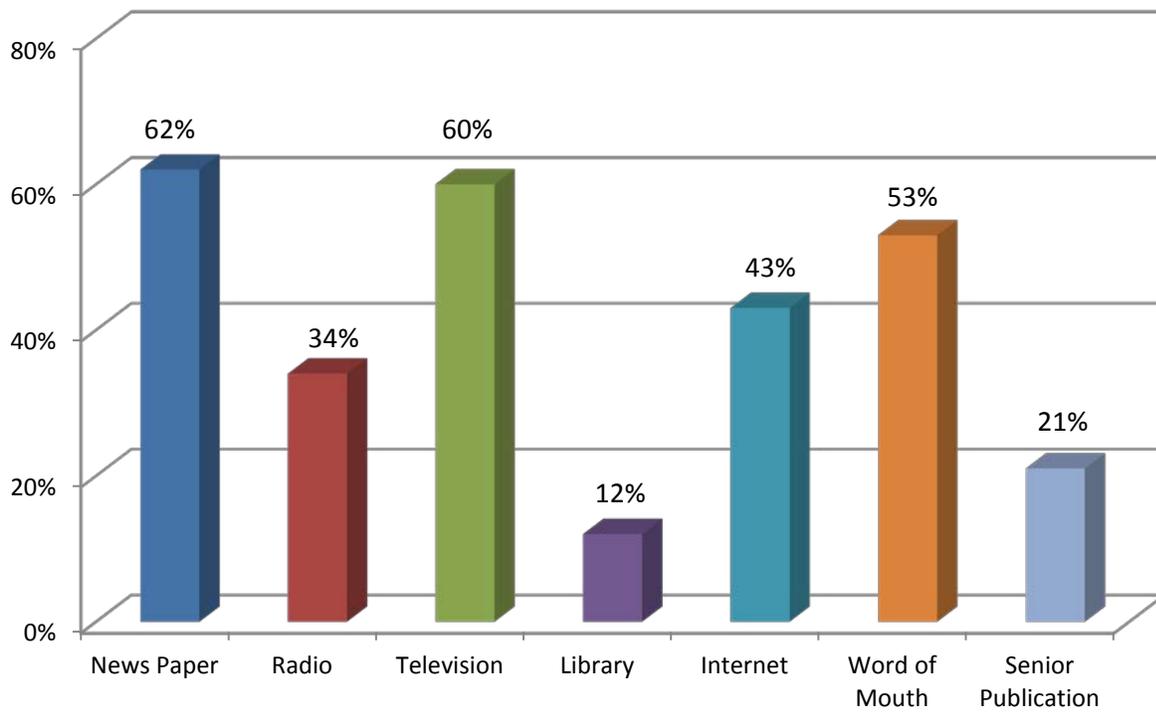
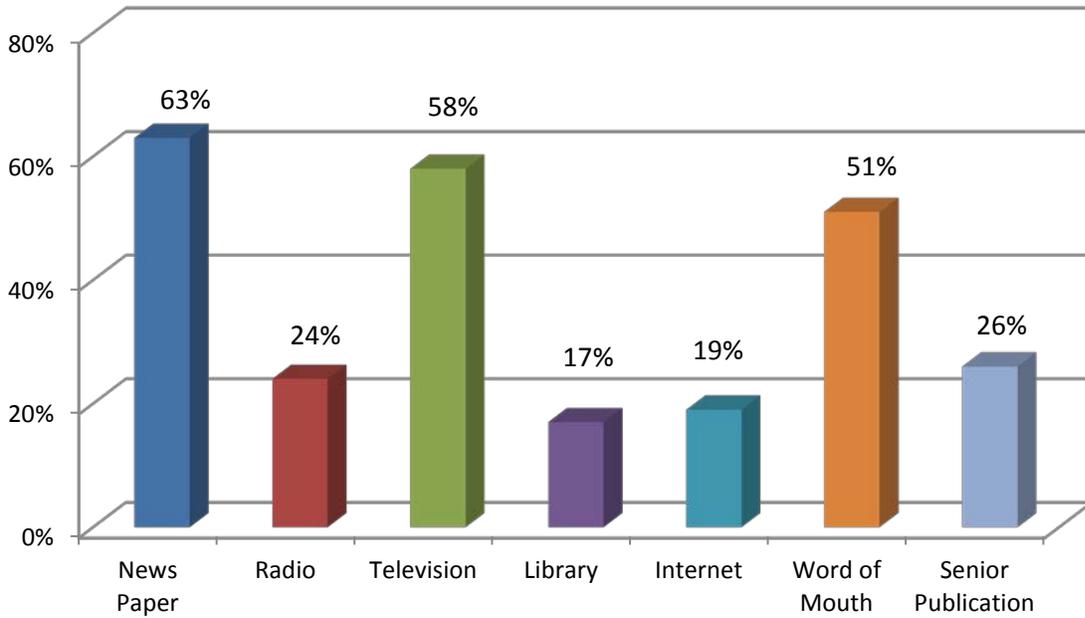
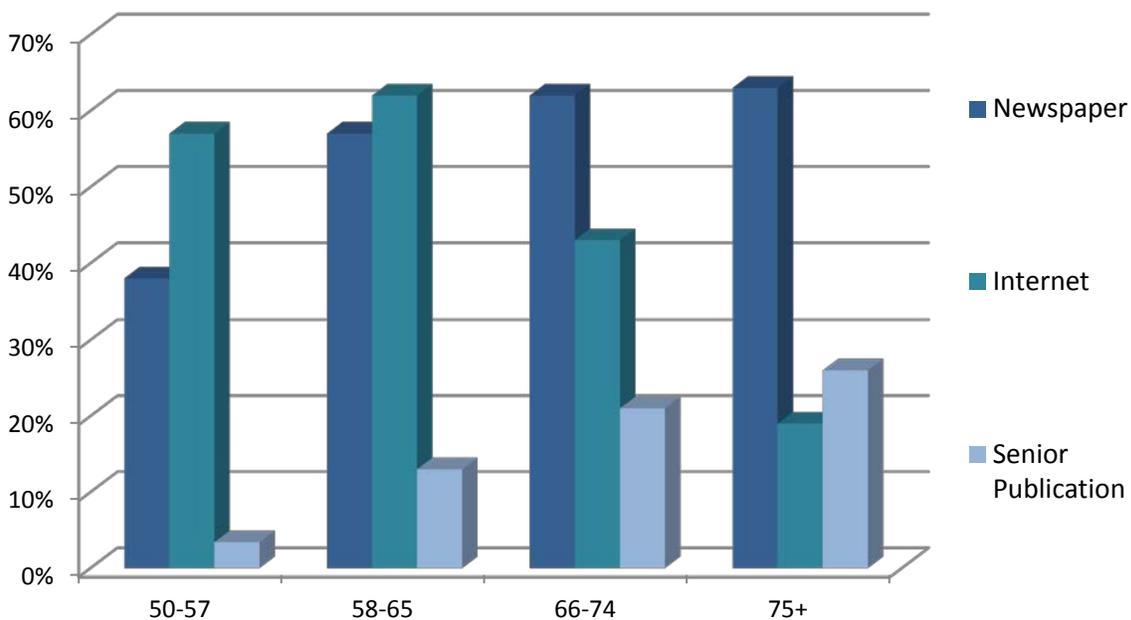
Figure 9. Respondents age 58-65 frequently used information sources**Figure 10. Respondents age 66-74 frequently used sources of information**

Figure 11. Respondents age 75+ frequently used information sources



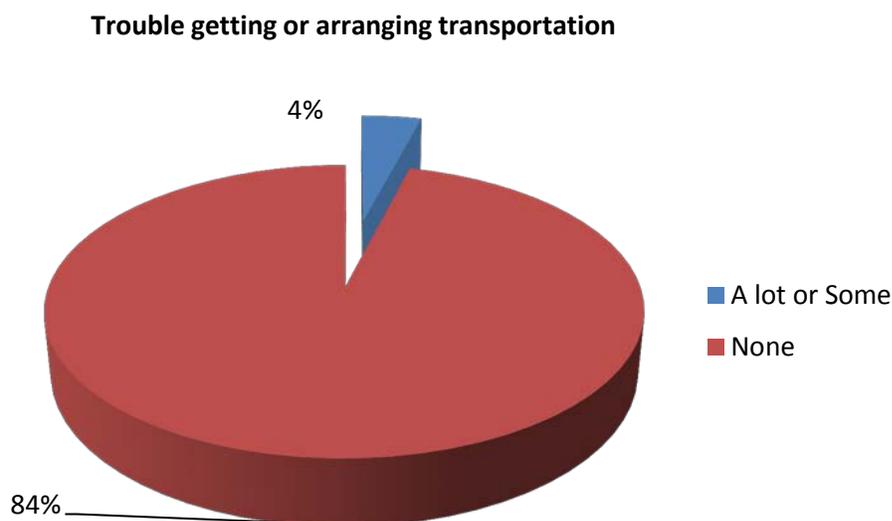
The most important differences between the age groups and the sources they frequently use for information about services and activities are TV, Internet, and senior publication use. Figure 12 shows that the use of senior publications and TV as a source of information increases as the age of the respondents' increases. The percentage of respondents using the Internet as a frequent source of information for services decreases with the increasing age, where as printed sources increase.

Figure 12. Use of newspaper, internet and senior publications for service information by age



Access to transportation is often cited as a major problem for seniors in western states like Idaho, where distances to medical facilities or locations where seniors might receive services can be many miles away. However, 84% of 2012 survey respondents indicated they have not needed any help getting or arranging transportation, down slightly compared to 88% in 2008 (Figure 13).

Figure 13. Percentage of individuals who need help getting or arranging transportation



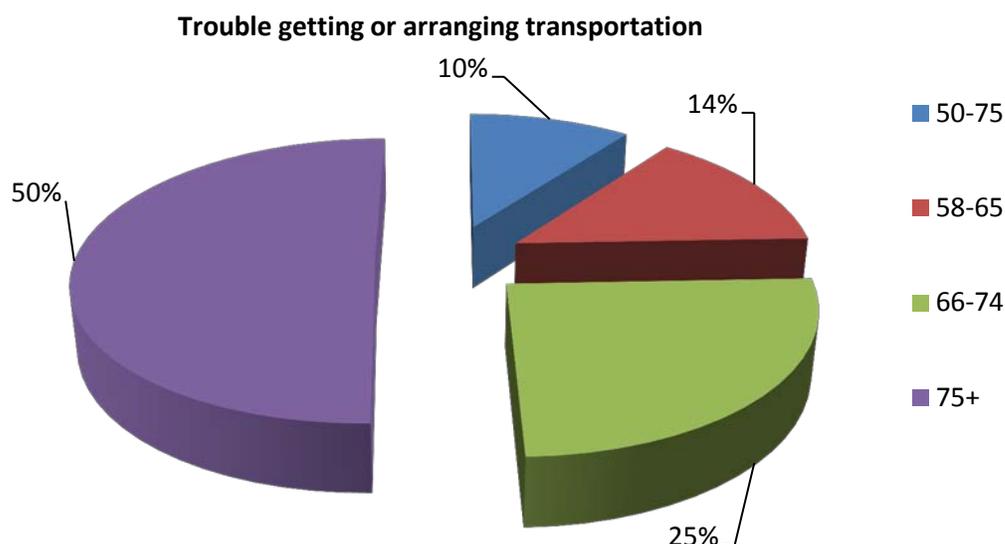
Survey respondents drive themselves (85%) or ride with friends or family members (12%) for most of their trips. Less than 1% walk, use public transportation, or take a senior van, shuttle, minibus, or taxi. Table 8 shows that when individuals do have trouble getting transportation, the most common reasons are; having to rely on others (7% vs. 15% in 2008), disability (5% vs. 5%), or weather (4% vs. 13%). Overall the 2012 respondents seemed to have much lower difficulty with transportation problems than the 2008 survey results.

Table 8. Reasons for difficulties in finding or arranging transportation

Reasons for Difficulty	n	2012 %	n	2008 %
Have to rely on other(s)	56	6.9	121	14.7
Not available when I need to go	16	2.0	46	5.6
Can't afford it	21	2.6	59	7.2
Not available in my community	16	2.0	51	6.2
Have trouble getting around without someone to help	28	3.4	26	3.2
Unfamiliar with transportation options or systems	12	1.5	45	5.5
Car doesn't work/problems with vehicle	15	1.8	78	9.5
Don't know who to call	12	1.5	23	2.8
Too far/Distance related	18	2.2	33	4.0
Weather	33	4.0	109	13.3
Transportation does not go where I need to go	22	2.7	54	7.8
Disability/health related reasons	44	5.4	44	5.4
Other	13	1.6	33	4.0

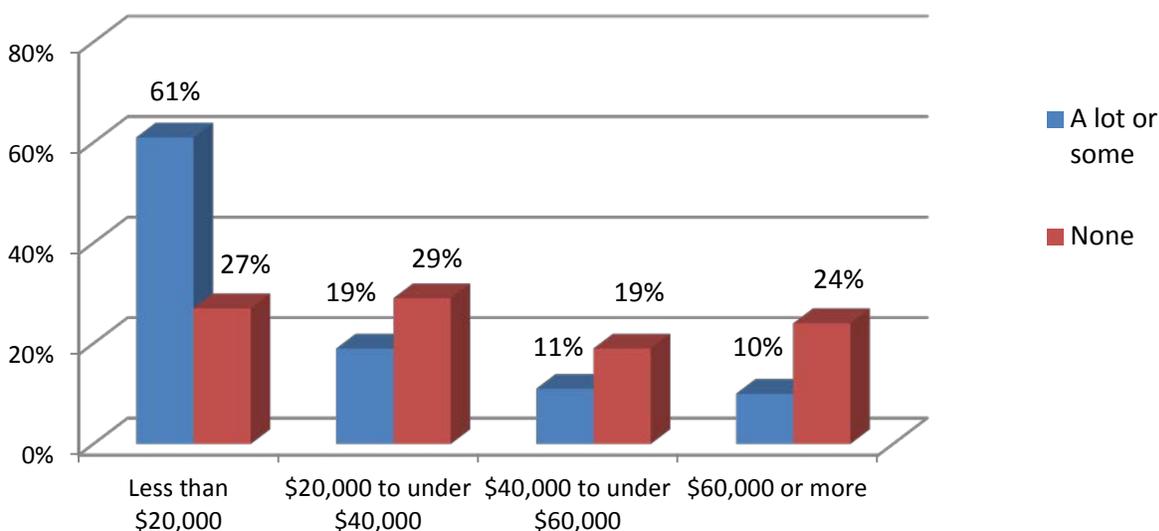
Of those individuals who indicated they needed a lot or some help getting or arranging transportation, half (50%) were age 75 and older and 25% were in the 66-74 year age group. Figure 14 illustrates how the need remains fairly stable among respondents aged 50-65.

Figure 14. Percentage of individuals who need a lot or some help finding or arranging transportation by age group



Respondents with lower household income levels had increased difficulty with transportation. Figure 15 shows that as respondents' household income increases, their need for help in finding transportation decreases. Over half (61%) of the respondents who needed a lot or some help in finding or arranging transportation had a reported household income of less than \$20,000 per year, compared to 46% in 2008. Conversely, only 10% of those with a household income of \$60,000 or more needed a lot or some help.

Figure 15. Comparison of percentage of respondents' ease in getting transportation, by income level

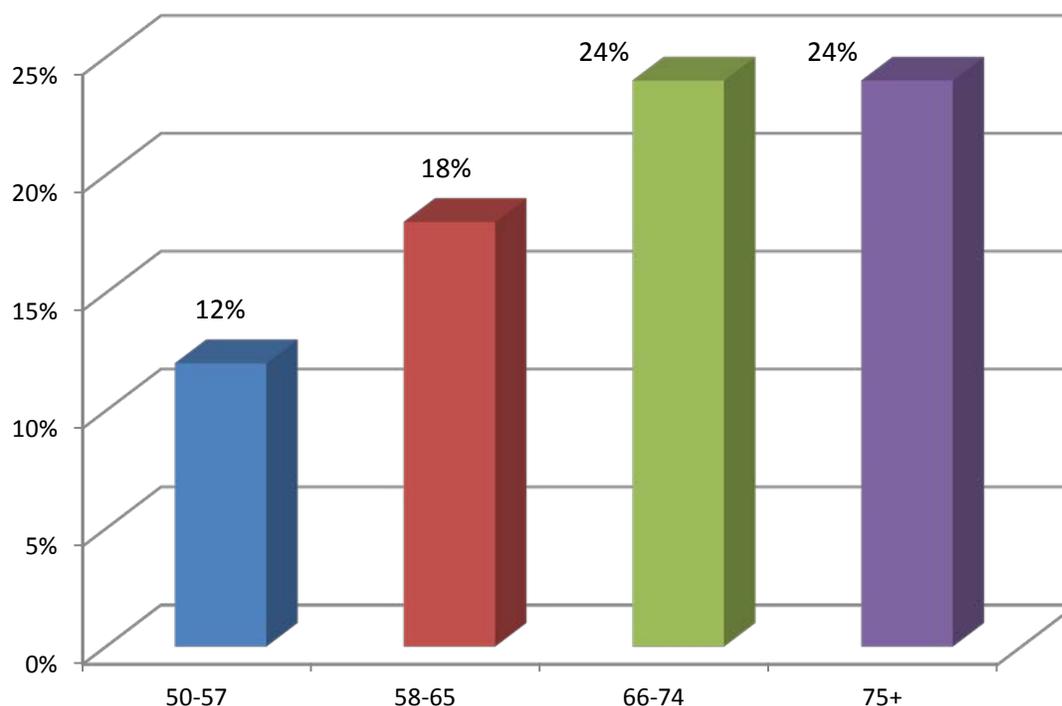


Difficulty in arranging transportation for specific trips tended to be more problematic. Over 17% of survey respondents either frequently or sometimes had trouble arranging transportation for medical trips, similar to the 2008 study (17%). Additionally, 11% and 10% frequently or sometimes had trouble arranging transportation for shopping or personal errands, respectively. Transportation difficulties can also hinder the ability for seniors to be social, with 14% noting they frequently or sometimes had difficulty arranging transportation for recreation or social trips; similar to the 15% from 2008.

Long-Term Care Insurance Plans

The majority (79%) of survey respondents do not have long-term care insurance. Most individuals (51%) noted they plan on paying for long-term care with Medicare. Additionally, 6% plan to use Medicaid (down from 15% in 2008), and of the 27% who indicated “other” (down from 32% in 2008). Overall in 2012, 30% don’t know how they will pay for long term care, 8% plan to rely on family and 35% indicate savings and investments. Ten percent of respondents responded that they will rely upon their private insurance or veteran’s benefits. Fewer respondents age 50-57 have long-term care insurance than those ages 75 and older (Figure 16). Still, over 75% of respondents age 66 and older do not have long-term care insurance, which is consistent with the 2008 survey results.

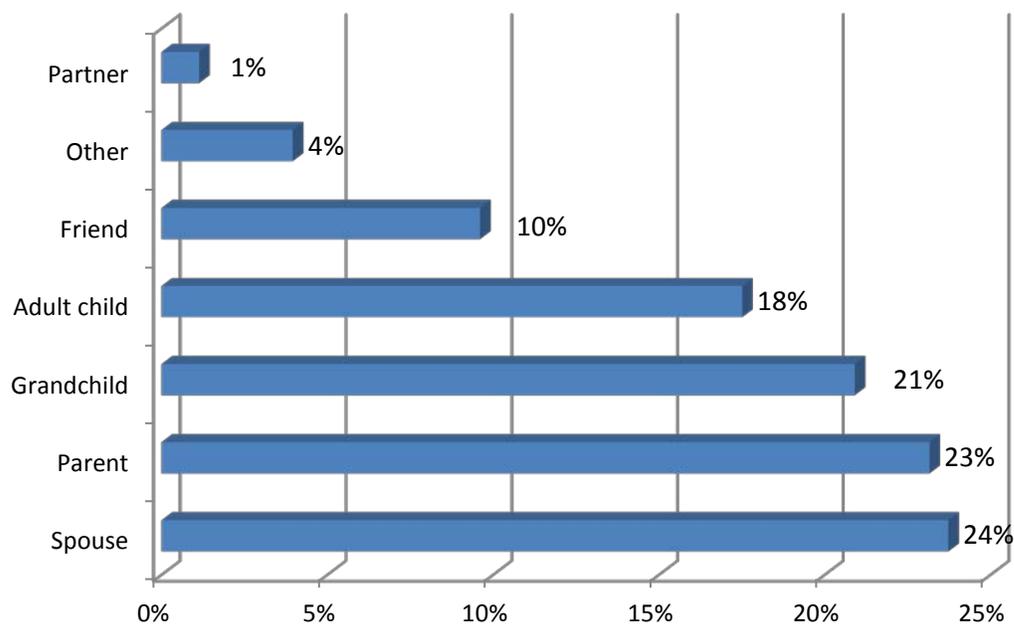
Figure 16. Percentage of respondents by age that have long-term care insurance



Care Giving

Among survey respondents, 19% (n=156) indicated they provide care for at least one friend or family member on a regular basis. Of those who provide care for friends or family members, 63% provide care for one person, 21% for two people and 16% for three or more people. Twenty-three percent of the caregivers in the sample are taking care of a parent and 24% are taking care of their spouse. In addition, 21% are taking care of a grandchild (Figure 17).

Figure 17. Percentage of care recipients among respondents who are caregivers



Caregivers who provide care for family and friends spend a great deal of time providing care. The average number of hours per week is illustrated in Table. The highest average (68 hours) is for spousal care giving, followed by caring for an adult child (49 hours), then grandchild member (35 hours).

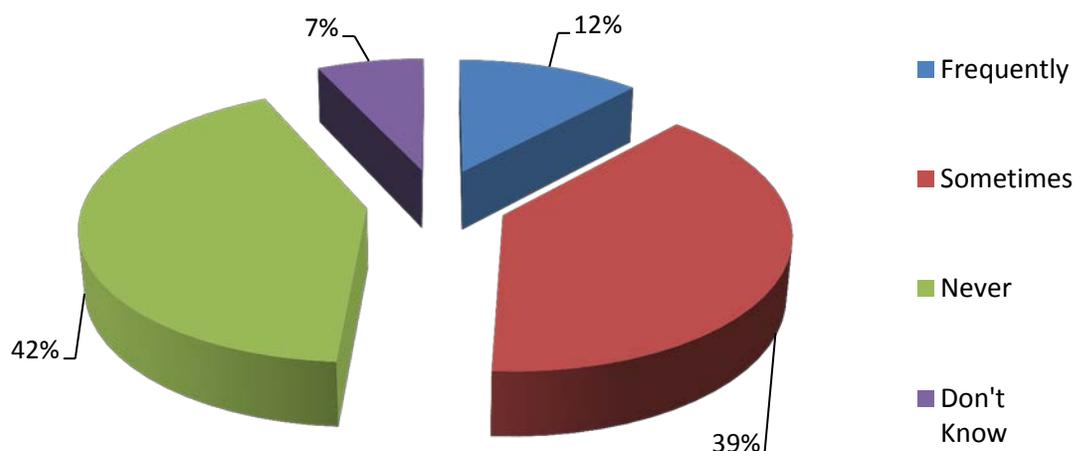
Table 9. Average number of hours of care by care recipient

Care Recipient	Average number of hours per week
Spouse	68
Parent	10
Friend/neighbor	11
Adult child	49
Grandchild	35
Partner	34
Other family member	21
Other	23

Forty-six percent of caregivers were providing care without any help from friends or family members (41% in 2008), and on average spend \$293 per month of their own money to provide this care. Over half (68%) of caregivers are not aware of services in their community that could help them provide care, compared to 54% in 2008. Of those who are aware of available services, they were familiar with include home health care and Meals on Wheels. Few were aware of respite and transportation options.

Twenty-one percent of respondents who are caregivers said they receive no help or far less help than they need; a 3% increase from 2008. For those respondents who do share caregiving responsibilities, they share duties with other family members, such as taking turns providing transportation to appointments, cooking meals, and overseeing finances. Fifty-one percent of caregivers noted they are frequently or sometimes stressed by their caregiving responsibilities, which is down slightly from 2008 (59%). (Figure 18).

Figure 18. Caregiver rate of stress experienced in the past two months



Caregivers noted numerous types of supports that would help them in their care giving role (Table 10). The greatest need was for services such as financial support or formal advice. In 2012, financial support became the top need for caregivers, compared to adult day care services, which was the top need in 2008. Additionally, the 2012 results indicate a stronger need for formal advice or emotional support compared to 2008, 17% and 13% respectively.

Table 10. Type of help caregivers could use in caregiving

Type of Help	2012	2008
Financial support	21%	13%
Formal advice or emotional support (from a therapist, counselor, psychologist, or doctors) on issues such as caring for grandchildren and other caregiving issues	17%	12%
Services such as adult day services, supervision, benefits, transportation	14%	20%
Equipment (such as assistive devices, ramps, rails, etc.)	10%	11%
Communication tips for people with reduced mental function (i.e. dementia, Alzheimer's)	9%	11%
Organized support groups	8%	6%
Legal Assistance	8%	10%
Physical care information (lifting, diapering, transporting, cleaning for an ill person)	4%	7%
Respite (services that allow me to have free time for myself)	7%	12%

Assistance and Support

Respondents were asked how much practical support they receive; such as being given a ride, having someone shop for them, loan them money, or do a home repair. Respondents indicated that do not receive much support. The most frequent source of support reported was from family members, with 32% receiving a lot of support, 19% some support, and 19% a little support. These findings were generally consistent with those from the 2008 survey. Table 9 illustrates the percentage of individuals receiving the different levels of support from different sources.

Table 9. Sources and level of support

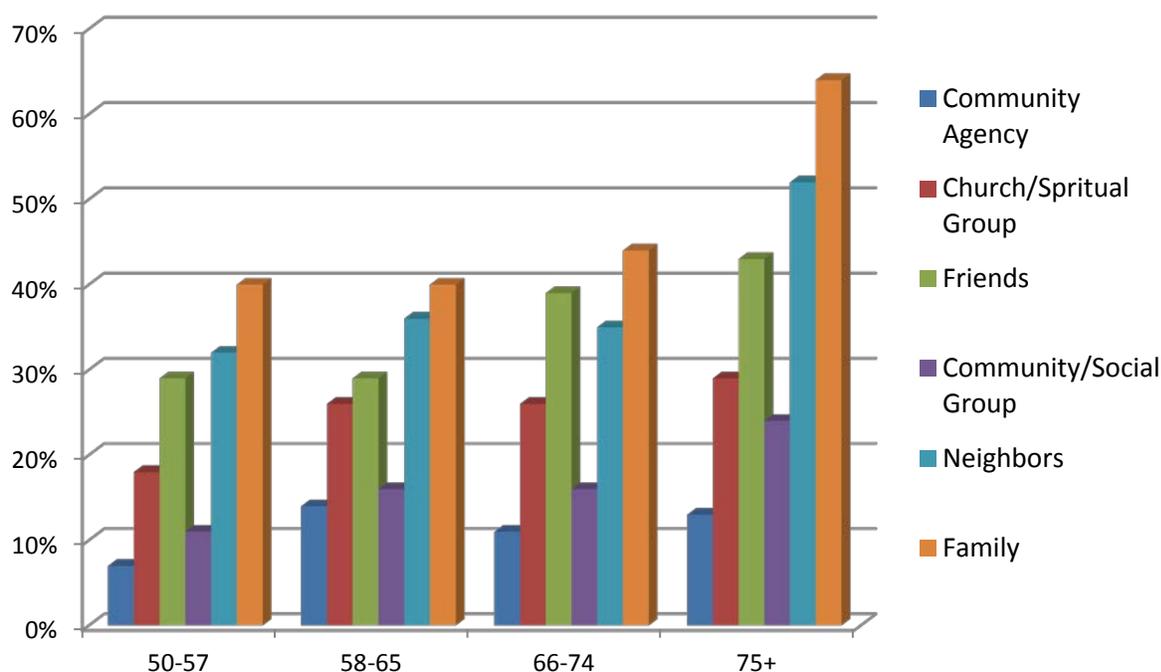
	A lot of support	Some support	A little support	No support
Your family	31.8%	18.6%	18.6%	31%
Your friends	14.8%	21.9%	25.5%	37.8%
Your neighbors	8.0%	16.5%	24.8%	50.7%
A church or spiritual group	10.5%	13.1%	12.8%	63.6%
A club or social group	3.2%	7.1%	10.4%	79.3%
A non-profit community agency	2.3%	4.9%	7.0%	85.8%

Despite reporting that they do not receive a lot of support from any one source, respondents overwhelmingly reported they could call a family member for help (74%). Fifteen percent said they had a friend or neighbor they could call. Of those who had someone they could call, 80% lived less than 10 miles from this person and 9% lived within 10-25 miles. Six percent said there was no one they could call for help. The results for assistance were consistent with the 2008 results.

Respondents of varying ages receive significantly different levels of assistance and support. As might be expected, the level of support received from all types of resources increased for the

older groups. Figure 19 shows the percentage of respondents who receive some level of assistance or support (a lot, some, or a little) by entity or organization. Family members provide the most support across all age groups followed by friends and neighbors. The percentage of respondents receiving some level of support or assistance from family members increases from the 50-57 year old group to the 58-65 year old group and again from the 66-74 year old group to the oldest group, age 75 and older. Respondents in the 58-65 year old and 66-74 year old groups are relatively consistent.

Figure 19. Percentage of respondents that receive a lot, some or a little support or assistance from various sources by age



The respondents have numerous areas of concern emotionally, physically and financially that might indicate that, while they have individuals they can call in an emergency situation, they may not be calling for help - especially for their emotionally needs. The area of most concern for respondents was their physical health. Forty-one percent said it was a minor problem and 14% said it was a major problem and an additional 4% anticipate having a problem with their health in the future representing a slight increase from 2008. While most respondents do not consider their emotional problems major, many noted feeling depressed (21%), feeling lonely, sad or isolated (19%) or having too few activities or feeling bored (16%) as a minor problem. Having financial problems (20%) and feeling lonely or depressed, 19% and 21%, respectively are among the top minor problems. The issues most concerning for respondents in the future (anticipating a problem in the future) were having financial problems (8% in 2012 and 4% in 2008), affording needed medications (6% in 2012 and 3% in 2008) and having housing suited to their needs (10% major and minor – or should this be a comparison to 2008).

Table 12 illustrates the areas respondents describe as major or minor problems. In all categories, major and minor problems increased from 2008 to 2012 with the exception of physical health, which was unchanged.

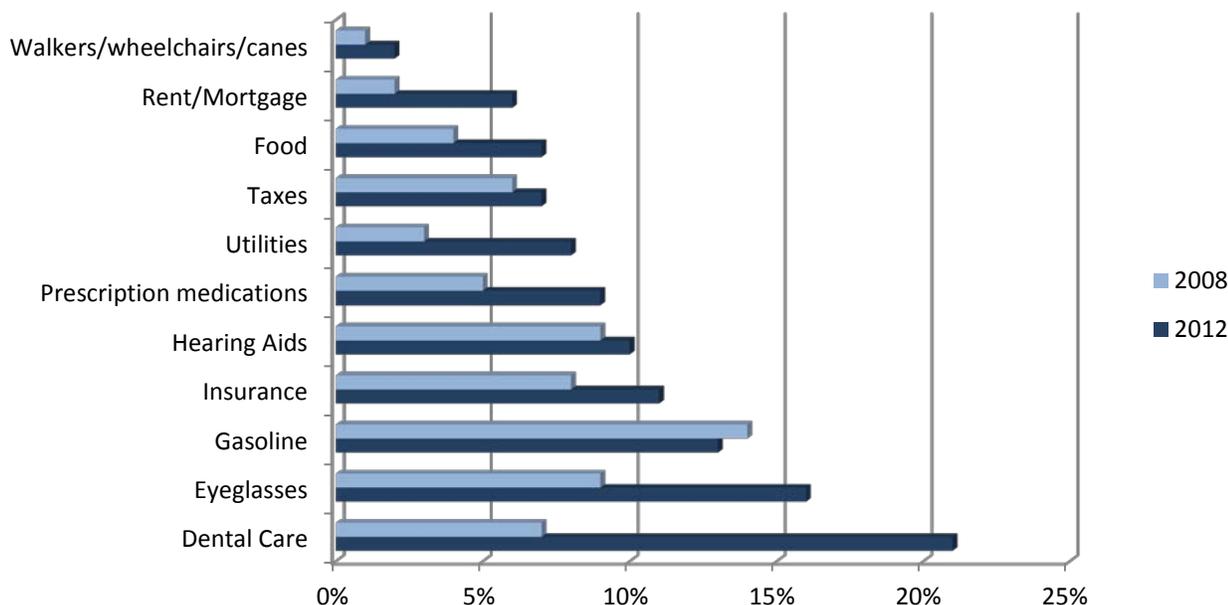
Table 12. Major and minor problems for self-reported by respondents from the 2012 versus 2008 surveys

	2012 Major	2012 Minor	2008 Major	2008 Minor
Your physical health	14.8%	41.0%	14.0%	41.4%
Having housing suited to your needs	2.5%	7.2%	0.9%	5.7%
Getting the health care you need	6.9%	11.4%	3.6%	10.2%
Having inadequate transportation	3.7%	7.8%	0.7%	7.2%
Feeling lonely, sad or isolated	3.3%	18.8%	2.9%	16.5%
Having enough food to eat	4.5%	5.0%	1.2%	2.6%
Affording the medications you need	6.1%	13.0%	3.4%	13.1%
Having financial problems	5.5%	20.3%	4.0%	16.7%
Feeling depressed	3.8%	20.8%	3.5%	23.1%
Being physically or emotionally abused	1.4%	3.0%	0.0%	1.0%
Being financially exploited	1.7%	6.4%	1.0%	3.9%
Being a victim of crime	1.4%	3.8%	0.4%	2.4%
Dealing with legal issues	2.6%	10.2%	1.2%	7.8%
Performing everyday activities such as walking, bathing, or getting in and out of a chair	3.3%	9.3%	1.3%	6.3%
Having too few activities or feeling bored	3.3%	16.1%	1.8%	13.4%

Between 2008 and 2012, the percentage of respondents choosing major or minor concerns increased for every category except affording gasoline. This likely reflects the current economic problems throughout the United States. In 2008, the highest financial concern was being able to afford gasoline, whereas in the 2012 survey; affording dental care was the highest concern at 21%. Other necessities that were reported as being difficult to afford were: 16% of respondents have not been able to afford eyeglasses compared to 9% in 2008 and 10% are unable to afford hearing aids, similar to the 2008 findings. Eleven percent cannot afford insurance, compared to 8% in 2008.

Figure 20 illustrates the percentage of respondents who have needed certain necessities like dental care, eyeglasses, and insurance and have not been able to afford them.

Figure 20. Percentage of respondents not able to afford necessities



Other Concerns

Many survey respondents have concerns about their future even though most (85%) consider their community a good place to grow old. Those concerns include how they will pay for health care or be able to afford other necessities, not having health insurance, and needing help with transportation, in-home repairs and caregiving. Numerous respondents also mentioned they are unnerved by the state of world affairs.

Primarily, all the concerns of respondents focused on their financial viability, even more so than in 2008. Several respondents from rural areas are concerned about having to leave their community when they need help: “I live in a rural area. I am at the point where I can no longer adequately take care of my house and yard. I do not need assisted living and do not want to live in a city or town.”

Respondents also worry they will not have enough money to pay for health care and without health insurance many noted they will not be able to pay for prescription medications. Escalating costs for utilities, rent/mortgages and food make it even more difficult for individuals to afford health care. Additionally, some respondents worry about their own declining health in the mix of being able to afford to care for others. Some are concerned who will take care of them when their spouse dies. There is a need for more services to help care for family members (spouse or parents). There are a large percentage of those who care for family members who do not know what services are available.

Summary and Implications

The Idaho Commission on Aging Needs Assessment provides numerous important findings for future planning. Respondents provided information about their ability and desire to participate in various social activities, their ability to perform varying levels of physical activities and the ways they obtain information about services. In addition, respondents were asked about transportation options within their communities, the level of support they receive from family, friends or community members, and how they will pay for long-term care. The survey closed with an opportunity for respondents to share any other issues that might be of concern.

Key results derived from this study are overall similar to the 2008 findings, with some specific changes highlighted below.

1. Respondents are most concerned about the cost of medical care, health insurance and staying in their homes as they age.

Respondents are most concerned about their ability to afford their homes, health insurance and medical care. Numerous respondents noted they were already living on a tight budget. With increasing costs for utilities and food, being able to afford dental care, eyeglasses, medications, and health care has become increasingly difficult. Individuals who are not able to perform physical activities, such as housework or home repairs, or get the assistance they need to perform such tasks, will find it increasingly difficult to remain in their own homes. Providing the assistance for these physical household chores could impact the ability of many to remain in their homes and overall could reduce the cost of their care.

2. Changes in access to information vary widely by age, and need to be considered when targeting specific segments of the over 50 population.

The method used to reach seniors needs to be carefully considered. Across all age groups, respondents lack interest in senior centers. Senior centers, as one respondent put it, need to be “cheerful and bright for active intelligent people, not just [a place] to serve cheap meals and play Bingo.” While this characterization may not be an accurate representation of many senior centers, it illustrates a perception about senior centers that may hinder participation by the younger groups or those closer to age 50. In addition, if a proposed service is to be delivered across all age groups (50 and older) then newspapers and television will reach the widest audiences. However, if the target audience is under 65, the Internet could be an effective way to reach a wide audience. Information from friends and family members carry a great deal of weight with the oldest group.

3. The oldest Idahoans have the greatest needs for assistance in finding transportation and performing the physical activities necessary to remain in their homes.

The results provide important information for service delivery planning for older adults. Key to this planning will be paying close attention to the oldest group of Idahoans (age 75 and older) as this group struggles the most to find transportation options and keep up with the physical activities necessary to keep their homes and remain in their communities. This is not to say that younger respondents do not also have difficulty; in fact, the results show an increasing percentage of individuals in each age group who struggle with these issues. Also key in planning is understanding that older adults in Idaho do not receive a significant amount of help from sources other than family members, most do not have long-term care insurance and more than half plan to pay for long-term care with Medicare.

4. Even with 74% of respondents indicated they have someone to call who lives within 10 miles, most do not receive a significant amount of help.

Only 32% of respondents receive a lot of help from family members and 36% receive some or a little support from family members. Even less receive any support from friends and neighbors or the community. However, the perception is that most have someone they can call who lives close by. Despite this perception, about 22% noted that feeling depressed, lonely, sad, or isolated was a major or minor problem and respondents overall were having more difficulty affording the necessities, including dental care (21%) and being able to afford eyeglasses (16%).

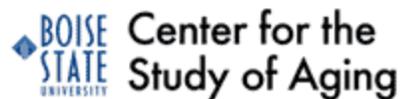
5. Fewer than 25% of survey respondents have long-term care insurance and most believe they can use Medicare or private insurance to pay for long-term care.

It is imperative that seniors receive more education about long-term care issues. Overall more than 50% of individuals plan to use Medicare to pay for their long-term care needs. Medicare does not currently cover many of the services that might be needed for long-term care and thus, a large percentage of elderly Idahoans are vulnerable should they need long-term care services.

6. Almost 25% of respondents are caregivers for family or friends and 33% of those caregivers provide care for more than one person.

Respondents who are caregivers for family or friends provide an invaluable service for those that depend upon them; however, the burden seems to be quite heavy. More than 33% of those respondents who are caregivers are caregivers for more than one person; 22% for two people and 13% care for three or more people. In addition, they spend an average of \$293 per month of their own money. The most common care recipients are spouses and parents. Caregivers spend an average of 68 hours per week for spouses and 10 hours per week for parents. Of concern is the fact that approximately 51% of respondents reported being frequently or sometimes stressed in the past two months by their caregiving role.

Appendix A
Survey Instrument



Dear Fellow Idahoan:

You have been selected to receive this survey from the Idaho Commission on Aging and the Center for the Study of Aging at Boise State University. The survey is part of our effort to identify ways to improve the quality of long-term care services for people in Idaho. Participation in this survey is completely voluntary. It should take about 20 minutes to complete.

The Idaho Commission on Aging (ICOA) is the sole state agency to administer programs and services for Idahoans 60 years of age and older funded by the federal Older Americans Act and the Idaho Senior Services Act. If you are an Idahoan age 50 years or older, we would like to ask about your opinions. Your responses will provide information for current and future planning efforts. Answering this survey gives you a chance to tell us about your values, priorities and concerns. We want to know how you feel, and what you know and think about the choices available as you age. Your responses will help shape future services provided to older Idahoans. Information from the Idaho survey will make it possible to tailor programs to specific needs in Idaho and more effectively promote services needed by you and your family.

If you choose to complete the paper survey, please return it in the pre-paid envelope by March 30, 2012. If you would prefer to complete the survey online, please type in the following web address.

https://boisestate.qualtrics.com/SE/?SID=SV_0vK4IZNcib4eLCK

For this research project, we are requesting demographic information. Due to the make-up of Idaho's population, the combined answers to these questions may make an individual person identifiable. We will make every effort to protect participants' confidentiality. However, if you are uncomfortable answering any of these questions, you may leave them blank. *All survey responses will be kept completely confidential and no individual replies will be reported.*

If you have any comments or questions about this survey, please contact Dr. Lee Hannah at (208) 426-2508, or the Institutional Review Board at Boise State University, Office of Research Administration, 1910 University Drive, Boise, ID 83725-1135 or (208) 426-1574.

We thank you for your time and appreciate your assistance with this important project.

Sincerely,

A handwritten signature in black ink that reads "Sam Haws".

Sam Haws, Administrator
Idaho Commission on Aging
www.aging.idaho.gov

A handwritten signature in black ink that reads "Lee Hannah, DVM, MS, MPH".

Lee Hannah, DVM, MS, MPH
Center for the Study of Aging

Idaho Commission on Aging Community Needs Assessment

For each survey item below, check the box that best represents your opinion or experience.

1. My community is a good place to grow old?

₁ Yes

₀ No

If No, please explain _____

2. For most of your trips, how do you travel? (select one)

₁ Drive myself

₂ Ride with a family member or friend

₃ Take public transportation

₄ Take a senior van, shuttle, or minibus

₅ Take a taxi

₆ Walk

₇ Not applicable – Never leave house

₈ Other _____

3. In the past 12 months, how much help have you needed getting or arranging transportation?

₁ A lot

₂ Some

₃ None

4. If you selected A lot or Some in Question 3, what would you say were the reason(s)? (check all that apply)

_A Have to rely on other(s)

_B Not available when I need to go

_C Can't afford it

_D Not available in my community

_E Have trouble getting around without someone to help

_F Unfamiliar with transportation options or systems

_G Car doesn't work/ problems with vehicle

_H Don't know who to call

_I Too far / Distance related

_J Weather

_K Transportation does not go where I need

_L Disability / health related reasons

_M Other

5. How often has it been difficult for you to arrange transportation for each of the following activities?

	Frequently	Sometimes	Never
a. Medical trips	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Shopping	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Personal errands	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Recreational or social trips	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

6. Do you have long-term care insurance (Insurance policies which pay for long-term care services such as nursing home and home care)?

₁ Yes ₀ No

7. How do you plan on paying for your long-term care in the future?

₁ Medicare ₃ Long-term care insurance policy
₂ Medicaid ₄ Other please specify _____

8. How often do you use the following services or attend/visit the following locations?

	As often as I'd like	Almost as often as I'd like	Not nearly as often as I'd like	Not interested
a. Community events / Social clubs	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Degree and non-degree courses	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Exercise & Fitness / Workouts / Activities	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Family activities	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Library	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Medical/pharmacy visits	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Parks	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
h. Religion / worship	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
i. Senior centers	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
j. Shopping	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
k. Sporting events	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
l. Volunteer work	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
m. Working for pay	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

9. Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?

	Frequently	Sometimes	Never
a. Newspaper	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Radio	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Television	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Library	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Internet	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Word of mouth	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Senior publications	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

10. If you checked Frequently or Sometimes to Question 9e, how often do you use a computer to access information from the internet?

- ₄ Frequently, at least once per week ₂ Rarely, less than once per month
₃ Often, several times per month ₁ Never

11. If you use a computer to access information on the internet, where is the computer located? (check all that apply)

- ₁ my home ₄ the home of a family member or friend
₂ library ₅ work
₃ senior center ₆ other: _____

12. Please tell me if you can do each of the following activities without any help, with some help, or if you cannot do this at all. Can you...

	Without any help	With some help	Cannot do this at all
a. Prepare your meals	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Shop for personal items	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Manage your medications	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Manage your money	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Use a telephone	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Do light housework like dusting or vacuuming	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Do heavy housework like moving furniture or washing windows	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
h. Do interior or exterior repairs	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
i. Do yard work and snow shoveling	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
j. Walk	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
k. Eat	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
l. Dress yourself	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
m. Bathe	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
n. Use the toilet	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
o. Get in and out of bed	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
p. Respond to emergencies	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

13. How much practical support do you receive from the following sources? Examples of practical support are: being given a ride, having someone shop for you, or do a home repair for you.

	A lot of support	Some support	A little support	No support
a. Your family	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Your friends	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Your neighbors	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. A church or spiritual group	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. A club or social group	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. A non-profit community agency	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

14. Thinking back over the last 12 months, how much of a problem has each of the following been for you?

	Major problem	Minor problem	No problem	Anticipate having a problem in the future
a. Your physical health	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Having housing suited to your needs	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Getting the health care you need	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Having inadequate transportation	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Feeling lonely, sad or isolated	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Having enough food to eat	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Affording the medications you need	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
h. Having financial problems	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
i. Feeling depressed	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
j. Being physically or emotionally abused	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
k. Being financially exploited	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
l. Being a victim of crime	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
m. Dealing with legal issues	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
n. Performing everyday activities such as walking, bathing, or getting in and out of a chair	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
o. Having too few activities or feeling bored	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

15. Have you recently needed any of the following, but could not afford them?

	Yes	No
a. Eyeglasses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Hearing aids	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Walkers/Wheelchairs/Canes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Dental Care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. Prescription medications	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. Rent/Mortgage	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. Utilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Taxes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. Insurance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. Food	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. Gasoline	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

16. If you needed assistance, is there someone you could call for help? (Select one)

- ₀ No
 ₁ Yes, a family member
 ₂ Yes, a friend or neighbor
 ₃ Yes, other

If yes, how far away does this person live?

- ₁ 0-9 miles
 ₃ 26-50 miles
 ₅ 76-100 miles
 ₂ 10-25 miles
 ₄ 51-75 miles
 ₆ Greater than 100 miles

17. Do you provide care for one or more family members or friends on a regular basis?

- ₁ Yes
 ₀ No (Please skip to question 26)

18. For how many family members or friends do you provide care? _____

19. For whom do you provide care and about how many hours per week do you spend providing care for this person or these persons?

	Average number of hours per week		Average number of hours per week
a. Spouse	_____	e. Grandchild	_____
b. Parent	_____	f. Partner	_____
c. Friend/Neighbor	_____	g. Other family member	_____
d. Adult Child	_____	h. Other: _____	_____

26. How many years have you been a resident of your community?

- ₁ 0-5 ₃ 11-15 ₅ 20 or more
₂ 6-10 ₄ 16-20

27. What is your year of birth? _____

28. Overall, how do you rate your quality of life?

- ₁ Very good ₂ Good ₃ Neither good nor bad ₄ Bad ₅ Very bad

29. Which of the following kinds of health insurance do you have? (*check all that apply*)

- _A Medicaid _C Private insurance
_B Medicare _D Other insurance _____

30. What is your gender?

- ₀ Male ₁ Female

31. Do you consider yourself to be Hispanic or Latino?

- ₁ Yes ₀ No

32. Which one or more of the following would you say is your race? (*check all that apply*)

- ₁ White
₂ Black or African American
₃ Native Hawaiian/Pacific Islander
₄ American Indian, Alaskan Native
₅ Other (Specify) _____

33. Do you currently rent or own your home?

- ₁ Rent ₂ Own ₃ Other _____

34. Which of the following best describes where you live?

- ₁ Single family home ₅ Nursing home
₂ Townhouse, condo, duplex, or apartment ₆ Subsidized housing
₃ Mobile home ₇ Other _____
₄ Assisted living residence

35. How many people, including yourself, live in your household?

- ₁ 1 person ₄ 4 people
₂ 2 people ₅ 5 or more people
₃ 3 people

36. Who lives with you? (check all that apply)

- _A Spouse (wife/husband) _E Other relative(s)
_B Significant other _F Unrelated adults/friends
_C At least one child _G Grandchildren/great-grandchildren
_D Child(ren) and his/her/their family _H Other _____

37. What is your total annual household income?

- ₁ Less than \$10,000 ₅ \$40,000 to under \$50,000
₂ \$10,000 to under \$20,000 ₆ \$50,000 to under \$60,000
₃ \$20,000 to under \$30,000 ₇ \$60,000 to under \$75,000
₄ \$30,000 to under \$40,000 ₈ \$75,000 or more

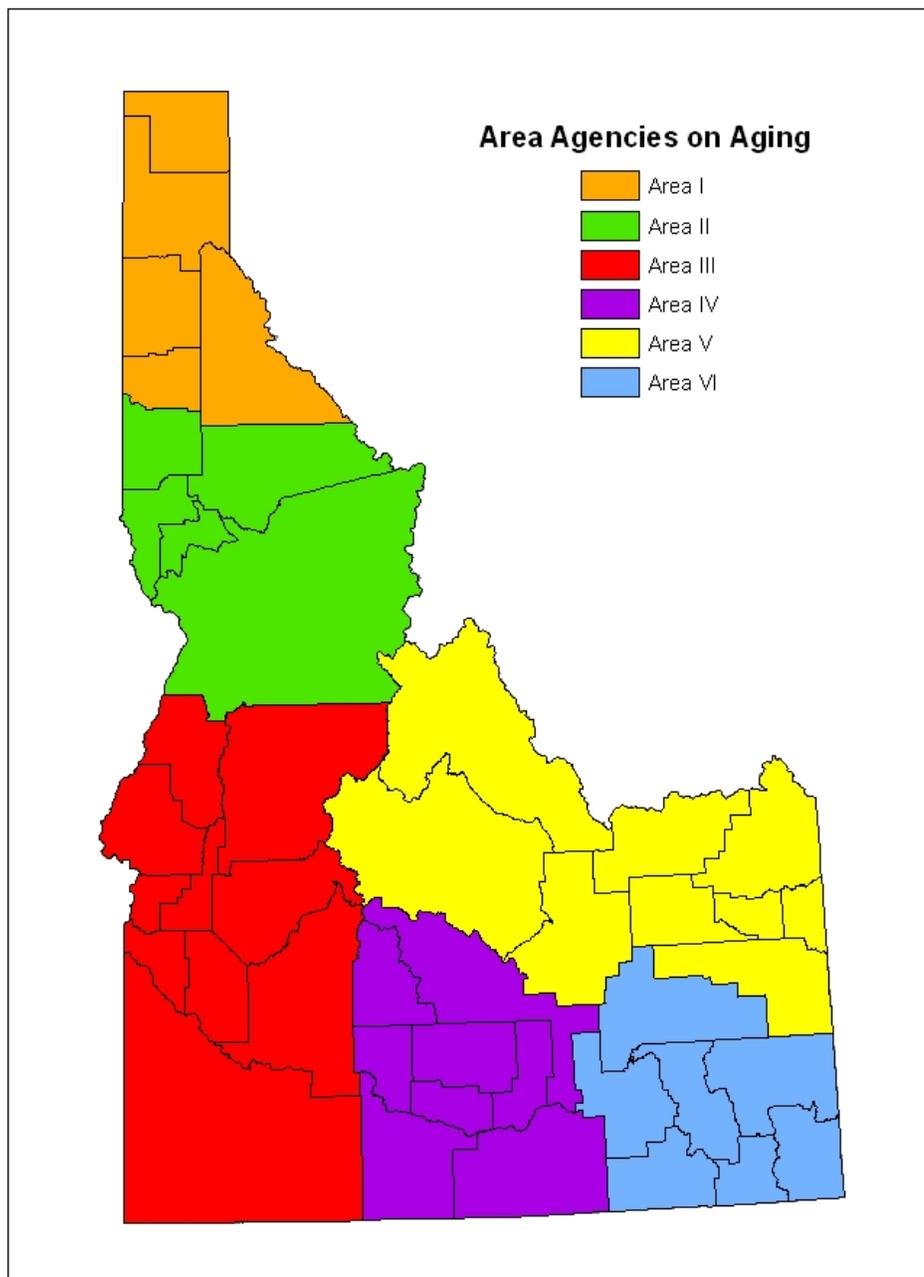
38. What is your marital status?

- ₁ Married ₄ Single
₂ Widowed ₅ Partnered
₃ Divorced ₆ Other _____

39. How much formal education have you completed?

- ₁ 0-11 years, no diploma ₄ Associate's degree
₂ High school graduate / GED ₅ Bachelor's degree
₃ Some college or technical training ₆ Graduate or professional degree

Appendix B
Idaho Commission on Aging Areas



Appendix C

Overall Results

Idaho Commission on Aging Community Needs Assessment Overall Results – 2012 Survey

1. My community is a good place to grow old?

85% Yes 15% No

2. For most of your trips, how do you travel? (*select one*)

<u>85.0%</u> Drive myself	<u>0.0%</u> Take a taxi
<u>12.4%</u> Ride with a family member or friend	<u>0.4%</u> Walk
<u>0.6%</u> Take public transportation	<u>0.0%</u> Not applicable – Never leave house
<u>1.4%</u> Take a senior van, shuttle, or minibus	<u>0.2%</u> Other

3. In the past 12 months, how much help have you needed getting or arranging transportation?

3.5% A lot 12.8 % Some 83.8% None

4. When you have trouble getting the transportation you need, what would you say are the reason(s)? (*check all that apply*)

<u>6.9 %</u>	Have to rely on other(s)
<u>1.5%</u>	Unfamiliar with transportation options or systems
<u>4.0%</u>	Weather
<u>2.0%</u>	Not available when I need to go
<u>1.8%</u>	Car doesn't work/ problems with vehicle
<u>2.7%</u>	Transportation does not go where I need to go
<u>2.6%</u>	Can't afford it
<u>1.5%</u>	Don't know who to call
<u>5.4%</u>	Disability / health related reasons
<u>2.0%</u>	Not available in my community
<u>2.2%</u>	Too far / Distance related
<u>1.6%</u>	Other
<u>3.4%</u>	Have trouble getting around without someone to help

5. How often has it been difficult for you to arrange transportation for each of the following activities?

	Frequently	Sometimes	Never
a. Medical trips	1.2%	16.4%	82.3%
b. Shopping	1.4%	10.4%	88.2%
c. Personal errands	1.4%	9.5%	89.1%
d. Recreational or social trips	2.5%	11.9%	85.7%

6. Do you have long-term care insurance (Insurance policies which pay for long-term care services such as nursing home and home care)?

20.9% Yes **79.1%** No

7. How do you plan on paying for your long-term care in the future?

51.0% Medicare **16.0%** Long-term care insurance policy
6.0% Medicaid **27.0%** Other

8. How often do you use the following services or attend the following locations?

	As often as I'd like	Almost as often as I'd like	Not nearly as often as I'd like	Not interested
a. Community events / Social clubs	43.1%	15.1%	16.4%	25.5%
b. Degree and non-degree courses	16.1%	4.0%	16.0%	63.9%
c. Exercise & Fitness / Workouts / Activities	40.1%	11.9%	20.7%	27.3%
d. Family activities	58.2%	19.5%	16.4%	5.9%
e. Library / Internet	48.3%	11.3%	14.3%	26.1%
f. Medical and pharmacy visits	76.8%	13.7%	4.0%	5.5%
g. Parks	58.1%	13.2%	13.8%	14.9%
h. Religion / worship	61.7%	8.0%	8.4%	21.9%
i. Senior centers	40.8%	6.8%	6.4%	46.0%
j. Shopping	73.4%	15.6%	7.1%	3.9%
k. Sporting events	42.8%	10.8%	12.8%	33.6%
l. Volunteer work	45.5%	10.8%	15.6%	28.1%
m. Working for pay	35.4%	6.4%	9.8%	48.4%

9. Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?

		Frequently	Sometimes	Never
a.	Newspaper	57.0%	31.5%	11.5%
b.	Radio	29.6%	39.8%	30.6%
c.	Television	54.9%	33.8%	11.4%
d.	Library	14.9%	33.2%	51.9%
e.	Internet	42.0%	25.5%	32.5%
f.	Word of mouth	49.2%	45.9%	4.9%
g.	Senior publications	18.1%	40.9%	41.0%

10. If you checked frequently or Sometimes to Question 9e, how often do you use a computer to access information from the internet?

77.9% Frequently, at least once per week **8.2%** Rarely, less than once per month
12.6% Often, several times a month **1.2%** Never

11. If you use a computer to access information on the internet, where is the computer located? (check all that apply)

79% my home **2%** home of friend or family
3% library **11%** work
2% senior center **3%** other

12. Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you...

	Without any help	With some help	Cannot do this at all
a. Prepare your meals	90.9%	6.9%	2.2%
b. Shop for personal items	91.1%	7.1%	1.9%
c. Manage your medications	93.9%	4.1%	2.0%
d. Manage your money	92.2%	6.7%	1.1%
e. Use a telephone	96.6%	2.4%	1.0%
f. Do light housework like dusting or vacuuming	85.3%	9.9%	4.8%
g. Do heavy housework like moving furniture or washing windows	57.6%	27.1%	15.3%
h. Do interior or exterior repairs	42.4%	33.8%	23.9%
i. Do yard work and snow shoveling	55.3%	27.0%	17.8%
j. Walk	89.6%	8.2%	2.2%
k. Eat	98.8%	1.0%	.2%
l. Dress yourself	97.3%	2.5%	.2%
m. Bathe	95.7%	3.6%	.7%
n. Use the toilet	98.6%	1.1%	.2%
o. Get in and out of bed	98.1%	1.6%	.2%
p. Respond to emergencies	90.0%	7.9%	2.1%

13. How much practical support do you receive these days from the following sources? Examples of practical support are: being given a ride, having someone shop for you, loan you money or do a home repair for you.

	A lot of support	Some support	A little support	No support
a. Your family	31.8%	18.6%	18.6%	31.0%
b. Your friends	14.8%	21.9%	25.5%	37.8%
c. Your neighbors	8.0%	16.5%	24.8%	50.7%
d. A church or spiritual group	10.5%	13.1%	12.8%	63.6%
e. A club or social group	3.2%	7.1%	10.4%	79.3%
f. A non-profit community agency	2.3%	4.9%	7.0%	85.8%

14. Thinking back over the last 12 months, how much of a problem has each of the following been for you?

		Major problem	Minor problem	No problem	Anticipate having a problem in the future
a.	Your physical health	14.8%	41.0%	40.1%	4.1%
b.	Having housing suited to your needs	2.5%	7.2%	84.8%	5.5%
c.	Getting the health care you need	6.9%	11.4%	76.4%	5.3%
d.	Having inadequate transportation	3.7%	7.8%	83.4%	5.1%
e.	Feeling lonely, sad or isolated	3.3%	18.8%	73.3%	4.6%
f.	Having enough food to eat	4.5%	5.0%	87.3%	3.2%
g.	Affording the medications you need	6.1%	13.0%	75.2%	5.7%
h.	Having financial problems	5.5%	20.3%	66.2%	8.0%
i.	Feeling depressed	3.8%	20.8%	71.1%	4.2%
j.	Being physically or emotionally abused	1.4%	3.0%	91.4%	4.2%
k.	Being financially exploited	1.7%	6.4%	87.9%	4.0%
l.	Being a victim of crime	1.4%	3.8%	89.9%	4.9%
m.	Dealing with legal issues	2.6%	10.2%	82.2%	5.0%
n.	Performing everyday activities such as walking, bathing, or getting in and out of a chair	3.3%	9.3%	82.5%	4.9%
o.	Having too few activities or feeling bored	3.3%	16.1%	76.5%	4.1%

15. Have you recently needed any of the following, but could not afford them?

		Yes	No
a.	Eyeglasses	16.1%	83.9%
b.	Hearing aids	10.4%	89.6%
c.	Walkers/Wheelchairs/Canes	2.0%	98.0%
d.	Dental Care	21.0%	79.0%
e.	Prescription medications	8.8%	91.2%
f.	Rent/Mortgage	5.9%	94.1%
g.	Utilities	8.0%	92.0%
h.	Taxes	7.1%	92.9%
i.	Insurance	11.3%	88.7%
j.	Food	7.4%	92.6%
k.	Gasoline	13.0%	87.0%

16. If you needed assistance, is there someone you could call for help? (*Select one*)

6.4% No

74.2% Yes, a family member

15.3% Yes, a friend or neighbor

4.1% Yes, other

If yes, how far away does this person live?

79.8% 0-9 miles

3.6% 26-50 miles

1.2% 76-100 miles

8.6% 10-25 miles

.8% 51-75 miles

4.6% Greater than 100 miles

17. Do you provide care for one or more family members or friends on a regular basis?

19.1% Yes

80.90% No

18. For how many family members or friends do you provide care?

<u>62.4%</u>	1
<u>21.8%</u>	2
<u>5.9%</u>	3
<u>3.0%</u>	4
<u>4.0%</u>	5
<u>2.0%</u>	6
<u>0.2%</u>	10

19. For whom do you provide care and about how many hours per week do you spend providing care for this person or these persons?

	Average number of hours per week		
	Range	Avg.	SD
a. Spouse	2-168	68.6	69.9
b. Parent	1-56	9.8	10.2
c. Friend/Neighbor	1-80	10.7	20.1
d. Adult Child	1-168	49.6	64.0
e. Grandchild	1-168	34.5	45.8
f. Partner	8-60	34.0	36.7
g. Other family member	1-168	20.7	51.9
h. Other	2-80	23.0	29.0

20. Are other family members or friends involved in the care of this person(s)?

54.0% Yes **46.0%** No

If Yes, how are they working together to provide care for this person(s)?

21. Think of the help you get from all your family and friends in looking after the person(s) for whom you provide care. Please identify the one response that most closely identifies your situation: (Check only one.)

17.3% I receive no help
44.9% I receive about what I need in terms of help
8.3% I receive somewhat less help than I need
3.8% I receive far less help than I need
22.4% I don't need any help

22. How much do you spend every month of your money to provide care for this person(s)?

\$0-5,000 Range **\$293.61** Avg. **\$579.74** SD:

23. How often in the past two months have you felt stressed by your care giving?

12.0% Frequently **42.0%** Never
39.2% Sometimes **6.8%** Don't know

24. Are you aware of service provided in your community that could help you provide care?

32.1% Yes **67.9%** No

If yes, what is offered in your community?

25. What kinds of help could you use more of in your caregiving? (check all that apply)

- 21%** Financial support
- 8%** Organized support groups
- 17%** Formal advice or emotional support (from a therapist, counselor, psychologist, or doctor) on issues such as caring for grandchildren and other caregiving issues
- 14%** Services such as adult day services, supervision, benefits, transportation
- 9%** Communication tips for people with reduced mental function (i.e. dementia, Alzheimer's)
- 4%** Physical care information (lifting, diapering, transporting, cleaning) for an ill person
- 7%** Respite (services that allow me to have free time for myself)
- 8%** Legal assistance
- 10%** Equipment (such as assistive devices, ramps, rails, etc.)

26. How many years have you been a resident of your community?

12.4% 0-5 **9.2%** 11-15 **60.7%** 20 or more
9.6% 6-10 **5.9%** 16-20

27. What is your age? 34-97 Range 70.36 Avg. 11.2 SD

28. Overall, how do you rate your quality of life?

41.0% Very good **44.7%** Good **11.0%** Neither good nor bad **0.7%** Bad **0.1%** Very bad

29. Which of the following kinds of health insurance do you have? (check all that apply)

- 6%** Medicaid
- 39%** Medicare
- 38%** Private insurance
- 17%** Other insurance

30. What is your gender?

41.8% Male **58.2%** Female

31. Do you consider yourself to be Hispanic or Latino?

.9% Yes **99.9%** No

14.4% Divorced

0.4% Other

39. How much formal education have you completed?

6.9% 0-11 years, no diploma

6.7% Associate's degree

23.4% High school graduate / GED

16.4% Bachelor's degree

33.4% Some college or technical training

11.3% Graduate or professional degree

40. What is your employment status?

54.6% Retired

3.9% Homemaker

19.1% Working full-time

5.4% Disabled

9.6% Working part-time

2.3% Other

2.7% Unemployed, looking for work

41. If you anticipate looking for employment, would you need re-training?

6.1% Yes

93.9% No

42. Are there any other issues you are concerned about?

25.2% Yes

74.8% No

Appendix D
Area Agency on Aging Results

Table 10. Demographic information of sample population overall and by AAA area.

	Idaho Population over 50 years old (2010)	Sample Sent Survey N=3,000	Respondents N=814
Male 50+	48%	50%	42%
Female 50+	52%	50%	58%
		Congregate Sites N= 1,000	Respondents N = 236
Area I		16%	18%
Area II		9%	6%
Area III		40%	25%
Area IV		13%	20 %
Area V		10%	13%
Area VI		11%	18%

Table 11. Survey participant age from surveys, overall and by AAA area.

	Average	Standard Deviation	Range
2008	66.9	10.8	50-99
2012 Total	70.5	11.1	51-97
2012 Area	76.3	8.7	53-95
Area I	77.1	8.6	58-92
Area II	76.9	8.9	61-91
Area III	75.3	8.6	53-91
Area IV	74.7	9.3	54-92
Area V	78.6	7.5	64-95
Area VI	76.9	9.1	59-92

Social Activities Area Results

As with the 2008 data, there were very few differences across regions compared to the overall results in terms of whether individuals are able to participate in social activities as often, almost as often, or not as often as they would like. The one major exception was the interest in senior centers. Since the area specific information was collected from congregated meal sites, respondents who participate in congregated meals would be more aware of, or interested in, senior centers compared to the mail respondents.

More respondents from Area II indicated they don't attend senior centers as often as they would like (14.3%), compared to the remaining regions at less than 5% each. When asked whether respondents were interested in degree or non-degree programs, again, there was little difference across area agencies, with the exception of Area IV that had the highest percentage of respondents reporting that they do not attend nearly or as often as they would like (26.3%) compared to the remaining area agencies (average 17%).

Additionally, Area I was among the highest percentage of not interested in working for pay but they are also among the highest of not working nearly as often as they would like (17.6%). (Figures 1 and 2)

Figure 1. Percentage of respondent interest in attending senior centers by AAA area

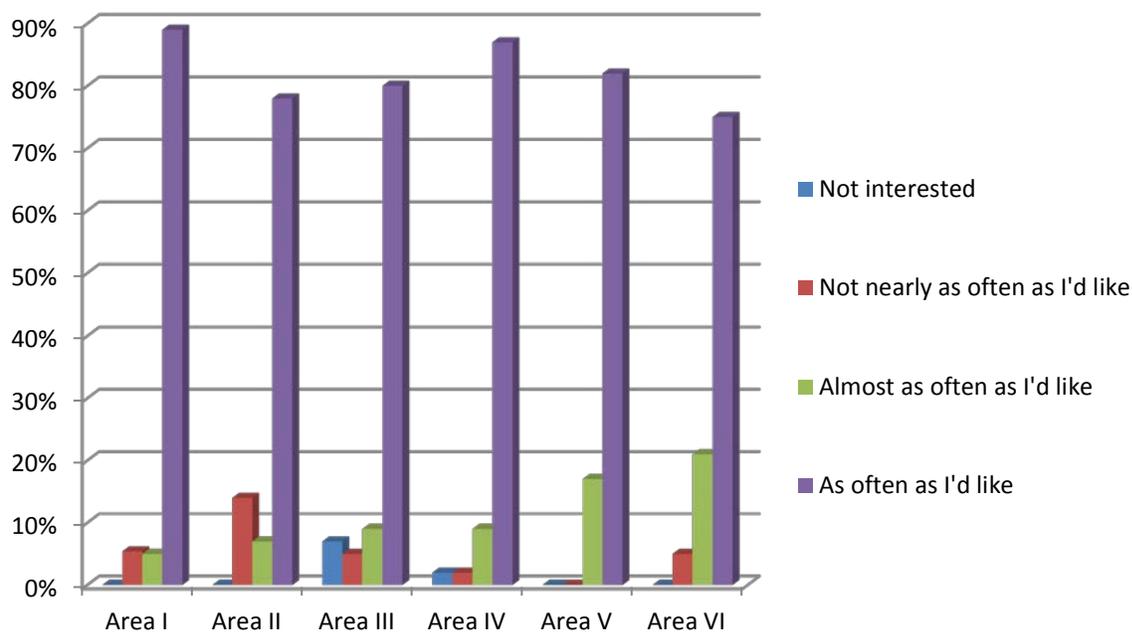
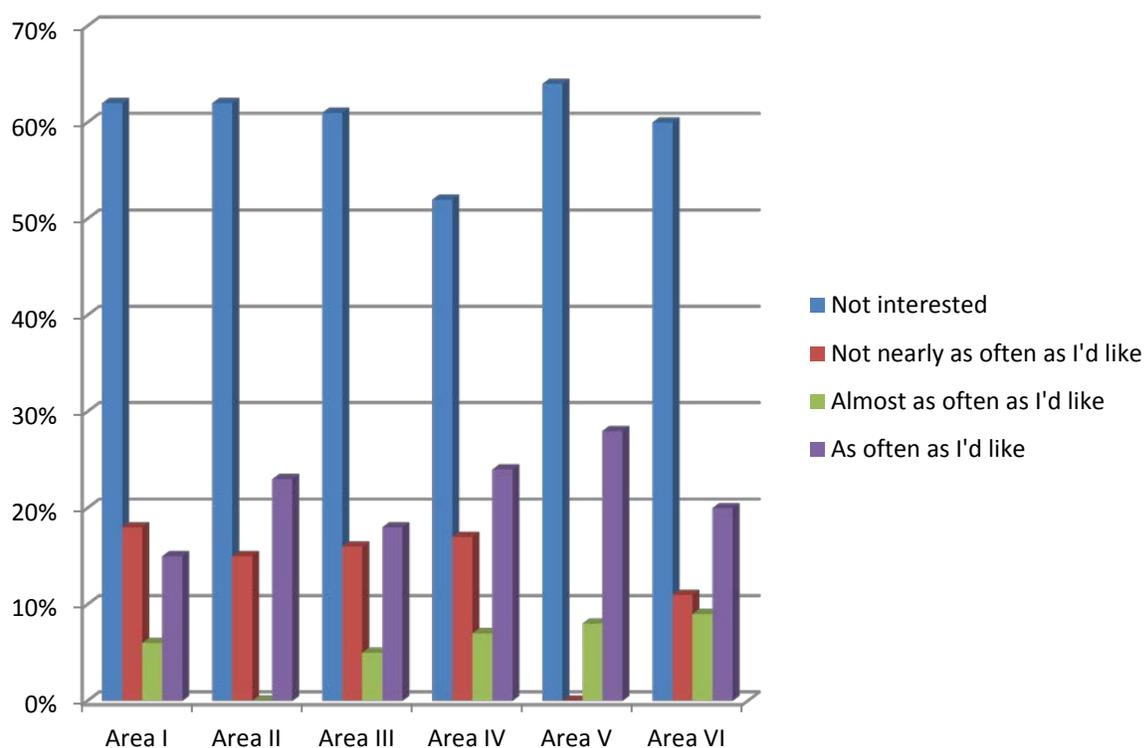


Figure 2. Percentage of respondents interested in working for pay by AAA area



Physical Activity Area Results

For most activities, the area results were similar to the overall results. There were some slight differences in ability to do light and heavy housework. Respondents in Areas I and VI have the greatest need for help with light and heavy housework. Twenty-four percent of respondents in Area I and 26% in Area VI can only do light housework like dusting and vacuuming with some help and 35% in Area VI need help with heavy housework, like moving furniture or washing windows (Figure 3 and 4). Area III and IV were among the highest areas who self-reported needing help to do tasks like yard work, 36% and 48% respectively. When asked about yard work, 40% of respondents in Area II and 38% in Area V reported they cannot do this at all (Figure 5).

Figure 3. Percentage of responses to ability to do light housework by AAA area.

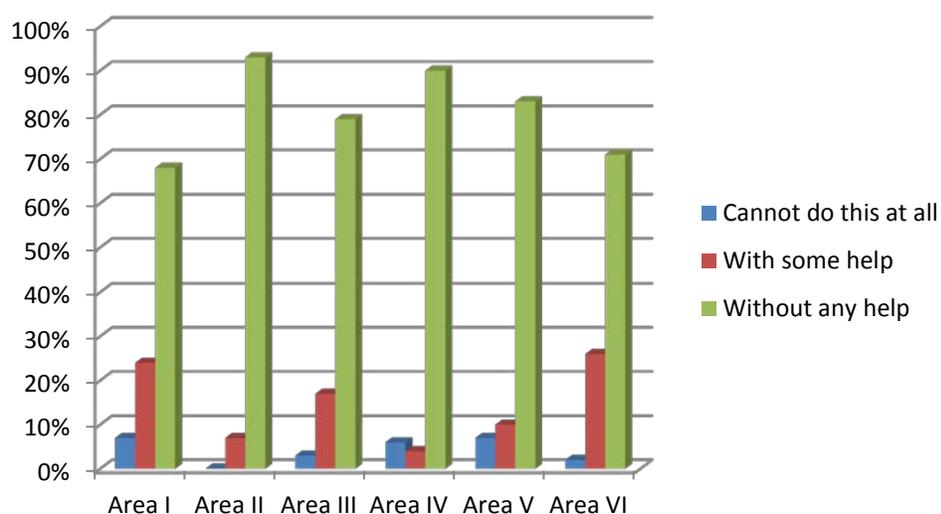


Figure 4. Percentage of responses to ability to do heavy housework by AAA area.

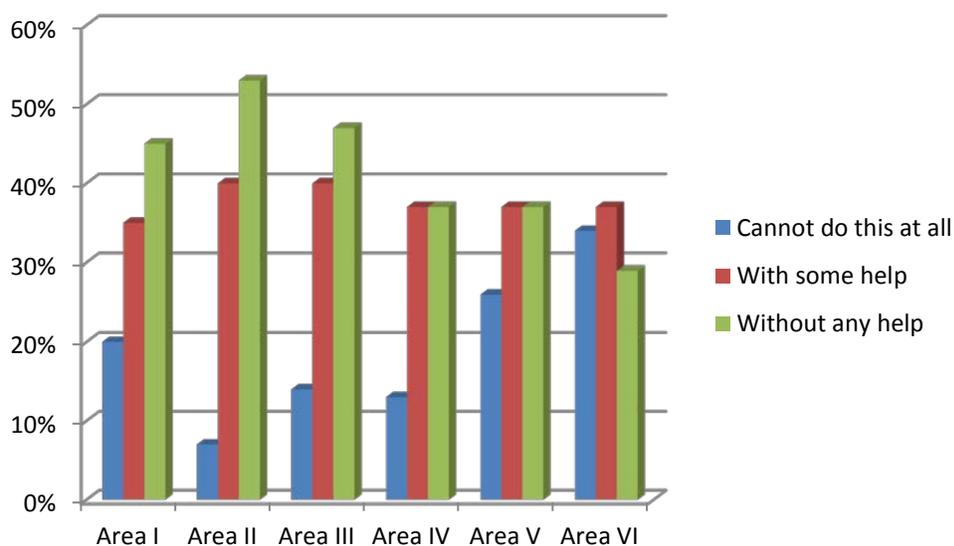
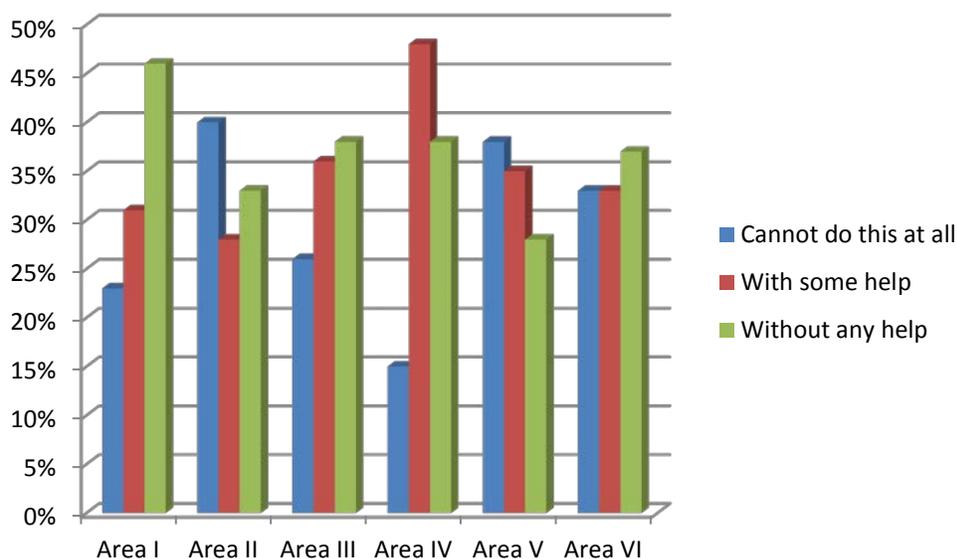


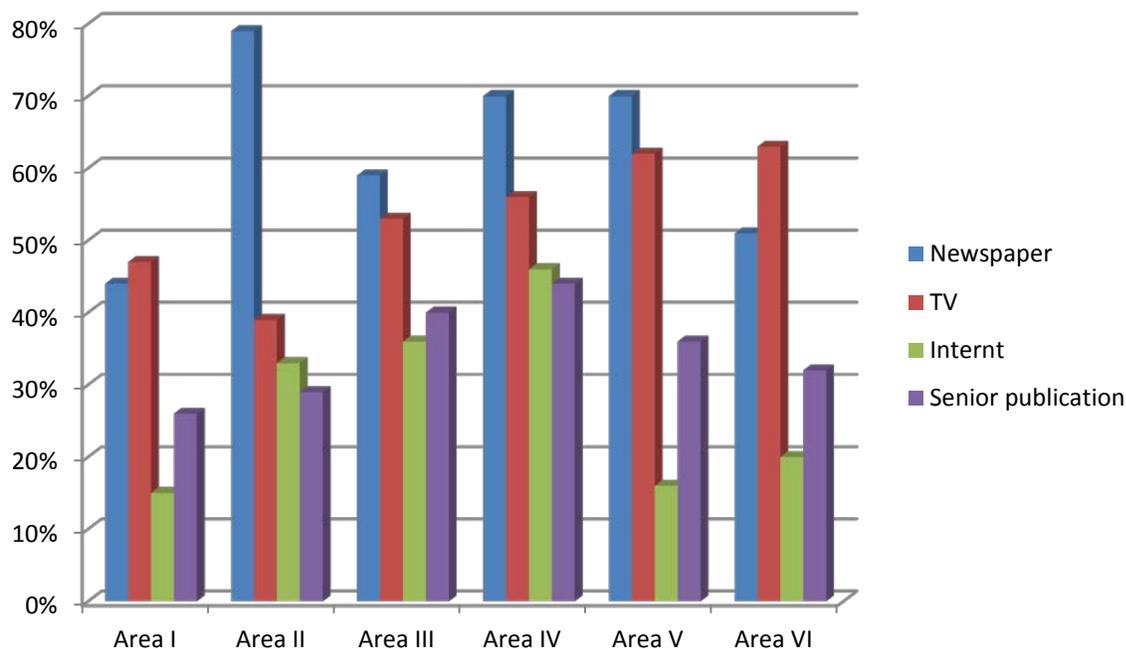
Figure 5. Percentage of responses to ability to do yard work by AAA area.



Sources of Information Area Results

Regionally, survey respondents were consistent with the sources they use most frequently to find information about services or activities. Newspapers remain the most frequently used source in all regions except region VI (Figure 6). Area IV respondents use the internet as a frequently used source of information about services and activities at 46%, but still as a secondary source to newspaper. Area V indicated the lowest response to internet usage for information sources at 16%.

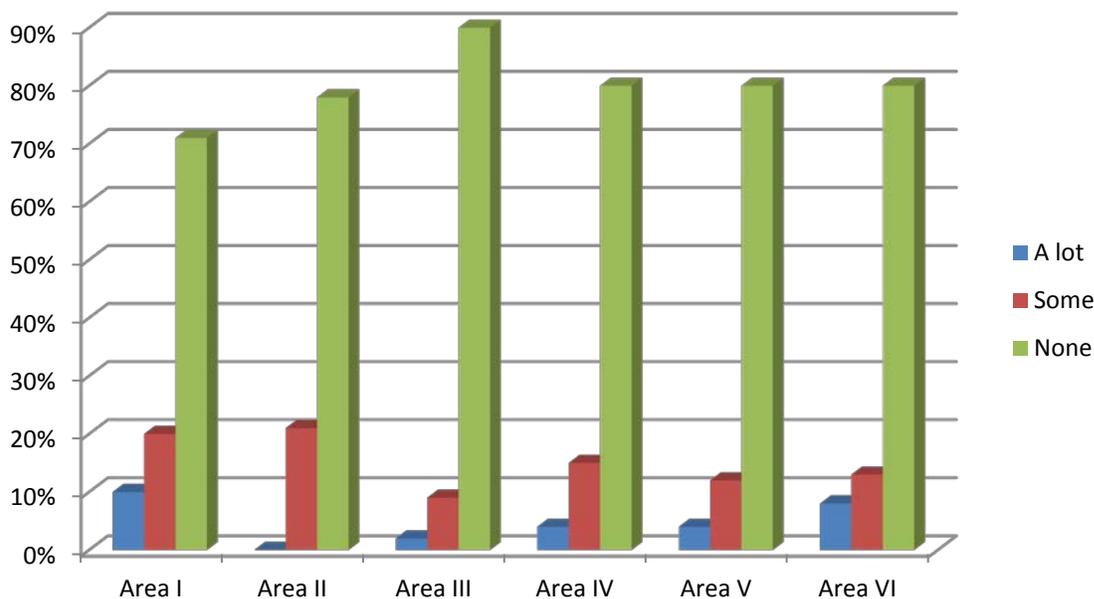
Figure 6. Percentage of responses to frequently used sources of information by AAA area.



Transportation Area Results

Areas I and VI had the highest percentage of individuals who indicated they needed a lot of help getting or arranging transportation in the past 12 months. In Area I, 10% of respondents indicated they need a lot of help and 8% in Area VI indicated this need (Figure 7). However, respondents across all regions reported some difficulty in finding transportation for specific activities such as medical trips, shopping, personal errands or recreational or social trips.

Figure 7. Percentage of responses to difficulty in getting or arranging transportation by AAA area.



The greatest difference in transportation between areas was when respondents self-reported the reasons why they had difficulty finding or arranging transportation. Table 3 illustrates the reasons by region. In all areas, “Having to rely on others” was the top reason for having difficulty arranging transportation. The second highest reason for having difficulty arranging transportation was “The transportation doesn’t go where I need it to”; Area III was the highest at 10.8% followed by Area I at 9.2%. Weather was also a top reason for Area II (13%) compared to less than 5 % for other regions.

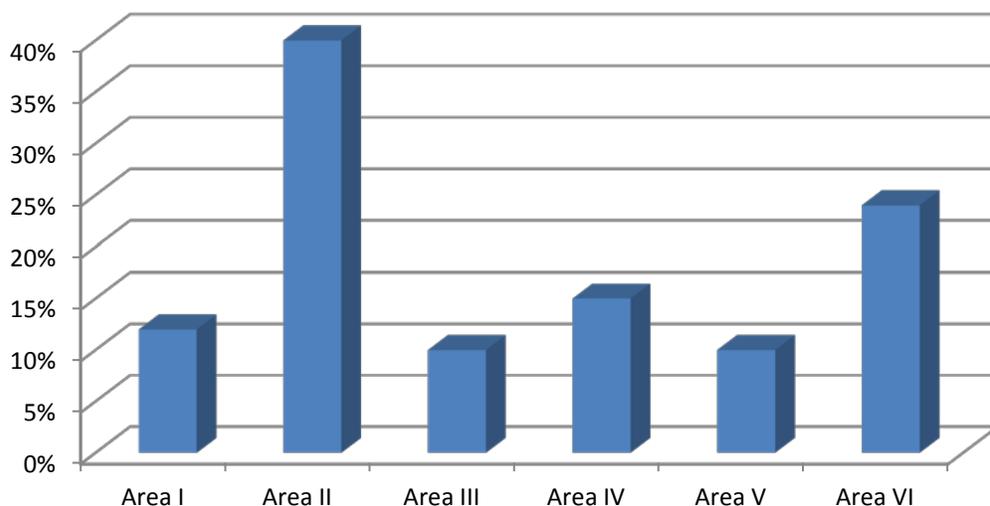
Table 3. Reasons for difficulties in finding or arranging transportation by AAA area.

	Region					
	I	II	III	IV	V	VI
Have to rely on other(s)	12%	7%	9%	10%	13%	12%
Not available when I need to go	2%	0%	3%	4%	3%	5%
Can't afford it	2%	7%	5%	2%	0%	2%
Not available in my community	10%	0%	2%	2%	3%	0%
Have trouble getting around without someone to help	2%	0%	3%	0%	7%	2%
Unfamiliar with transportation options or systems	2%	0%	2%	0%	0%	5%
Car doesn't work/problems with vehicle	0%	0%	0%	4%	0%	0%
Don't know who to call	2%	0%	2%	0%	3%	5%
Too far/Distance related	7%	0%	3%	2%	3%	2%
Weather	5%	13%	3%	2%	3%	5%
Transportation doesn't go where I need to go	9.2%	2.4%	10.8%	4.8%	6.7%	6.7%
Disability/health related reasons	5.3%	6.0%	4.9%	3.2%	7.8%	6.7%
Other	3.8%	2.4%	3.5%	4.8%	5.6%	4.8%

Caregiving Area Results

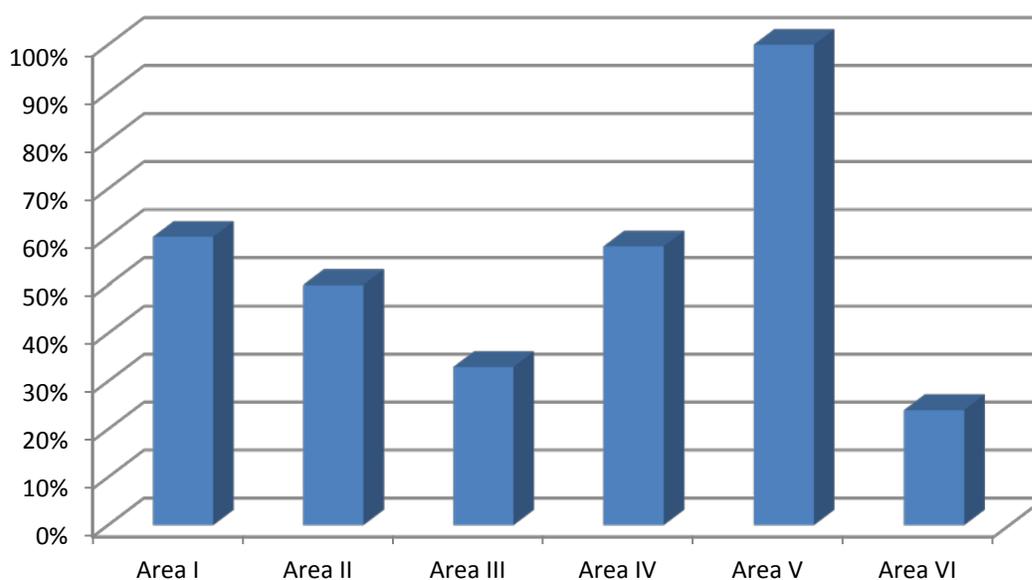
The distribution of caregivers was similar across the areas (Figure 8). Area II had a higher percentage of respondents who identified themselves as caregivers (40%), however this region had the lowest number of respondents and this finding may not be representative of the larger population of Area II.

Figure 8. Percentage of respondents self-reporting being caregivers by AAA area.



One key difference in area responses was in the area of awareness of services available for caregivers. With the exception of Area V, less than 50% of caregivers were aware of services available in their area (Figure 9). Area III and VI respondents indicated that only 30% of care givers were aware of services. Area V indicated that all respondents were aware of services, but the sample size of care givers by region is too small to allow for statistical comparisons so these results may not represent the area population.

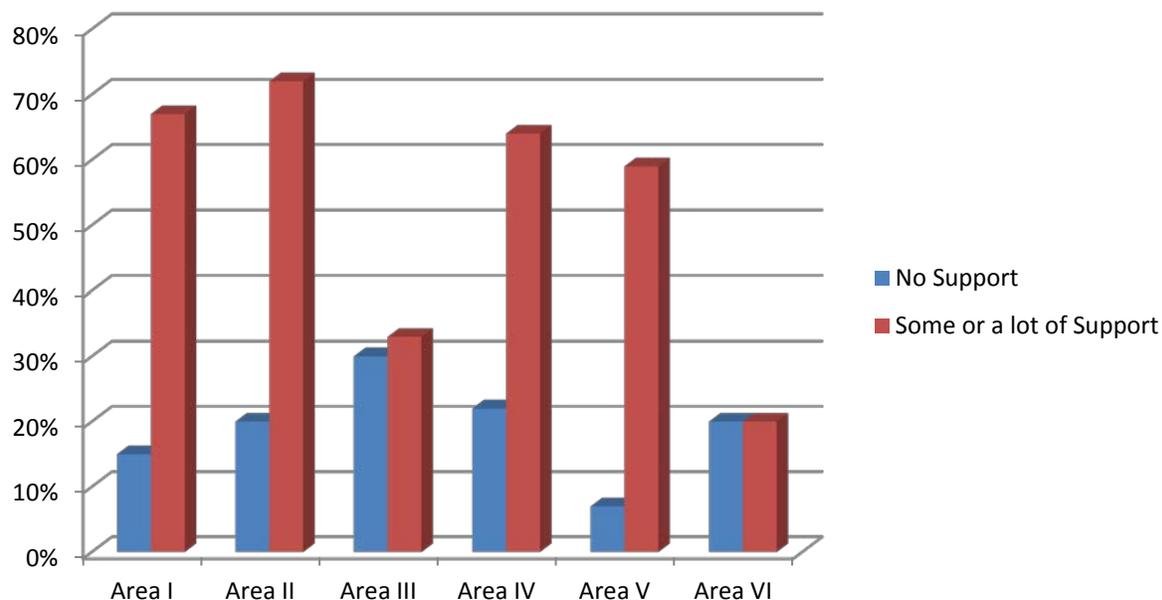
Figure 9. Percentage of caregiving respondents who are aware of services by AAA area.



Assistance and Support Area Results

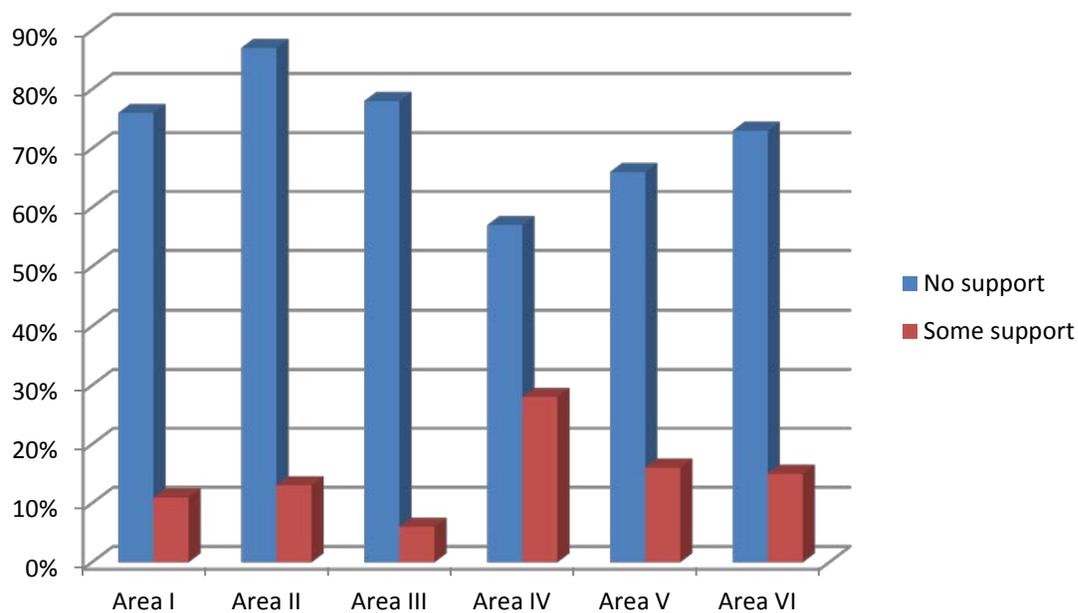
Across the regions, roughly the same percentage of respondents receive some type of support and assistance from family, church or spiritual groups, clubs or social groups, and non-profit community agencies. Figure 10 and 11 illustrates the percentage of respondents who receive some level of support from family and community agencies, respectively. Area III was highest among those that receive no or little support from family and Area II was among the highest in receiving some or a lot of support from family.

Figure 10. Percentage of respondents who reported receiving support from family, by AAA area.



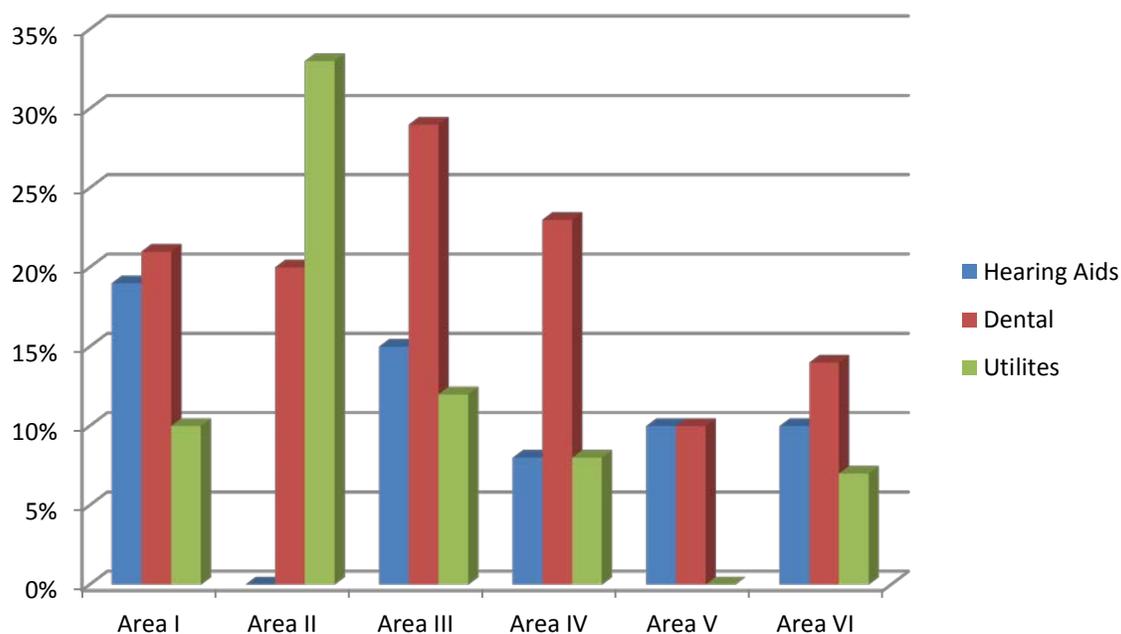
The number of respondents who indicated they get some support from community agencies is very low compared to other areas of support. Area IV respondents indicated they get some or a lot of support at 28% compared to less than 16% in other regions.

Figure 11. Percentage of respondents who get support from community agencies by AAA area.



Respondents in some areas had more difficulty being able to afford needed items such as dental care, hearing aids, and utilities. Nineteen percent of respondents in Area I needed hearing aids but have been unable to afford them compared to 0% in Area II (Figure 12). Twenty-eight percent of respondents have needed dental care and could not afford it in Area III; however, consistent with the overall results, affording dental care is a concern across all regions. Thirty-three percent of respondents in Area II indicate they have difficulty affording utilities compared to 0% in Area V.

Figure 12. Percentage of respondents who had trouble affording the top three needed expenses by AAA area.



ATTACHMENT E: Idaho State of Growth and Change

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

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

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

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

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

Ten years later, the Millennial Census count showed 1,293,953 Idahoans. *Nearly 15% of them were aged 60 or older.* The most recent post-Census estimates (for 2010, published by the Census Bureau in July 2011), show that Idaho’s overall population had increased another 21.1% to 1,567,582.

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

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

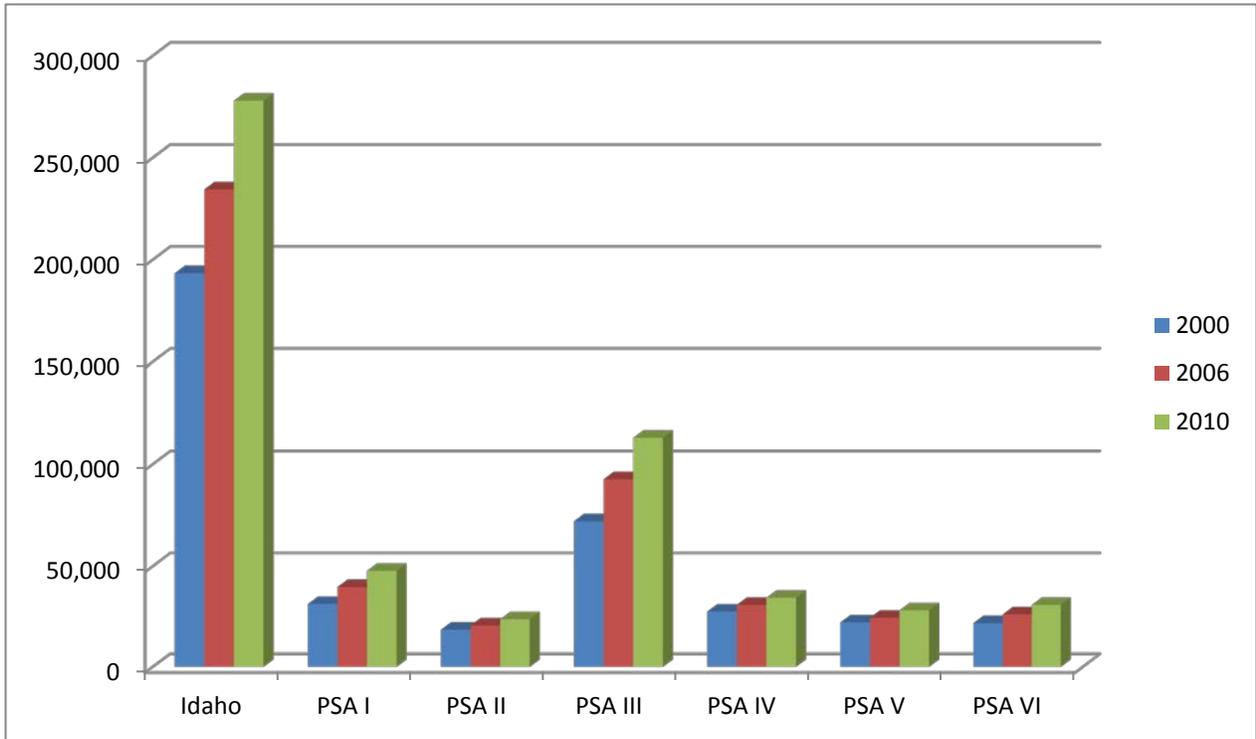
For those individuals who in the past did survive to the traditional age of retirement (65), their likelihood of living many more years was diminished by a level of medical knowledge and technology far below that which exists today. It has only been within the last few decades of the 20th century that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

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

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

Numbers in these charts are derived from Census data.

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



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

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

...and greatest loss counties:

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

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

¹ From *2010 Idaho Vital Statistics*, published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

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

U.S. Life expectancy as of 2010:	male/female	2
If you have reached age 50, you can expect another 30.3/33.8 years of life		
55	26.2/29.2	
60	22.2/24.9	
65	18.2/20.7	
70	14.6/16.8	
75	11.3/13.2	
80	8.5/9.8	
85	6.3/ 7.3	

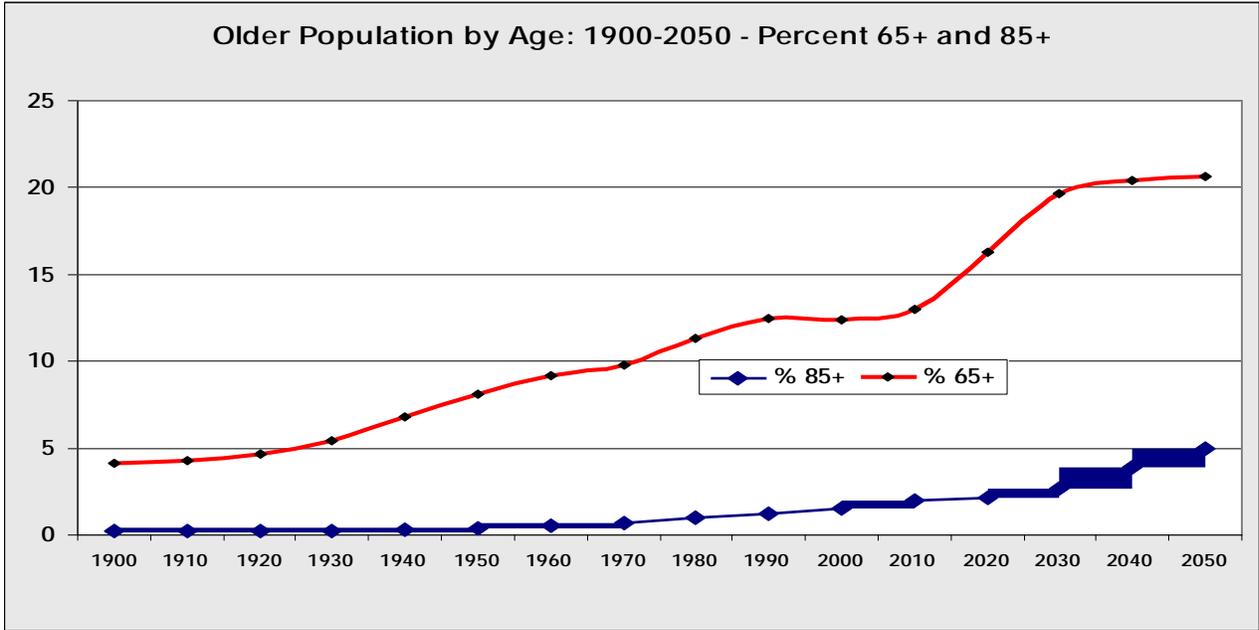
Idaho's population also reflects another national trend in that it is becoming more racially and ethnically diverse. This diversification is occurring across all age groups although it is most pronounced among younger people, leaving the oldest cohort the most homogeneous. Between 2006 and 2010, the state's white population (all age groups) increased by 6.1%, its black population by 19.1%, its American Indian/Alaska Native population by 30.1%, its Asian/Pacific Islander population by 30%, and its Hispanic population by 26.7%. The greatest increases have occurred in the most urbanized areas of the state.

But because Idaho is and remains one of the most racially and ethnically homogeneous states in the nation, large *percentage* increases in minority groups reflect only small increases in numerical population counts. Of Idaho's 2010 total population of 1,567,582 people, 1,496,784 (95.5%) are estimated to be white, non-minority while only 15,104 (1%) are black, 29,801 (1.9%) are American Indian or native Alaskan, 25,893 (1.7%) are Asian or Pacific Islander, and 175,901 (11.2%) are ethnic Hispanic of any race.³

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

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

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

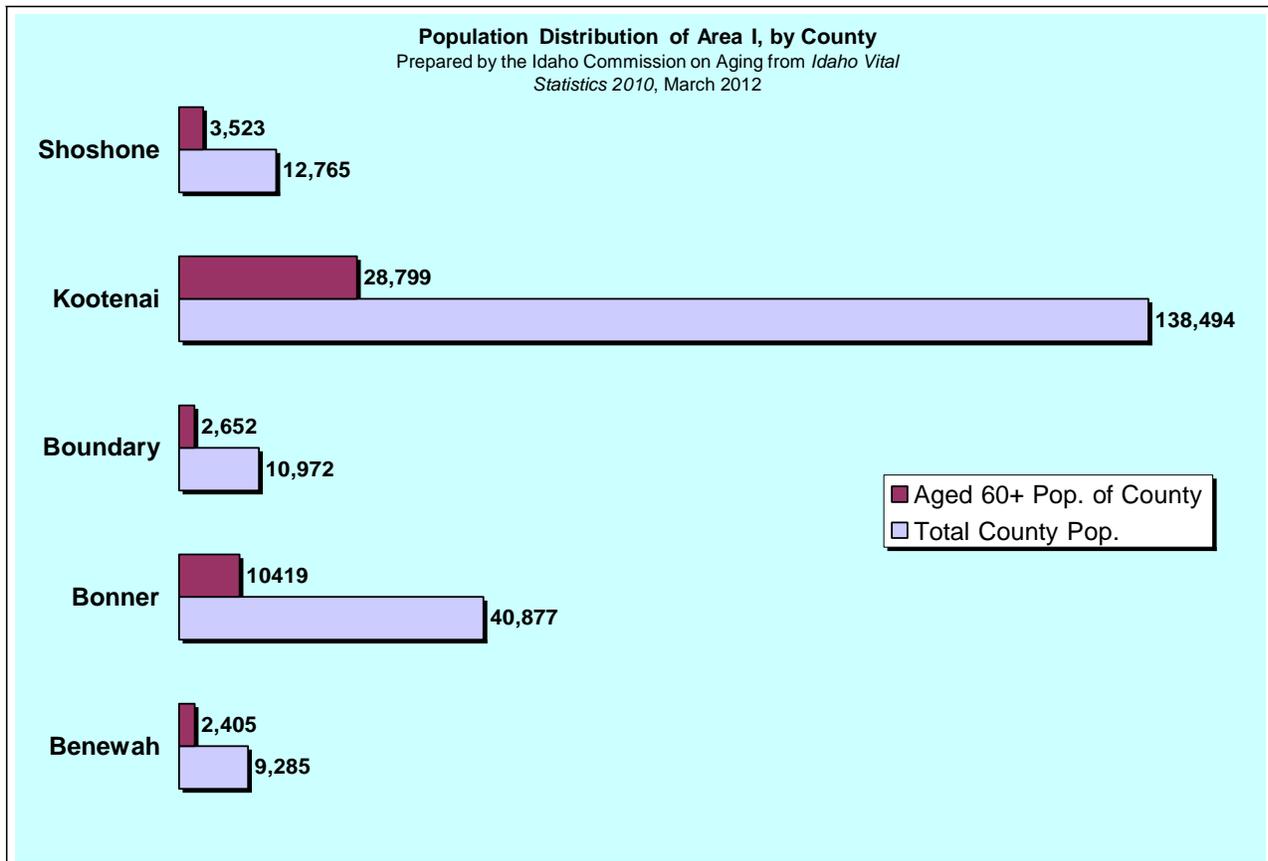


The growth of Idaho's older population reflects predicted growth in this population nationwide as a consequence of the aging of the Baby Boomer generation. The chart above depicts this anticipated growth in Idaho and in the US overall.

Idaho's Six Planning and Service Areas (PSAs)

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

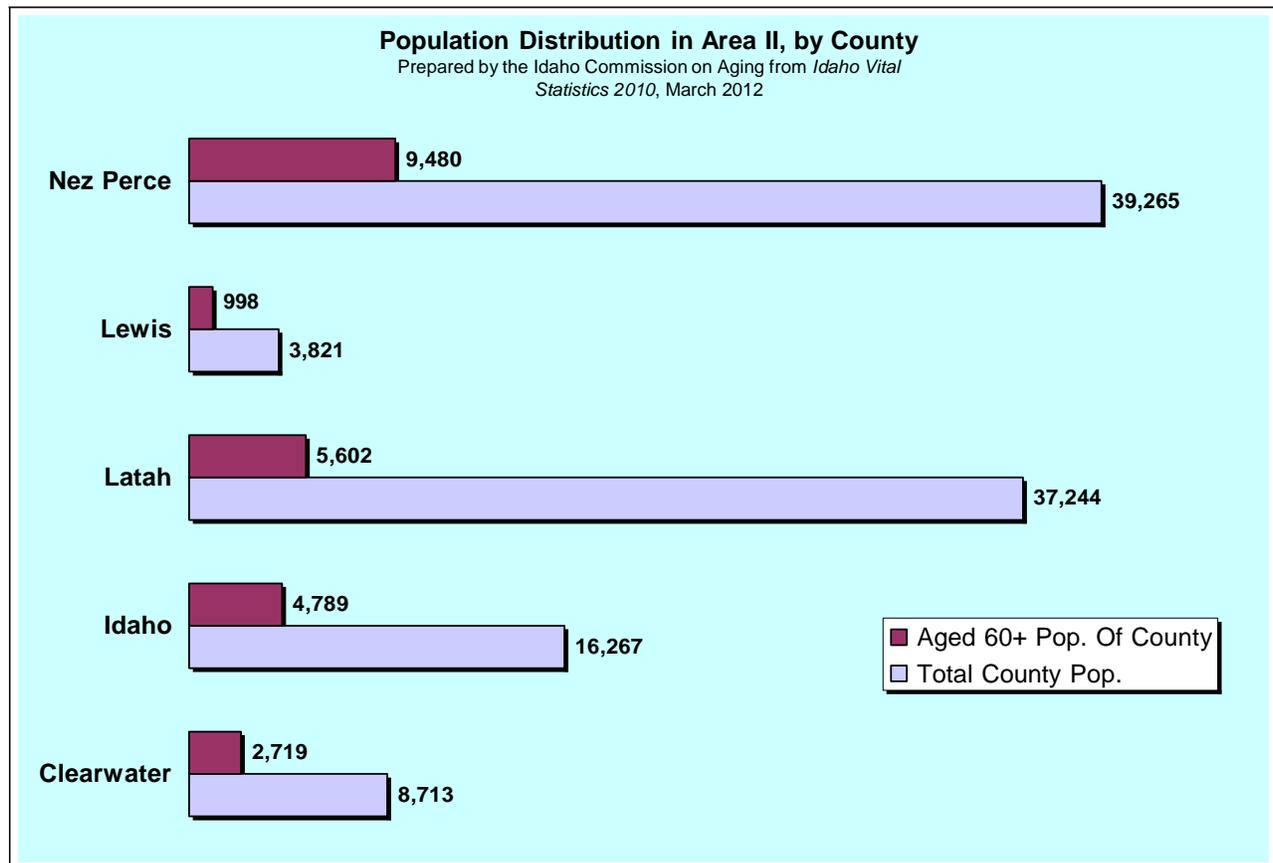
YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	
PERSONS AGED 60 - 69 (2010)	PERSONS AGED 70 - 84 (2010)	PERSONS AGED 85+ (2010)	% of 2010 POPULATION AGED 60 - 69	% of 2010 POPULATION AGED 70 - 84	% of 2010 POPULATION AGED 85+	PSA I TOTALS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



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

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

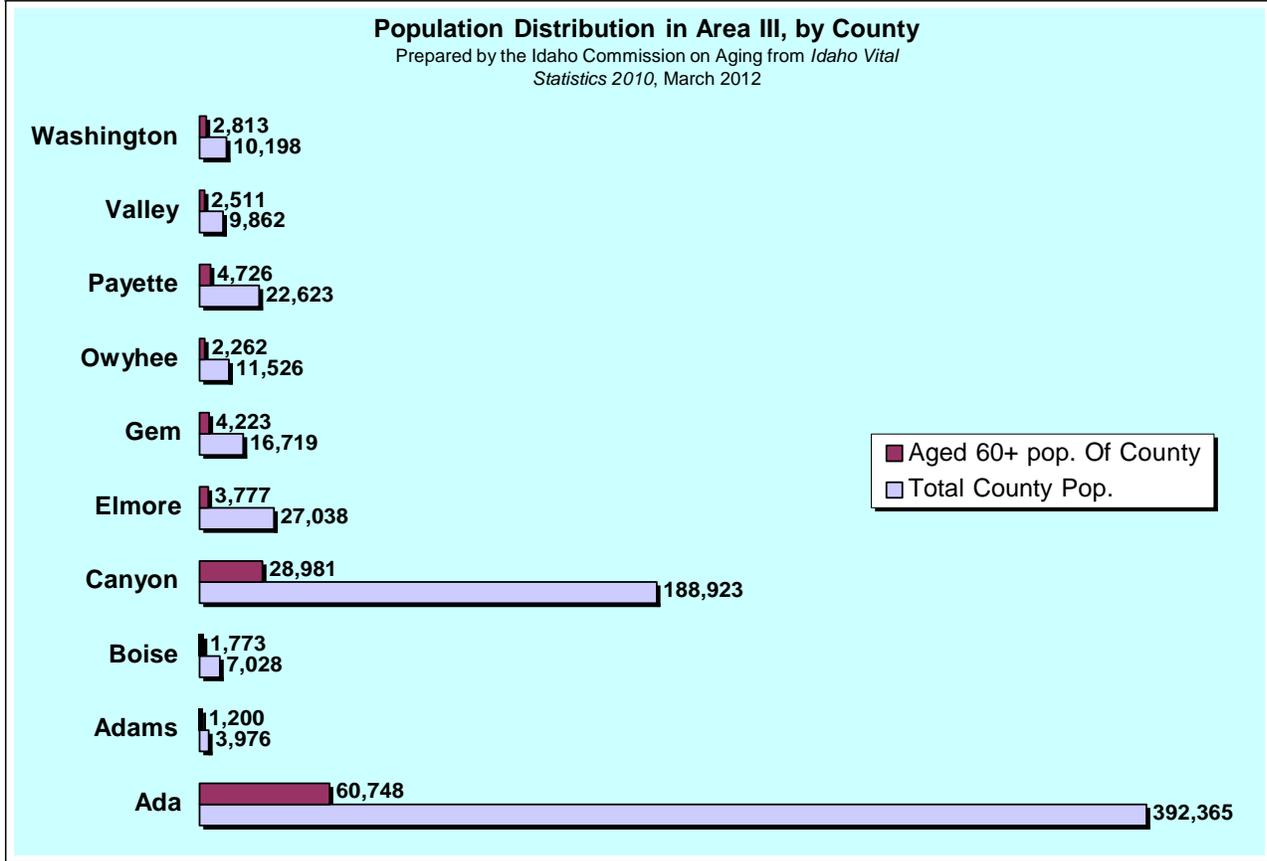
YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	PSA II TOTALS
PERSONS AGED 60 - 69 (2010)	PERSONS AGED 70 - 84 (2010)	PERSONS AGED 85+ (2010)	% of 2010 POPULATION AGED 60 - 69	% of 2010 POPULATION AGED 70 - 84	% of 2010 POPULATION AGED 85+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



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

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

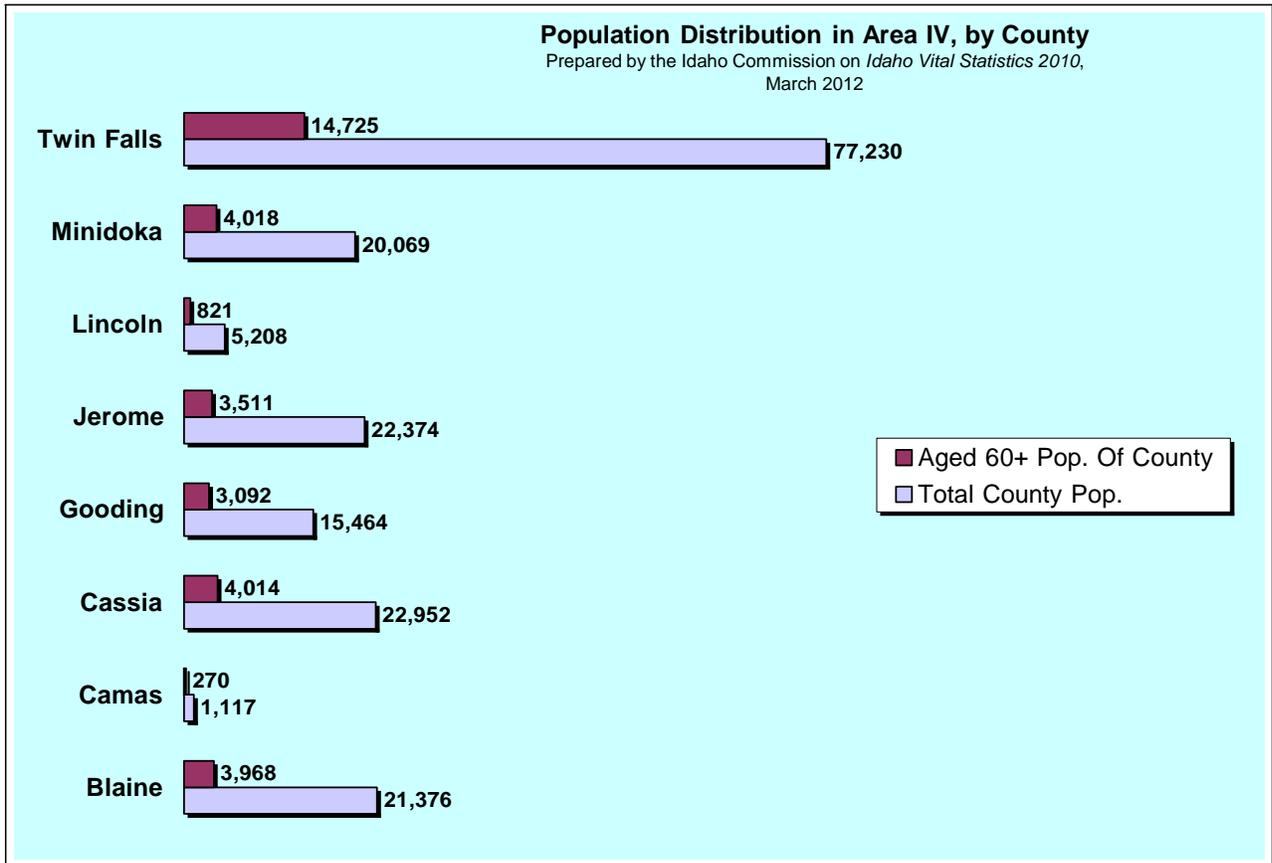
YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	PSA III TOTALS
PERSONS AGED 60 - 69 (2010)	PERSONS AGED 70 - 84 (2010)	PERSONS AGED 85+ (2010)	% of 2010 POPULATION AGED 60 - 69	% of 2010 POPULATION AGED 70 - 84	% of 2010 POPULATION AGED 85+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



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

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

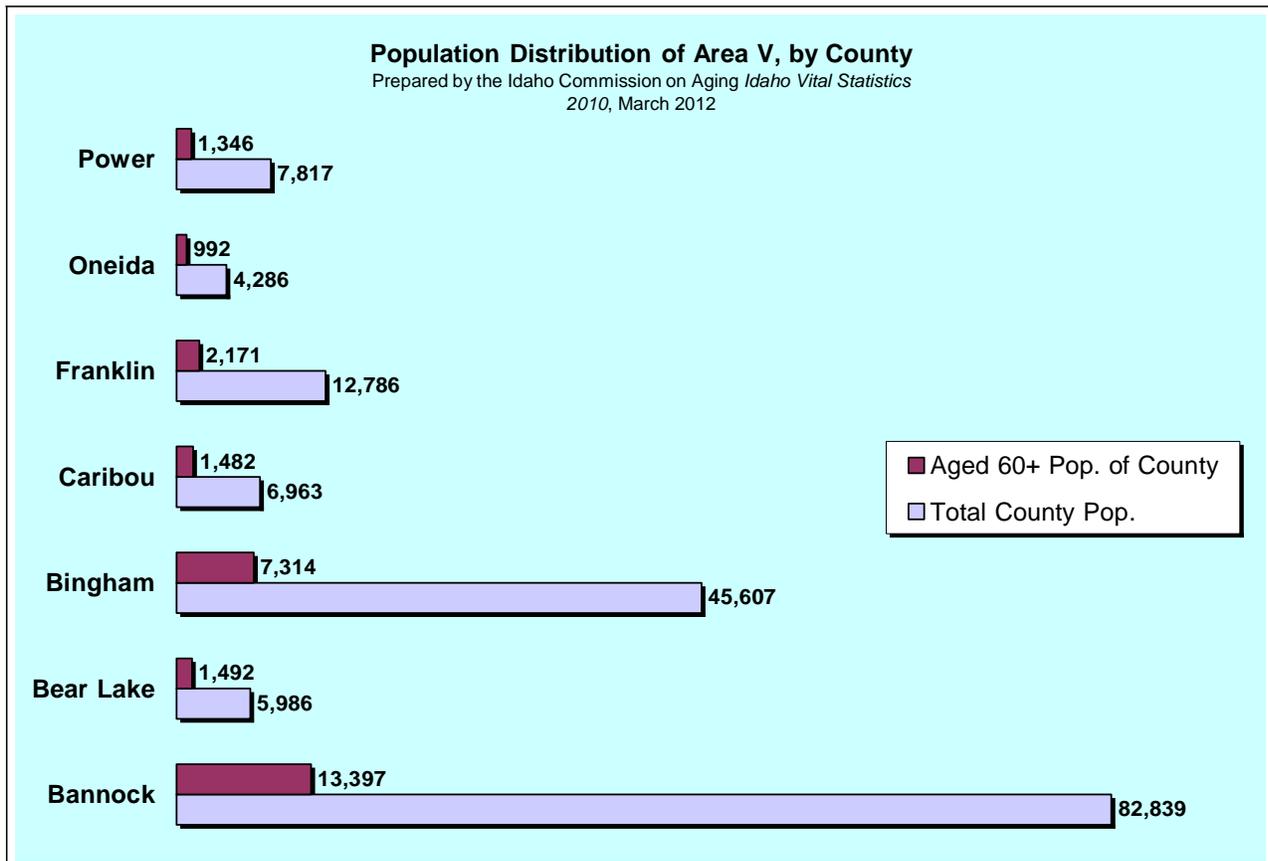
YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	PSA IV TOTALS
PERSONS AGED 60 - 69 (2010)	PERSONS AGED 70 - 84 (2010)	PERSONS AGED 85+ (2010)	% of 2010 POPULATION AGED 60 - 69	% of 2010 POPULATION AGED 70 - 84	% of 2010 POPULATION AGED 85+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



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

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

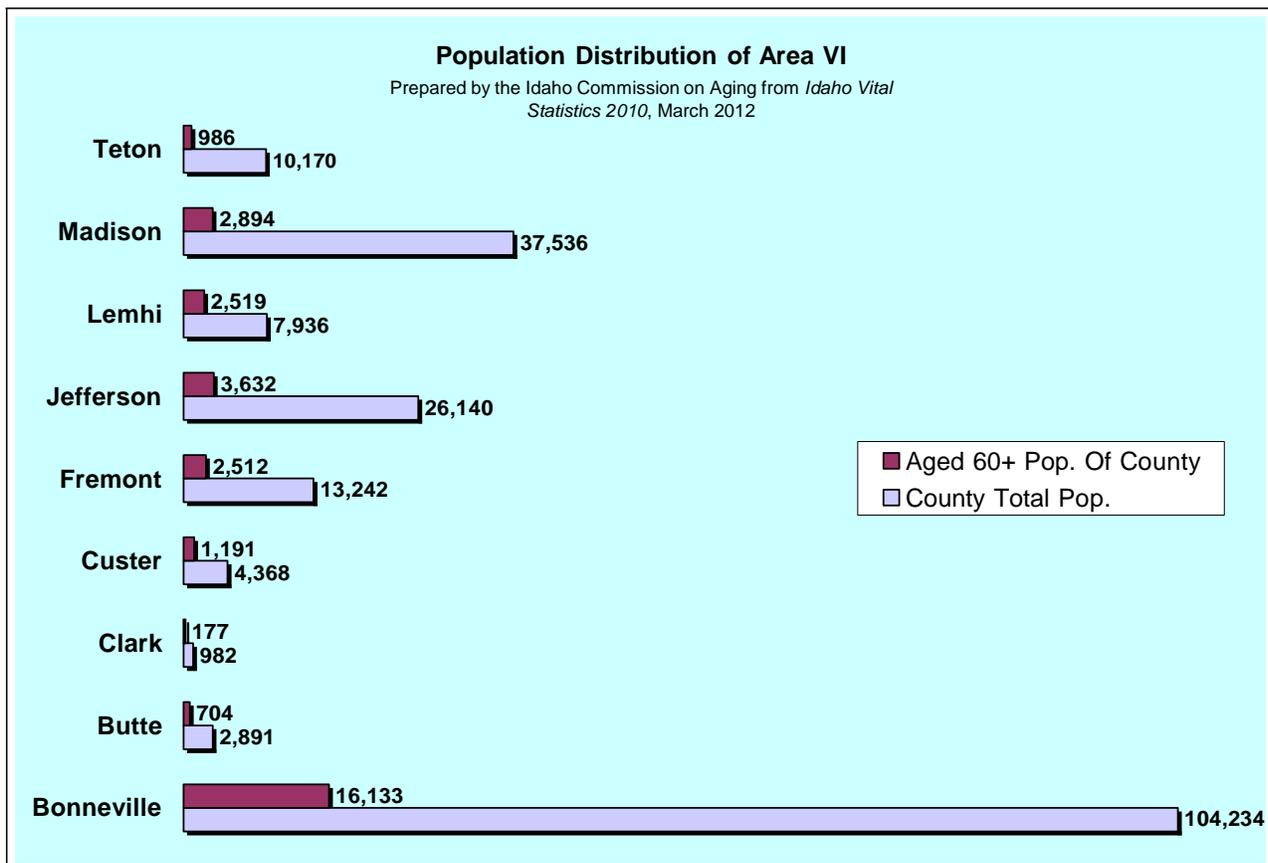
YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Population	% of TOTAL Population	% of TOTAL Population	PSA V TOTALS
PERSONS AGED 60 - 69 (2006)	PERSONS AGED 70 - 84 (2006)	PERSONS AGED 85+ (2006)	% of 2006 POPULATION AGED 60 - 69	% of 2006 POPULATION AGED 70 - 84	% of 2006 POPULATION AGED 85+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



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

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

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



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

ATTACHMENT F: Intrastate Funding Formula

In accordance with Section 305(a) (2) (c) of the Older Americans Act (OAA) and 45 CFR 1321.37, State Agencies on Aging are required to develop a formula under guidelines issued by the Commissioner on Aging for the distribution of Title III and Title VII funds. The formula must take into account to the maximum extent feasible the best available statistics¹ on the geographical distribution of individuals aged 60 and older currently residing in the State, *with particular attention to the number of individuals in greatest economic² or social need.*³

On November 15, 2002, the Idaho Commission on Aging adopted a new intrastate funding formula for Title III funds, to be implemented for the contract year beginning January 1, 2003. This action was taken in response to requirements in the federal Older Americans Act (OAA), that each state develop a formula for the distribution of OAA funds to the Area Agencies on Aging.

The formula weighs the likely demand for services by comparing those population groups most likely to be vulnerable and frail, i.e., those who (according to the 2010 census) are over 75 and 85, living in rural communities,⁴ in poverty, who are racial or ethnic minorities,⁵ or living alone. The areas of the State with a higher percentage of residents who are very old, poor, living alone, etc., can be expected to have higher service demands and therefore will receive a higher proportion of funding.

This intrastate funding formula is being applied to Disease Prevention and Health Promotion Services (Part D). The formula provides that funding for these services will reach areas throughout the state that are medically underserved, and individuals with the greatest economic need for such services.

Each area agency is allotted a base amount for operating expenses, in addition to an equal share of the 10 percent maximum allowable for administration of area plans. While the amount available for administration of area plans will fluctuate with the total of the statewide allotment, the base amount for operating expenses was established at \$50,000 per AAA.

In May 2012, the Idaho Commission on Aging Commissioners, following discussions and input from the Directors of the area agencies on aging, voted to continue using the IFF adopted in May of 2007.

The Title VII chapter 2 allotment for an Ombudsman for the Elderly Program is not distributed utilizing the Intra-State Funding Formula. Idaho's share of this funding is quite small. The Idaho Commission on Aging determined that the funding would be best utilized at the area agency level by distributing the available funding equally for each full-time Ombudsman position in the planning and service areas. Each area agency has one full-time paid Ombudsman, with the exception of the most heavily populated region of the

state (PSA 3) which has two positions. The funding is divided into seven equal shares, with one share going to each area agency, and two shares going to the Area 3 Agency on Aging. Each area agency also allocates a portion of its Title III funding to support vigorous Ombudsman programs, and funding for ombudsman is also authorized under the Idaho Senior Services Act.

¹ Population numbers are from the decennial Census Bureau counts and subsequent annual estimates (published for years between actual decennial census counts).

² The Older Americans Act defines greatest economic need as "need resulting from an income level at or below the "poverty threshold" which is established by the federal Office of Management and Budget (OMB) and adjusted by the Secretary of Health and Human Services. Poverty thresholds are annually recalculated on a national basis to reflect cost-of-living and other economic fluctuations.

³ Non-economic "social" factors include language barriers and cultural or social isolation resulting from racial or ethnic status, or physical and mental disabilities that restricts an individual's ability to perform normal daily tasks or which threatens his or her capacity to live independently.

⁴ Greater distances between clients, combined with a lack of public transportation, increase the cost of serving persons living in rural communities.

⁵ Four minority classifications are recognized as "protected" by the federal government: three racial groups (Black, Asian and Native American) and one ethnic designation (Hispanic/Latino, regardless of race).

**Idaho Intrastate Funding Formula
OAA Title III Funds (not including Title VII)**

**Adopted May 3, 2007
Effective July 1, 2012**

Dated 5/7/2012

PSA	2010 Total PSA Population	TOTAL PERSONS AGED 60+ IN PSA	Factors used in Weighted Elderly Population (At Risk)							WEIGHTED ELDERLY POPULATION (AT RISK)	WEIGHTED PERCENTAGE	AVAILABLE 2010 FUNDS DISTRIBUTED ACCORDING TO RISK PERCENTAGES + \$50,000 BASE + \$99,186 AAA ADMIN.
			NUMBER OF 65+ LIVING IN POVERTY	65+ LIVING ALONE	80+ RACIAL MINORITY (Not Hispanic)	80+ HISPANIC (ETHNIC MINORITY)	80+ LIVING IN RURAL COUNTY	AGED 75+	AGED 85+			
I	212,393	47,808	2,360	7,707	1,222	630	18,999	13,774	3,843	48,535	16.81%	\$ 920,651
II	105,358	23,712	1,076	4,348	808	184	8,630	7,824	2,398	25,268	8.75%	\$ 550,822
III	690,258	113,014	5,480	18,626	5,122	4,376	23,285	33,771	10,421	101,081	35.02%	\$ 1,755,870
IV	185,790	34,419	2,429	6,075	1,644	1,981	19,694	11,137	3,290	46,250	16.02%	\$ 884,331
V	166,284	28,177	1,356	4,756	1,580	1,002	14,780	9,078	2,587	35,139	12.17%	\$ 707,721
VI	207,499	30,854	1,565	5,074	883	768	11,827	9,550	2,703	32,370	11.21%	\$ 663,707
TOTAL	1,567,582	277,984	14,266	46,586	11,259	8,941	97,215	85,134	25,242	288,643		\$ 5,483,102
Column Ref.	1	2	3	4	5	6	7	8	9	10	11	12

Notes RE Calculations and Sources

Source documentation from the ID Dept. of Labor for the Idaho Commission on Aging Intrastate Funding Formula for 2010

- Column 1** Source: U.S. Bureau of the Census, 2010 Census
- Column 2** Source: U.S. Bureau of the Census, 2010 Census
- Column 3** Source: U.S. Bureau of the Census, American Community Survey, 2006-2010, 5-year estimates, January 2012, Table B17001
- Column 4** Source: U.S. Bureau of the Census, American Community Survey, 2006-2010, 5-year estimates, January 2012, Table B11010
- Column 5** Source: U.S. Bureau of the Census, 2010 Census. Racial minority is defined as all persons 60 years and over minus White not Hispanic and Hispanic to avoid double counting of Hispanic in the adjacent At Risk Column.
- Column 6** Source: U.S. Bureau of the Census, 2010 Census. Hispanic (Ethnic Minority) is defined as all persons 60 years.
- Column 7** Source: U.S. Bureau of the Census, 2010 Census. 60+ Living in Rural Counties, County Resident Population Estimates by Age, Sex, Race and Hispanic Origin.
- Column 8** Source: U.S. Bureau of the Census, 2010 Census. Aged 75+, County Resident Population Estimates by Age, Sex, Race and Hispanic Origin.
- Column 9** Source: U.S. Bureau of the Census, 2010 Census. Aged 85+, County Resident Population Estimates by Age, Sex, Race and Hispanic Origin.
- Column 10** Sum of columns 3 - 9, adds up units of risk for each PSA
- Column 11** Depicts units of risk for each PSA as percentages
- Column 12** Breaks out available funding by PSA based on percentages of elderly population At Risk

ATTACHMENT G: Allocation of Resources

I. MINIMUM PERCENTAGE FOR ACCESS, IN-HOME SERVICES, AND LEGAL ASSISTANCE

The Plan shall specify a minimum percentage of the funds received by each area agency for Part B that will be expended in the absence of the waiver granted under Section 306(b)(1), by such area agency to provide each of the categories of services specified in Section 306(a)(2). Older Americans Act Section 307(a)(2)(C).

Allocation of Resources		
Service	Minimum Percentage	
Access	25%*	In-Home
Services	0%	
Legal Assistance	3%	

* The Idaho Commission on Aging has established no minimum IIIB Supportive Services funding percentage for in-home services. Currently sixty-three percent (63%) of Idaho Senior Services Act (ISSA) (I.C. 67-5008) funding is allocated by the Area Agencies on Aging for in-home services, which include but are not limited to, case management, homemakers, chores, telephone reassurance, home delivered meals, friendly visiting and shopping assistance, and in-home respite care. With this high level of state funding for in-home services, the Idaho Commission on Aging has not seen a need to mandate minimum funding from Title IIIB. Other services authorized by the ISSA are transportation, congregate meals, adult day care, and ombudsman for the elderly. Further, Idaho’s Adult Abuse, neglect and Exploitation Act (I.C. 39-5301 through 39-5312) directs the Idaho Commission on Aging, through the contracted Area Agencies on Aging, to investigate allegations of abuse, neglect, self-neglect or exploitation of vulnerable adults, and authorizes funding.

II. MINIMUM PERCENTAGE FOR ACTIVITIES RELATED TO MEDICATION MANAGEMENT, SCREENING AND EDUCATION

The Plan shall specify a minimum percentage of the funds received by each area agency for Part D, Disease Prevention and Health Promotion Services, that will be expended to provide activities related to medication management, screening, and education to prevent incorrect medication and adverse drug reactions, pursuant to the Consolidated Appropriations Act of 2001 (P.L. 106-554). The minimum percentage for FY 2012 was 26.00% of Title III, Part D funds.

ATTACHMENT H: 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. 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	CHORE FEE	ADULT DAY CARE FEE
<u>Living Alone</u>				_____ %	_____ %	_____ %	_____ %
	\$931.00		\$11,170.00	0%	_____	_____	_____
\$932.00 -	\$1,117.00	\$11,171.00 -	\$13,404.00	30%	_____	_____	_____
\$1,118.00 -	\$1,303.00	\$13,405.00 -	\$15,638.00	50%	_____	_____	_____
\$1,304.00 -	\$1,489.00	\$15,639.00 -	\$17,872.00	70%	_____	_____	_____
\$1,490.00 -	& Over	\$17,873.00 -	& Over	100%	_____	_____	_____
<u>TWO Persons in Household</u>				_____ %	_____ %	_____ %	_____ %
	\$1,261.00		\$15,130.00	0%	_____	_____	_____
\$1,262.00 -	\$1,513.00	\$15,131.00 -	\$18,156.00	30%	_____	_____	_____
\$1,514.00 -	\$1,765.00	\$18,157.00 -	\$21,182.00	50%	_____	_____	_____
\$1,766.00 -	\$2,017.00	\$21,183.00 -	\$24,208.00	70%	_____	_____	_____
\$2,018.00 -	& Over	\$24,209.00 -	& Over	100%	_____	_____	_____
<u>THREE Persons in Household</u>				_____ %	_____ %	_____ %	_____ %
	\$1,591.00		\$19,090.00	0%	_____	_____	_____
\$1,592.00 -	\$1,909.00	\$19,091.00 -	\$22,908.00	30%	_____	_____	_____
\$1,910.00 -	\$2,227.00	\$22,909.00 -	\$26,726.00	50%	_____	_____	_____
\$2,228.00 -	\$2,545.00	\$26,727.00 -	\$30,544.00	70%	_____	_____	_____
\$2,546.00 -	& Over	\$30,545.00 -	& Over	100%	_____	_____	_____
<u>FOUR Persons in Household</u>				_____ %	_____ %	_____ %	_____ %
	\$1,921.00		\$23,050.00	0%	_____	_____	_____
\$1,922.00 -	\$2,305.00	\$23,051.00 -	\$27,660.00	30%	_____	_____	_____
\$2,306.00 -	\$2,689.00	\$27,661.00 -	\$32,270.00	50%	_____	_____	_____
\$2,690.00 -	\$3,073.00	\$32,271.00 -	\$36,880.00	70%	_____	_____	_____
\$3,074.00 -	& Over	\$36,881.00 -	& Over	100%	_____	_____	_____

The full cost for one hour of Homemaker Service is: \$ _____
 The full cost for one hour of Chore Service is: \$ _____
 The full cost for one hour of Adult Day Care is: \$ _____

Revised: May 2012

ATTACHMENT I Poverty Guidelines

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
2013 POVERTY GUIDELINES**

Person in Family or Households	Federal Register, Vol. 77, No. 17 January 26, 2012		
	100% of Poverty	125% of Poverty	150% of Poverty
1	\$11,170	\$13,963	\$16,755
2	\$15,130	\$18,913	\$22,695
3	\$19,090	\$23,863	\$28,635
4	\$23,050	\$28,813	\$34,575
5	\$27,010	\$33,763	\$40,515
6	\$30,970	\$38,713	\$46,455
7	\$34,930	\$43,663	\$52,395
8	\$38,890	\$48,613	\$58,335
*families with more than 8 persons -	(100% add \$3,960)	(125% add \$4,950)	(150% add \$5,940)

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.

**ATTACHMENT I: Aging and Disability Resource
Center Summary**

**AGING AND DISABILITY RESOURCE
CENTER**

September 1, 2011 to August 31, 2016

Five Year Strategic Plan

IDAHO COMMISSION ON AGING

Contact Information

State Name	Idaho
Grantee Contact Person	Raul Enriquez
Contact telephone	1-208-577-2844
Contact email	Raul.enriquez@aging.idaho.gov

A. Values, Purpose and Vision

1. Values

We believe:

- That demonstrating dignity and respect for people requires us to facilitate consumer's access to and choice in their own lifespan support Solution.
- That teamwork built on trust will allow us to provide consumers high quality, lifespan services and supports.
- That simplicity, clarity and flexibility must permeate our thinking and our system.
- That through collaborative, proactive leadership we can build a sustainable, quality system of supports.

2. Purpose

To improve people's lives through integrated, high quality, consumer driven, lifespan services and supports.

3. Vision

To seamlessly integrate lifespan support and services into a continuum that provides options for consumers and caregivers that is easy to access and easy to understand.

Description of Approach

Idaho was funded in 2005 with a three year federal grant. The IDHW - Division of Medicaid as the grantee, partnered with the ICOA to conduct an Aging and Disability Resource Center (ADRC) pilot program. During the 2006 legislative session, House Concurrent Resolution 52 passed, supporting the establishment of an ADRC in Idaho. In 2006 Idaho established the first ADRC pilot program, Aging Connections, in Northern Idaho serving five northern counties and satellite locations in Coeur d'Alene, Kellogg, and Sandpoint. The program was hosted within the local Coeur d'Alene AAA.

The ICOA established an ADRC website located www.aging.idaho.gov. The website will assist in the marketing of the local ADRCs and provide information to consumers on where to access services. ICOA has established contracts with the six Area Agencies on Aging (AAAs) to become local ADRCs. The AAAs were provided with grant funds to strengthen areas identified as deficits on the ADRC readiness assessment located on the www.adrc-tae.org.

A Steering Committee was established by the ICOA to provide input on the building of the ADRC in Idaho, as well, collaborate on similar projects. Boise State University (BSU) conducted a needs assessment regarding long term services to aid in ADRC planning. The needs assessment will serve as a guide in the development of the ADRC and identify barriers to accessibility for services.

In December 2011, ICOA established an agreement with 211 CareLine to be the centralized phone number for the ADRC and this agreement will provide streamlined access to services for consumers by providing one phone number to call. The 211 CareLine operators will screen and refer to the ADRC sites and also to our partners such as the Money Follows the Person (MFP) program offered through IDHW. ADRC third year funds will support the development of an online resource database and online consumer decision tools. Supplemental grants such as the MFP/ADRC and the Medicare Improvements for Patients and Providers Act (MIPPA) grant have been awarded to the ICOA to further assist in the strengthening of the ADRC and its functions to benefit the consumers we serve.

All the AAAs have restructured to incorporate Option Counselors on staff and have a person on staff that is Alliance of Information and Referral Systems (AIRS) certified. As well, a partnership has been established with IDHW, State Independent Living Council (SILC) and the ICOA to provide information and further trainings to AAAs on MFP and PCTP.

How will you measure progress toward your goal?

The ICOA implemented a variety of sources to track the progress of the ADRC five year plan goals. The BSU needs assessment conducted in 2008 provides useful information that will be used to establish baselines for future reference. Comparing the 2012 needs assessment with the former will identify areas improved and address future needs.

The 211 CareLine database will be used to measure and track the needs of residents in Idaho. Quarterly reports available upon request from 211 CareLine records the type of calls received, the location of the caller and the outcome of the call.

A customer satisfaction survey measuring a consumer's ability to find and use pertinent information is available on the ADRC website and traffic will be analyzed twice a year through Google Analytics to identify pages visited frequently and infrequently. Opportunities for improvement of the five goals identified will be included in the ADRC semi-annual progress report.

What are your anticipated Barriers? How will you address these challenges?

Continual collaboration with the Steering Committee is important to ensure efficient use of member resources. Collaboration with a variety of resources will provide a better assessment of individuals who reside in rural or hard to reach locations as well as improve ability to meet those needs. Additional marketing will be provided to familiarize partners on the newly launched ADRC website to keep partners engaged.

ICOA and its partners will collaborate in the quarterly trainings of the 211 CareLine operators to sustain the centralized number. National standards and best practices from other states will be utilized in the definition of Options Counseling to ensure statewide consistency.

Incorporating PCTP into existing AAA processes through the MFP/ADRC supplemental grant will minimize use of staff resources. PCTP training materials will be made applicable to all regions through collaboration of the Centers for Independent Living (CILs) and AAAs.

What existing funds/programs are currently being used to carry out ADRC activities?

The following funds/programs are currently being used to carry out ADRC activities: Aging and Disability Resource Center Grant; Alzheimer’s Disease Supportive Services Program; Chronic Disease Self-Management Program; Medicare Improvements for Patients and Providers Act; Money Follows the Person and ADRC Supplemental Grant; Older Americans Act Funding; Senior Medicare Patrol Project; and 211 CareLine,

What are the projected cost savings?

Through Options Counseling the ICOA will refer more consumers to private pay options, therefore reducing waitlists and preserve funds to serve consumers with fewer resources. Long-Term Care Planning will reduce the number of individuals who are admitted into nursing homes prematurely. Reducing hospital remittance through PCTP will reduce the cost to the consumer, hospital, and community services.

The ICOA will develop partnerships such as 211 CareLine that will prevent a duplication of services. Access Idaho will host the ICOA website and provide IT support for website maintenance. The ADRC website will direct consumers that can access information on the web to the right contacts which will reduce the amount of phone calls received by I&A.

Goal 3: Provide consumers with access to streamlined eligibility and Options Counseling			2012												2013									
Key Tasks		Lead Person	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	
3.1	Establish standards for ADRC sites																							
3.2	The committee members will provide input based on national standards																							
3.3	The ICOA will establish a Statewide definition for the roles and responsibilities of Options Counseling																							
3.4	Develop MOUs between AAAs and CILs that identify roles and responsibilities processes																							
3.5	Acquire suggested training ideas and provide the AAAs with resources to meet their individual training needs		ONGOING												ONGOING									
3.6	Share documents available on http://www.aging.idaho.gov/about/documents.html																							
Goal 4: Develop Person Centered Transition Planning			2012												2013									
Key Tasks		Lead Person	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	
4.1	The 211 CareLine will provide the ICOA with the number of consumers referred to the MFP		ONGOING												ONGOING									
4.2	The ADRCs will provide statistics of the number of referrals to MFP		SEMI-ANNUAL REPORT												SEMI-ANNUAL REPORT									
4.3	PCTP Training materials with standardized criteria and processes																							
4.4	PCTP in place		ONGOING												ONGOING									
Goal 5: Evaluate the effectiveness of the ADRC program and program sites			2012												2013									
Key Tasks		Lead Person	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	
5.1	Website Survey provided and analyzed																							
5.2	Semi-annual progress report that tracks performance of the five components to identify opportunities for improvement																							
5.3	Report findings to steering committee with corrective action plans		ONGOING												ONGOING									

Long-term Care in Idaho The Continuum of Care

Community-Based and In-Home Services	Preventative Health and Health Promotion	Services in a Residential Care Setting	Most Intensive Institutional Services
<ul style="list-style-type: none"> *Family Caregiver Support *Congregate Meals *Adult Day Care/Adult Day Health *Multipurpose Senior Centers *Consumer Directed In-Home Services *Veteran's Administration Benefits *Senior Community Living *Telephone Reassurance *Hospice *Personal Care *Volunteer Programs *Legal Assistance *Shopping Assistance *Information & Assistance 	<ul style="list-style-type: none"> *Assisted Transportation *Home Delivered Meals *Aged and Disabled Waiver Program *Non-Institutional Living Arrangements *Senior Community Services Employment Program (SCSEP) *In-Home Visiting *Homemaker Program *Transportation *Home Health *Respite Care *Homemaker Services *Chore Service *Telephone Reassurance 	<ul style="list-style-type: none"> *Counseling *Physical Fitness Activities *Health Screening and Assessments *Home Injury Control Services *Education and Training Classes *Disease Prevention and Health Promotion *Mental Health Services *Medication Management *Referral Services *Welfare Assistance 	<ul style="list-style-type: none"> *Facility Respite Care *Certified Family Homes *Continuing Care Retirement Community *Assisted Living *Acute Care *Nursing Home Care *Residential Hospice Care *Hospitals *Psychiatric Hospital
		Long Term Care Ombudsman: Advocacy for Residents of Long Term Care Facilities	
Care Coordination (Targeted Case Management, Assessment/Plan of Care/Follow-up)			
Adult Protection Services: Investigations and Services to Abuse/Neglect/Exploitation Victims			
Long-term Care Insurance, Healthcare Insurance, Medicare Education, Medicare Fraud Prevention and Medicare Improvements for Patients and Providers Act (MIPPA)			

ATTACHMENT L

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 required activities.

ASSURANCES

Sec. 305, ORGANIZATION

305(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.

305(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.

305(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;

305(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).

305(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.

305(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, AREA PLANS

306(a)(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-

306(a)(2)(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);

306(a)(2)(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

306(a)(2)(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.

306(a)(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);

306(a)(4)(A) (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

306(a)(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).

306(a)(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

306(a)(4)(C) Each area agency on aging 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.

306(a)(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.

306(a)(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;

306(a)(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.

306(a)(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-

306(a)(11)(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;

306(a)(11)(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

306(a)(11)(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.

306(a)(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.

306(a)(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—

306(a)(13)(B)(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

306(a)(13)(B)(ii) the nature of such contract or such relationship.

306(a)(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.

306(a)(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.

306(a)(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.

306(a)(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.

306(a)(15) provide assurances that funds received under this title will be used-

306(a)(15)(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

306(a)(15)(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

307(a)(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.

307(a)(7)(B) The plan shall provide assurances that—

307(a)(7)(B)(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;

307(a)(7)(B)(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

307(a)(7)(B)(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

307(a)(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.

307(a)(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.

307(a)(11)(A) The plan shall provide assurances that area agencies on aging will—

307(a)(11)(A)(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

307(a)(11)(A)(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

307(a)(11)(A)(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.

307(a)(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.

307(a)(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;

307(a)(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.

307(a)(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; 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.

307(a)(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.

307(a)(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 (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.

307(a)(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.

307(a)(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.

307(a)(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.

307(a)(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.

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

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

307(a)(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.

307(a)(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).

307(a)(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.

307(a)(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.

307(a)(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.

307(a)(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.

307(a)(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

308(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.

STATE PLAN PROVISIONS FROM SECTION 307(A)

The Plan includes a statement of compliance that restates the following provisions from Sec. 307(a) and is found below.

307(a)(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

307(a)(1)(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.

307(a)(2)(A) The State agency 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;

307(a)(2)(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;

307(a)(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.

307(a)(5)(A) The State agency: 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;

307(a)(5)(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

307(a)(5)(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.

307(a)(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.

307(a)(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.



Sam Haws, Administrator
Idaho Commission on Aging

August 1, 2012
Date

341 West Washington Street
Boise, ID 83702

ATTACHMENT M

METHODS OF CIVIL RIGHTS ADMINISTRATION

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

IDAHO COMMISSION ON AGING

July, 2012

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, but Not Limited to:

1. The ICOA, its contracting agencies and grantees may not, under any program, directly or through contractual or other arrangements, on the grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:

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

2. Neither the ICOA nor its contracting agencies and grantees may, directly or through contractual or other arrangements, use criteria or methods of administration which:

- a) have the effect of subjecting any individual or class of individuals to discrimination; or
- b) have the effect of defeating or of substantially impairing accomplishment of the program's objectives.

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

4. The 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:

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

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

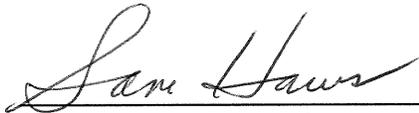
3. **Title IX of the Educational Amendment of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States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

4. **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the Federal financial assistance is extended or for another purpose involving the provision of similar services

or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.



Sam Haws, Administrator
Idaho Commission on Aging

341 West Washington Street
Boise, ID 83702

August 1, 2012

Date

ATTACHMENT N

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 area agencies on aging to plan for and respond to the needs of seniors in an emergency event.

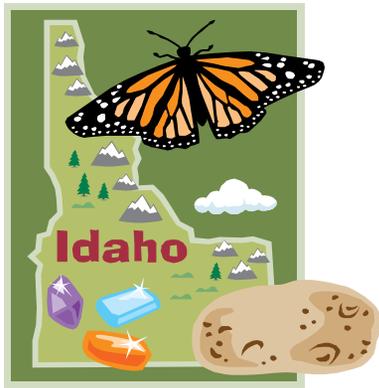
By Executive Order of the Governor, during an emergency, the ICOA will:

- Identify and assess the needs of the elderly and homebound elderly
- Coordinate senior services through the Area Agencies on Aging (“AAAs”)
- Provide information/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.



Emergency Preparedness for Idahoans

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

Stocking up now on emergency supplies can add to your safety and comfort during and after any natural disaster. Store enough supplies for at least 72 hours.

Emergency Supply Checklist:

Survival

- ❖ Water-2 quarts to 1 gallon per person per day
- ❖ First aid kit, freshly stocked
- ❖ Food {packaged, canned, no-cook and baby food and food for special diets)
- ❖ Blankets or sleeping bags
- ❖ Portable radio flashlight and spare batteries
- ❖ Essential medication and glasses
- ❖ Fire extinguisher
- ❖ Money

Safety and Comfort

- ❖ Sturdy shoes
- ❖ Heavy gloves for clearing debris
- ❖ Candles and matches
- ❖ Knife or razor blades
- ❖ Tent
- ❖ Gun and ammunition

Sanitation Supplies

- ❖ Soap and liquid detergent
- ❖ Toothpaste and toothbrushes
- ❖ Feminine and infant supplies
- ❖ Toilet paper
- ❖ Household bleach

Cooking & Tools

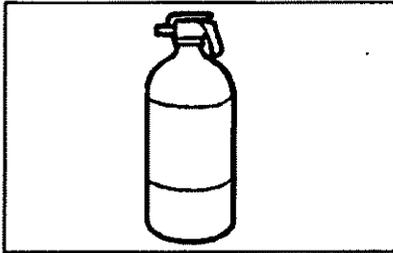
- ❖ Camp stove, propane appliances
- ❖ Fuel for cooking (camp stove fuel, etc.)
- ❖ Paper towels
- ❖ Pot for cooking
- ❖ Shovel and chainsaw

Personal

- ❖ ID
- ❖ Will
- ❖ Insurance
- ❖ Credit cards
- ❖ Passport
- ❖ Green card
- ❖ Family records

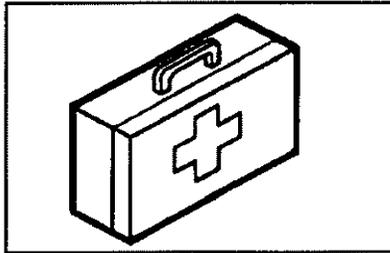
Emergency Supplies to Be Stored:

After a major earthquake, electricity, water and gas may be out of service. Emergency aid may not reach you for several days. Make sure you have the following items in your home, at your office or in your car.



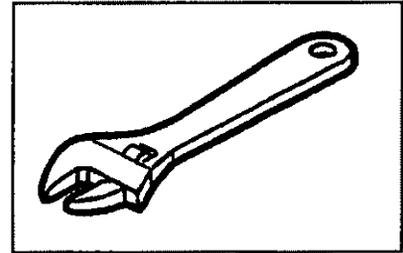
Fire extinguisher

Your fire extinguisher should be suitable for all types of fires and should be easily accessible.



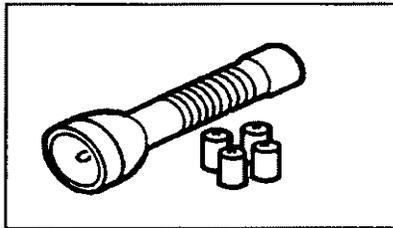
First aid kit

Put your first aid kit in a central location and include emergency instructions.

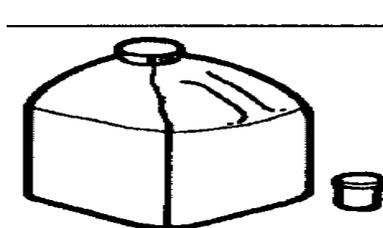


Wrench

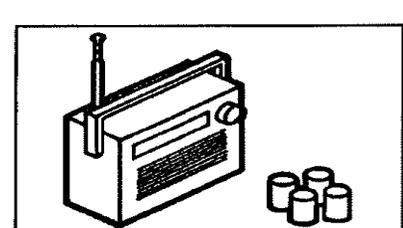
Have crescent or pipe wrench to turnoff gas and water valves if necessary.



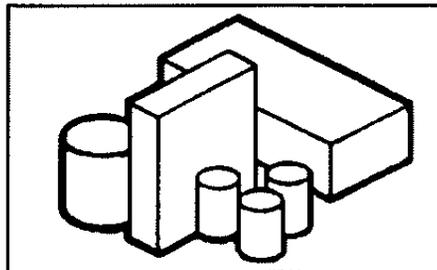
Flashlight and extra batteries: Keep flashlights in several locations in case of a power failure. Extra batteries last longer if you keep them in the refrigerator.



Water and disinfectant Store several gallons of water for each person. Keep a disinfectant such as iodine tablets or chlorine bleach to purify water if necessary.

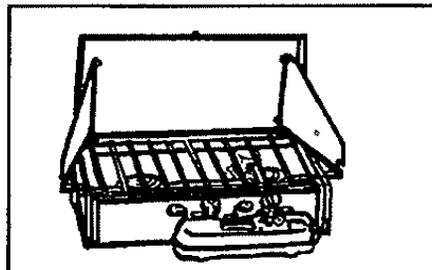


Radio and extra batteries Transistor radios will be useful for receiving emergency broadcasts and current disaster information.

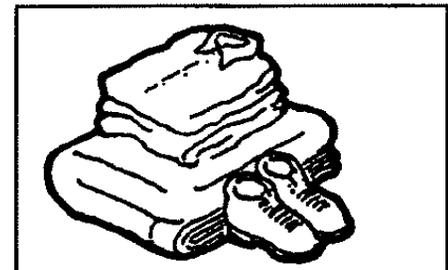


Dry or canned food

Store a one-week supply of food for each person. It is preferable to store food that does not require cooking.



Alternate cooking source Store fuels and appliances and matches for cooking in case utilities are out of service.



Blankets, clothes and shoes Extra blankets and clothing may be required to keep warm. Have shoes suitable for walking through debris.



Recommended Items to Include in a Basic Emergency Supply Kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation
- Food, at least a three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- Rain proved matches and a candle
- First aid kit
- Whistle to signal for help
- Moist towelettes, garbage bags
- Wrench or pliers to turn off utilities
- Cell phone with solar charger or Spot unit

Additional Items to Consider Adding to an Emergency Supply Kit:

- Prescription medications and glasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Sleeping bag or warm blanket for each person.
- Household chlorine bleach and medicine dropper- When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.

Pandemic Influenza & Emergency Preparedness:

Pandemic Flu

Pandemic Flu
Rarely happens (three times in 20th century)
People have little or no immunity because they have no previous exposure to the virus
Healthy people may be at increased risk for serious complications
Health care providers and hospitals may be overwhelmed
Vaccine probably would not be available in the early stages of a pandemic
Effective antivirals may be in limited supply
Number of deaths could be high (The U.S. death toll during the 1918 pandemic was approximately 675,000)
Symptoms may be more severe
May cause major impact on the general public, such as widespread travel restrictions and school or business closings
Potential for severe impact on domestic and world economy

Plan for a Pandemic:

- Store a two week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.



Make a Pet Disaster Supply Kit:

Your pet depends on you for care after a disaster. The following are items you should place in a pet disaster supply kit. Prepare your kit before a disaster occurs.

Pet Emergency Supplies:

- Sturdy crate as a pet carrier
- Identification tag containing accurate, up-to-date information
- A sturdy leash
- Food and water for at least three days
- Large plastic bags for cat litter disposal and dog clean up
- Prescriptions and special medications
- A copy of your pet's veterinary records
- Recent photo of your pet
- Blankets
- Phone number of the local emergency veterinary clinic
- Phone number of your local and county animal shelter

Pet First Aid:

- Large and small bandages
- Tweezers
- Q-tips
- Antibiotic ointment
- Scissors
- Elastic tape
- Ear cleaning solutions



Information Specific for people who are deaf or hard of hearing:

Hearing Aides

- Store hearing aid(s) in a consistent and secured location so they can be found and used after a disaster

Batteries

- Store extra batteries for hearing aids and implants. If available, store an extra hearing aid with your emergency supplies.
- Maintain TTY batteries. Consult your manual for information
- Store extra batteries for your TTY and light phone signaler. Check the owner's manual for proper battery maintenance.

Communication

- Determine how you will communicate with emergency personnel if there is no interpreter or if you don't have your hearing aids. Store paper and pens for this purpose.
- Consider carrying a pre-printed copy of important messages with you, such as: "I Speak American Sign Language (ASL) and need an ASL interpreter"
- If possible obtain a battery-operated television that has a decoder chip for access to signed or captioned emergency reports.
- Determine which 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 these medication
- Have the names and phone numbers of their doctors, pharmacy and home health agency
- Pack all of their personal hygiene articles, including denture cleansers and adhesives.

When Do You Get Involved?



Citizen Corps actively involves citizens in making our communities and our nation safer, stronger, and better prepared. We all have a role to play in keeping our hometowns secure from emergencies of all kinds. Citizen Corps works hard to help people prepare, train, and volunteer in their communities. **What role will you play?** Being ready starts with you, but it also takes everyone working together to make our communities safer. Citizen Corps provides a variety of opportunities for you to get involved. You can provide valuable assistance to local fire stations, law enforcement, emergency medical services, and emergency management. Get connected to disaster volunteer groups through your local Citizen Corps Council, so that when something happens, you can help in an organized manner. Citizen Corps programs build on the successful efforts that are in place in many communities around the country to prevent crime and respond to emergencies. You can join the Citizen Corps community by:

- Volunteering for local law enforcement agencies through the Volunteers in Police Service (VIPS) Program.
- Being part of a Community Emergency Response Team (CERT) to help people immediately after a disaster and to assist emergency responders.

For further information go to:

www.citizencorps.gov

www.fema.gov

www.bhs.gov

The next time disaster strikes, you may not have much time to act. Prepare yourself for a sudden emergency. Learn how to protect yourself and cope with disaster by planning ahead. This will help you get started. Discuss these ideas with your family, and then prepare an emergency plan. Post the plan where everyone will see it. For additional information about how to prepare for hazards in your community, contact your local emergency management or civil defense office and American Red Cross chapter.

Emergency Checklist:

- ❖ Call your Emergency Management Office or American Red Cross Chapter.
- ❖ Find out which disasters could occur in your area.
- ❖ Ask how to prepare for each disaster.
- ❖ Ask how you would be warned of an emergency.
- ❖ Learn your community's evacuation routes.
- ❖ Ask about special assistance for children, elderly or disabled persons.
- ❖ Ask your workplace about emergency plans.

Create an Emergency Plan:

- ❖ Meet with household members to discuss emergency cases.
- ❖ Find the safe spots in your home for each type of disaster.
- ❖ Show family members how to turn off the water, gas and electricity at main switches when necessary.
- ❖ Have emergency phone numbers near to you
- ❖ Teach persons when and how to use 911.
- ❖ Pick an emergency meeting place.
- ❖ Take a First Aid and CPR class

ATTACHMENT O

SOURCE OF DEFINITIONS.

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

DEFINITIONS.

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

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

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

- C. Consumers' access to the range of publicly supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.
16. **Aging Network.** (OAA Section 102(a)(5)) the network of—
 - A. State agencies, area agencies on aging, title VI grantees, and the Administration; and
 - B. organizations that—
 1. are providers of direct services to older individuals; or
 2. are institutions of higher education; and
 3. receive funding under this Act.
 17. **Aging Network.** (IDAPA 15.01.01.010.04) The ICOA, the AAAs, and other providers. (5-3-03)
 18. **Area I.** Planning and service area made up of: Benewah, Boundary, Bonner, Kootenai, and Shoshone counties.
 19. **Area II.** Planning and service area made up of: Clearwater, Idaho, Latah, Lewis, and Nez Perce counties.
 20. **Area III.** (IDAPA **Ombudsman** 15.01.03.010.03) Planning and service area made up of: Canyon, Valley, Boise, Gem, Elmore, Washington, Ada, Adams, Payette, and Owyhee counties. (7-1-98)
 21. **Area IV.** Planning and service area made up of: Blaine, Camas, Cassis, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls counties.
 22. **Area V.** Planning and service area made up of: Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power counties.
 23. **Area VI.** Planning and service area made up of: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton counties.
 24. **Area Agency on Aging.** (OAA Section 102(a)(6)) an area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5).
 25. **Area Agency on Aging (AAA).** (IDAPA 15.01.01.010.06 & 15.01.20.010.02) Separate organizational unit within a multipurpose agency which functions only for purposes of serving as the area agency on aging that plans, develops, and implements services for older persons within a planning and service area. (3-20-04)
 26. **Area Plan.** (IDAPA 15.01.01.010.07 & 15.01.20.010.03) Plan describing aging programs and services which an AAA is required to submit to the Idaho Commission on Aging, in accordance with the OAA, in order to receive OAA funding. (3-20-04)
 27. **Assessment Instrument.** (IDAPA 15.01.01.010.08) A comprehensive instrument utilizing uniform criteria to assess a client's needs. (5-3-03)
 28. **Assistive (technology) device.** (OAA Section 102(a)(8)(B)) assistive technology, assistive technology device, and assistive technology service' have the meanings given such terms in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002).

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

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

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

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

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

- C. Use available resources efficiently and with a minimum of duplication; and
 - D. Encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.
48. **Congregate Meals.** (IC 67-5006(3)) meals prepared and served in a congregate setting which provide older persons with assistance in maintaining a well-balanced diet, including diet counseling and nutrition education.
49. **Congregate Meals.** (IDAPA 15.01.01.010.16) Meals that meet the requirements of the OAA, as amended, served in a group setting. (7-1-98)
50. **Contract.** (IDAPA 15.01.20.010.04) A legally binding, written agreement between two (2) or more parties which outlines the terms and provisions to which both parties agree.
51. **Contractor.** (IC 39-5302(4)) means an Area Agency on Aging (AAA) and its duly authorized agents and employees providing adult protection services pursuant to a contract with the commission in accordance with section [67-5011](#), Idaho Code. The commission designates area agencies on aging pursuant to 42 U.S.C.A. 3025(a)(2)(A) and may establish by rule when duties or obligations under this chapter may be fulfilled by an area agency on aging.
52. **Cost Sharing Payment.** (IDAPA 15.01.01.010.17) An established payment required from individuals receiving services under the Act. The cost sharing payment varies according to client's current annual household income. (4-6-05)
53. **Department.** (IDAPA 15.01.01.010.18) (IC 39-5302) Department of Health and Welfare. (7-1-98)
54. **Designation.** (IDAPA Ombudsman 15.01.03.010.07) Process by which the Office approves the location of substate ombudsman programs within AAAs and delegates to such programs the authority to carry out the purposes of the program. (7-1-98)
55. **Direct Costs.** (IDAPA 15.01.01.010.19) Costs incurred from the provision of direct services. These costs include, but are not limited to, salaries, fringe benefits, travel, equipment, and supplies directly involved in the provision of services. Salaries of program coordinators and first line supervisors are considered direct costs. (7-1-98)
56. **Disability.** (OAA Section 102(a)(13)) (except when such term is used in the phrase "severe disability", "developmental disability- "physical or mental disability", "physical and mental disabilities", or "physical disabilities") a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity:
- A. Self-care,
 - B. Receptive and expressive language,
 - C. Learning,

- D. Mobility,
- E. Self-direction,
- F. Capacity for independent living,
- G. Economic self-sufficiency,
- H. Cognitive functioning, and
- I. Emotional adjustment.

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

- A. Health risk assessments;
- B. Routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;
- C. Nutritional counseling and educational services for individuals and their primary caregivers;
- D. Evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition;
- E. Programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—
 1. an institution of higher education;
 2. a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or
 3. a community-based organization;
- F. Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;
- G. Screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services;
- H. Educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
- I. Medication management screening and education to prevent incorrect medication and adverse drug reactions;
- J. Information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
- K. Gerontological counseling; and
- L. Counseling regarding social services and follow up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.).

58. **Education and Training Service.** (OAA Section 302(2)) means a supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, pre-retirement education, financial planning, and other education and training services which will advance the objectives of this Act.
59. **Elder Abuse.** (OAA Section 102(a)(15)) abuse of an older individual.
60. **Elder Abuse, Neglect and Exploitation.** (OAA Section 102(a)(16)) abuse, neglect, and exploitation, of an older individual.
61. **Elder Justice.** (OAA Section 102(a)(17))
- A. Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy; and
 - B. Used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation.
62. **Elder Rights.** (OAA Section 761(1)) means a right of an older individual.
63. **Eligible Clients.** (IDAPA 15.01.01.010.20) Residents of the state of Idaho who are sixty (60) years or older. (5-3-03)
64. **Eligibility Entity.** (OAA Section 422(a)(1))
- A. Means a nonprofit health or social service organization, a community-based nonprofit organization, an area agency on aging or other local government agency, a tribal organization, or another entity that—
 - 1. The Assistant Secretary determines to be appropriate to carry out a project under this part; and
 - 2. Demonstrates a record of, and experience in, providing or administering group and individual health and social services for older individuals; and
 - B. Does not include an entity providing housing under the congregate housing services program carried out under section 802 of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 8011) or the multifamily service coordinator program carried out under section 202(g) of the Housing Act of 1959 (12 U.S.C. 1701q(g)).
65. **Emergency.** (IC 39-5302(6)) means an exigent circumstance in which a vulnerable adult's health and safety is placed in imminent danger. Imminent danger is when death or severe bodily injury could reasonably be expected to occur without intervention.
66. **Exploitation.** (OAA Section 102(a)(18)(a))
- A. The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.

- B. In subparagraph (1), the term ‘caregiver’ means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual.
67. **Exploitation.** (IC 39-5302(7)) means an action which may include, but is not limited to, the unjust or improper use of a vulnerable adult's financial power of attorney, funds, property, or resources by another person for profit or advantage.
68. **Family Caregiver.** (OAA Section 302(3)) means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.
69. **Family Violence.** (OAA Section 102(a)(19)) same meaning given the term in the Family Violence Prevention and Services Act (42 U.S.C. 10408).
70. **Fiscal Effectiveness.** (IDAPA 15.01.01.010.21) A financial record of the cost of all formal services provided to insure that maintenance of an individual at home is more cost effective than placement of that individual in an institutional long-term care setting. (7-1-98)
71. **Fiduciary.** (OAA Section 102(a)(20))
- A. Person or entity with the legal responsibility –
 - 1. to make decisions on behalf of and for the benefit of another person; and
 - 2. to act in good faith and with fairness; and
 - B. Includes a trustee, a guardian, a conservator, an executor, an agent under a financial power of attorney or health care power of attorney, or a representative payee.
72. **Focal Point.** (OAA Section 102(a)(21)) a facility established to encourage the maximum collocation and coordination of services for older individuals.
73. **Formal Services.** (IDAPA 15.01.01.010.22) Services provided to clients by a formally organized entity, including, but not limited to, Medicaid HCBS. (5-3-03)
74. **Frail.** (OAA Section 102(a)(22))
- A. With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual—
 - 1. is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
 - 2. at the option of the State, is unable to perform at least three such activities without such assistance; or
 - B. Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

75. **Functional Impairment.** (IDAPA 15.01.01.010.23) A condition that limits an individual's ability to perform ADLs and IADLs. (7-1-98)
76. **Grandparent or Older Individual Who is a Relative Caregiver.** (OAA Section 372(2)) The term "grandparent or older individual who is a relative caregiver" means a grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption who is 55 years of age or older and—
- A. Lives with the child;
 - B. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 - C. Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.
77. **Greatest Economic Need.** (OAA Section 102(a)(23)) the need resulting from an income level at or below the poverty line.
78. **Greatest Social Need.** (OAA Section 102(a)(24)) the need caused by non-economic factors, which include—
- A. Physical and mental disabilities;
 - B. Language barriers; and
 - C. Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that—
 1. restricts the ability of an individual to perform normal daily tasks; or
 2. threatens the capacity of the individual to live independently.
79. **Hispanic-serving institutions.** Section 502 of the Higher Education Act of 1965 (20 U.S.C. 1101a) defines the term as an institution of higher education that –
- A. Is an eligible institution;
 - B. At the time of application, has an enrollment of undergraduate full-time equivalent students that is at least 25 percent Hispanic students; and
 - C. Provides assurances that not less than 50 percent of the institution's Hispanic students are low-income individuals, which assurances –
 1. May employ statistical extrapolation using appropriate data from the Bureau of the Census or other appropriate Federal or State sources; and
 2. The Secretary shall consider as meeting the requirements of this subparagraph, unless the Secretary determines, based on a preponderance of the evidence, that the assurances do not meet the requirements.
80. **Home-Delivered Meals.** (IDAPA 15.01.01.010.24) Meals delivered to eligible clients in private homes. These meals shall meet the requirements of the OAA. (7-1-98)
81. **Homemaker.** (IDAPA 15.01.01.010.25) A person who has successfully completed a basic prescribed training, who, under the supervision of a provider, supplies homemaker services. (4-6-05)

82. **Homemaker Service.** (IDAPA 15.01.01.010.26) Assistance with housekeeping, meal planning and preparation, essential shopping and personal errands, banking and bill paying, medication management, and, with restrictions, bathing and washing hair. (7-1-98)
83. **Household.** (IDAPA 15.01.01.010.27) For sliding fee purposes, a “household” includes a client and any other person permanently resident in the same dwelling who share accommodations and expenses with the client. (7-1-98)
84. **Idaho Commission on Aging (ICOA).** (IDAPA 15.01.01.010.28 & 15.01.20.010.05) State agency that plans, sets priorities, coordinates, develops policy, and evaluates state activities relative to the objectives of the OAA. (3-20-04)
85. **In-home Services.** (OAA Section 102(a)(30)) Includes—
- A. Services of homemakers and home health aides;
 - B. Visiting and telephone reassurance;
 - C. Chore maintenance;
 - D. In-home respite care for families, and adult day care as a respite service for families;
 - E. Minor modification of homes that is necessary to facilitate the ability of older individuals to remain at home and that is not available under another program (other than a program carried out under this Act);
 - F. Personal care services; and
 - G. Other in-home services as defined—
 - 1. by the State agency in the State plan submitted in accordance with section 307; and
 - 2. by the area agency on aging in the area plan submitted in accordance with section 306.
86. **In-home Services.** (IC 67-5006(2)) Provide care for older persons in their own homes and help them maintain, strengthen, and safeguard their personal functioning in their own homes. These services shall include, but not be limited to case management, homemakers, chores, telephone reassurance, home delivered meals, friendly visiting and shopping assistance, and in-home respite care.
87. **Indian.** (OAA Section 102(a)(26)) Means a person who is a member of an Indian tribe.
88. **Indian Tribe.** (OAA Section 102(a)(27)) Means any tribe, band, nation, or other organized group or community of Indians (including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (Public Law 92–203; 85 Stat. 688) which (A) is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or (B) is located on, or in proximity to, a Federal or State reservation or rancheria.
89. **Information and Assistance Service.** (OAA Section 102(a)(28)) (IC 67-5006(6)) Means a service for older individuals that—

- A. Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
 - B. Assesses the problems and capacities of the individuals;
 - C. Links the individuals to the opportunities and services that are available;
 - D. To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
 - E. Serves the entire community of older individuals, particularly—
 - A. Older individuals with greatest social need;
 - B. Older individuals with greatest economic need; and
 - C. Older individuals at risk for institutional placement.
90. **I & A.** (IDAPA 15.01.21.010.02) Information and Assistance Services initiated by an older person or their representative that: (7-1-98)
- A. Provides current information about services available within the community, including information about assistive technology; (7-1-98)
 - B. Assesses the problem, determines the appropriate available service, and makes the referral; (7-1-98)
 - C. To the maximum extent practicable, by establishing adequate follow-up procedures, ensures that the client receives the needed service and is made aware of other available services. (7-1-98)
91. **Information and Referral.** (OAA Section 102(a)(29)) includes information relating to assistive technology.
92. **Information and Referral.** (IC 67-5006(7)) means and includes information relating to assistive technology.
93. **Informal Supports.** (IDAPA 15.01.01.010.29) Those supports provided by church, family, friends, and neighbors, usually at no cost to the client. (7-1-98)
94. **Institution of Higher Education.** (OAA Section 102(a)(31)) has the meaning given the term in section 101 of the Higher Education Act of 1965.
95. **Instrumental Activities of Daily Living (IADL).** (IDAPA 15.01.01.010.30) Meal preparation, money management, transportation, shopping, using the telephone, medication management, heavy housework, light housework. (7-1-98)
96. **Integrated Long-term Care.** (OAA Section 102(a)(32))
- A. Means items and services that consist of –
 - 1. With respect to long-term care –
 - a. Long-term care items or services provided under a State plan for medical assistance under the Medicaid program established under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), including nursing facility services, home and community-based services, personal care services, and case management services provided under the plan; and

- b. Any other supports, items, or services that are available under any federally funded long-term care program; and
 - 2. with respect to other health care, items and services covered under –
 - a. The Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
 - b. The State plan for medical assistance under the Medicaid program; or
 - c. Any other federally funded health care program; and
 - B. Includes items or services described in subparagraph (A) that are provided under a public or private managed care plan or through any other service provider.
97. **Legal Assistance.** (OAA Section 102(a)(33))
- A. Means legal advice and representation provided by an attorney to older individuals with economic or social needs; and
 - B. Includes—
 - 1. To the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and
 - 2. Counseling or representation by a nonlawyer where permitted by law.
98. **Legal Assistance.** (IDAPA 15.01.21.010.03) Advice, counseling, or representation by an attorney or by a paralegal under the supervision of an attorney.
99. **Legal Representative.** (IDAPA 15.01.01.010.31) A person who carries a Power of Attorney or who is appointed Guardian or Conservator with legal authority to speak for a client. (5-3-03)
100. **Long-Term Care.** (OAA Section 102(a)(34)) means any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service –
- A. Intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living;
 - B. Furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and
 - C. Not furnished to prevent, diagnose, treat, or cure a medical disease or condition.
101. **Long-Term Care Facility.** (OAA Section 102(a)(35)) means—
- A. Any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i–3(a));
 - B. Any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a));
 - C. For purposes of sections OAA 307(a)(12)^[1] and 712, a board and care facility; and
 - D. Any other adult care home, including an assisted living facility, similar to a facility or institution described in subparagraphs (1) through (3).

102. **Long-Term Care Facility.** (IDAPA Ombudsman 15.01.03.010.10) Skilled nursing facilities as defined in IDAPA 16.03.02, Subsection 002.33, “Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities,” and residential care facilities as defined in IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho.” (7-1-98)
103. **Meal Site.** (IDAPA 15.01.21.010.04) A facility or location where eligible persons (and spouses) assemble for a meal, either site prepared or catered. (7-1-98)
104. **Medicaid HCBS.** (IDAPA 15.01.01.010.32) Services approved under the Medicaid Waiver for the aged and disabled. (3-30-01)
105. **Multipurpose Senior Center.** (OAA Section 102(a)(36)) Means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.
106. **National Aging Program Information System (NAPIS).** (IDAPA 15.01.01.010.33) Standardized nationwide reporting system that tracks: (7-1-98)
- A. Service levels by individual service, identifies client characteristics, State and AAA staffing profiles, and identifies major program accomplishments; and (4-5-00)
- B. Complaints received against long term care facilities and family members or complaints related to rights, benefits and entitlements. (7-1-98)
107. **Native American.** (OAA Section 102(a)(37)) Means—
- A. An Indian as defined in paragraph (5); and
- B. A Native Hawaiian, as defined in section 625.
108. **Naturally Occurring Retirement Community.** (OAA Section 422(a)(2)) Means a community with a concentrated population of older individuals, which may include a residential building, a housing complex, an area (including a rural area) of single family residences, or a neighborhood composed of age-integrated housing—
- A. Where—
1. 40 percent of the heads of households are older individuals; or
2. A critical mass of older individuals exists, based on local factors that, taken in total, allow an organization to achieve efficiencies in the provision of health and social services to older individuals living in the community; and
- B. That is not an institutional care or assisted living setting.
109. **Neglect.** (OAA Section 102(a)(38)) Means-
- A. The failure of a caregiver (as defined in paragraph (27) or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or
- B. self-neglect.
110. **Neglect.** (IC 39-5302(8)) Means failure of a caretaker to provide food, clothing, shelter or medical care reasonably necessary to sustain the life and health of a

vulnerable adult, or the failure of a vulnerable adult to provide those services for himself.

111. **Non-Institutional.** (IDAPA 15.01.01.010.34) Living arrangements which do not provide medical oversight or organized supervision of residents' activities of daily living. Non-institutional residences include:
- A. Congregate housing units,
 - B. Board and room facilities,
 - C. Private residential houses,
 - D. Apartments,
 - E. Condominiums,
 - F. Duplexes and multiplexes,
 - G. Hotel/ motel rooms, and
 - H. Group homes in which residents are typically unrelated to individuals.
- Non-institutional does not include:
- A. skilled nursing homes,
 - B. residential care facilities,
 - C. homes providing adult foster care,
 - D. hospitals,
 - E. or residential schools/hospitals for the severely developmentally disabled or the chronically mentally ill. (7-1-98)
112. **Non-Jurisdictional Complaints.** (IDAPA Ombudsman 15.01.03.010.08) Complaints made by or on behalf of residents of long-term care facilities who are under the age of sixty (60) or complaints concerning persons outside the statutory jurisdiction of an ombudsman. (7-1-98)
113. **Nonprofit.** (OAA Section 102(a)(39)) As applied to any agency, institution, or organization means an agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which inuries, or may lawfully inure, to the benefit of any private shareholder or individual.
114. **Office.** (OAA 712(a)(2)) For purposes of Long Term Care Ombudsman only, "Office" is defined as: the individual described in section 712(a)(2) Ombudsman – the Office shall be headed by an individual, to be known as the State Long Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long term care and advocacy.
115. **Office.** (IDAPA Ombudsman 15.01.03.010.09) Office of the State Ombudsman for the Elderly pursuant to Title 67, Chapter 50, Idaho Code, Section 67-5009. (7-1-98)

116. **Older Americans Act.** (IDAPA 15.01.01.010.35 & 15.01.20.010.06) Federal law authorizing funding to states for supportive and nutrition services for the elderly. (3-20-04)
117. **Older Individual.** (OAA Section 102(a)(40)) means an individual who is 60 years of age or older.
118. **Older Persons.** (IC 67-5006(4)) individuals sixty (60) years of age or older.
119. **Ombudsman.** (IDAPA 15.01.01.010.36) An individual or program providing a mechanism to receive, investigate, and resolve complaints made by, or on behalf of, residents of long-term care facilities. (5-3-03)
120. **Outreach Service.** (IDAPA 15.01.21.010.05) A service which actively seeks out older persons, identifies their service needs, and provides them with information and assistance to link them with appropriate services. (7-1-98)
121. **Pension and Other Retirement Benefits.** (OAA Section 215(a)(1)) means private, civil service, and other public pensions and retirement benefits, including benefits provided under—
- A. The Social Security program under title II of the Social Security Act (42 U.S.C. 401 et seq.);
 - B. The railroad retirement program under the Railroad Retirement Act of 1974 (45 U.S.C. 231 et seq.);
 - C. The government retirement benefits programs under the Civil Service Retirement System set forth in chapter 83 of title 5, United States Code, the Federal Employees Retirement System set forth in chapter 84 of title 5, United States Code, or other Federal retirement systems; or
 - D. Employee pension benefit plans as defined in section 3(2) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(2)).
122. **Physical Harm.** (OAA Section 102(a)(41)) means bodily injury, impairment, or disease.
123. **Planning and Service Area (PSA).** (IDAPA 15.01.01.010.38 & 15.01.20.010.07) ICOA designated geographical area within Idaho for which an AAA is responsible. (3-20-04)
124. **Planning and Service Area.** (OAA Section 102(a)(42)) means an area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A).
125. **Poverty Line.** (OAA Section 102(a)(43)) means the official poverty line (as defined by the Office of Management and Budget, and adjusted by the Secretary in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).
126. **Program.** (IDAPA 15.01.01.010.37) The Idaho Senior Services Program. (7-1-98)

127. **Protective Action Plan (PAP).** (IDAPA 15.01.02.010.05) An individual plan addressing the remedial, social, legal, medical, educational, mental health or other services available to reduce or eliminate the risk of harm to a vulnerable adult. A PAP may include a Supportive Services Plan as defined in IDAPA 15.01.01, “Rules Governing Idaho Senior Services.
128. **Provider.** (IDAPA 15.01.01.010.39) An AAA or another entity under contract with the AAA to provide a specific service. (5-3-03)
129. **Representative Payee.** (OAA Section 102(a)(44)) means a person who is appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, any funds owed to such individual by such entity.
130. **Resident.** (OAA Section 711(6)) The term “resident” means an older individual who resides in a longterm care facility.
131. **Resident.** (IDAPA Ombudsman 15.01.03.010.11) Resident as defined in IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho.” (7-1-98)
132. **Respite.** (IDAPA 15.01.01.010.40) Short-term, intermittent relief provided to caregivers (individuals or families) of a functionally-impaired relative or custodial charge. (4-5-00)
133. **Rural.** (IDAPA 15.01.21.010.06) Communities having a population of fewer than twenty thousand (20,000) persons.(7-1-98)
134. **Secretary.** (OAA Section 102(a)(45)) means the Secretary of Health and Human Services, expect that for purposes of title V such term means the Secretary of Labor.
135. **Self-directed Care.** (OAA Section 102(a)(46)) means an approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which –
- A. Such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;
 - B. Such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual’s care options;
 - C. The needs, capabilities, and preferences of such individual with respect to such services, and such individual’s ability to direct and control the individual’s receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;
 - D. Based on the assessment made under subparagraph (3), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual’s family, caregiver (as defined in paragraph (27)), or legal representative –

1. A plan of services for such individual that specifies which services such individual will be responsible for directing;
 2. A determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and
 3. A budget for such services; and
 4. The area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.
136. **Self-neglect.** (OAA Section 102(a)(47)) means an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including –
- A. Obtaining essential food, clothing, shelter, and medical care;
 - B. Obtaining goods and services necessary to maintain physical health, mental health, or general safety; or
 - C. Managing one's own financial affairs.
137. **Serious Injury or Serious Imposition of Rights.** (IDAPA 15.01.02.010.04) A situation of substantiated abuse or neglect involving serious mental or physical injury, or exploitation. (5-3-03)
138. **Serious Physical Injury.** (IDAPA 15.01.02.010.06) Includes, but is not limited to: (3-30-01)
- A. Severe skin bruising; (5-3-03)
 - B. Burns; (3-30-01)
 - C. Bone fractures; (3-30-01)
 - D. Decubitis ulcers; (5-3-03)
 - E. Internal injuries; (5-3-03)
 - F. Lacerations; (3-30-01)
 - G. Malnutrition resulting in serious medical consequences; (5-3-03)
 - H. Subdural hematoma; or (5-3-03) i. Soft tissue swelling. (5-3-03)
139. **Severe Disability.** (OAA Section 102(a)(48)) means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that—
- A. Is likely to continue indefinitely; and
 - B. Results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs.
140. **Sexual Assault.** (OAA Section 102(a)(49)) has the meaning given the term in section 2003 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796gg-2).

141. **Shopping Assistance.** (IDAPA 15.01.01.010.41) Accompaniment and provision of assistance to an elderly individual for the purpose of purchasing food, medicine and other necessities for an elderly individual who is disabled or homebound. (7-1-98)
142. **Sliding Fee Scale.** (IDAPA 15.01.01.010.42) A fee scale ranging from zero percent (0%) to one hundred percent (100%) of the cost of services. Cost of services shall be based on the contractor's or provider's actual unit costs. A client's percentage (payment) shall be determined by ranking the client's annual household income against the federally determined poverty guidelines for that year. (3-19-99)
143. **State System of Long-term Care.** (OAA Section 102(a)(52)) Means the Federal, State, and local programs and activities administered by a State that provide, support, or facilitate access to long-term care for individuals in such State.
144. **Substate Ombudsman.** (IDAPA Ombudsman 15.01.03.010.12) An individual associated with a designated local Ombudsman for the Elderly Program, who performs the duties of ombudsman. (7-1-98)
145. **Supportive Service.** (OAA Section 102(a)(53)) means a service described in section 321(a).
146. **Supportive Service.** (IC 39-5302(9)) means noninvestigatory remedial, social, legal, health, educational, mental health and referral services provided to a vulnerable adult.
147. **Supportive Service Plan (SSP).** (IDAPA 15.01.01.010.43) An individual support plan outlining an array of services or the components of an individual service required to maintain a client at home or to reduce risks and meet the care needs of a vulnerable adult. (4-6-05)
148. **Supportive Services Technician.** (IDAPA 15.01.01.010.44) AAA employee working under the supervision of a licensed social worker or case manager assisting with investigation of Adult Protection reports, completion of the ICOA approved assessment instrument for services of clients of ICOA funded in-home services, or development and initiation of SSPs. The employee shall have a High School diploma and at least two (2) years' experience delivering services to the elderly or at-risk populations. (5-3-03)
149. **Transportation.** (IC 67-5006(1)) services designed to transport older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or otherwise promoting independent living, but not including a direct subsidy for an overall transit system or a general reduced fare program for a public or private transit system.
150. **Transportation Services.** (IDAPA 15.01.01.010.45) Services designed to transport eligible clients to and from community facilities/resources for the purposes of applying for and receiving services, reducing isolation, or otherwise promoting independence.
151. **Unit of General Purpose Local Government.** (OAA Section 302(4)) means—

1. A political subdivision of the State whose authority is general and not limited to only one function or combination of related functions; or
 2. An Indian tribal organization.
152. **USDA Eighty/Twenty (80/20) Commodity Program.** (IDAPA 15.01.21.010.07)
Federal program in which the participating AAA agrees to accept a minimum of twenty percent (20%) of its total entitlement in commodities with the balance of eighty percent (80%) being paid in cash at the current USDA reimbursement rate. (7-1-98)
153. **USDA One Hundred Percent (100%) Cash-in-Lieu Community Program.** (IDAPA 15.01.21.010.08) Federal program in which the participating AAA receives one hundred percent (100%) cash reimbursement in lieu of commodities. (7-1-99)
154. **Vulnerable adult.** (IC 39-5302(10)) means a person eighteen (18) years of age or older who is unable to protect himself from abuse, neglect or exploitation due to physical or mental impairment which affects the person's judgment or behavior to the extent that he lacks sufficient understanding or capacity to make or communicate or implement decisions regarding his person.
155. **Vulnerable Elder Rights Protection Activity.** (OAA Section 761(2)) means an activity funded under subtitle A. (42 U.S.C. 3058bb)

ATTACHMENT P

Useful Web Links

State Authorization and Statutory Requirements

- ICOA Website (2012)
<http://www.aging.idaho.gov>
- Idaho Statutes Title 67
<http://legislature.idaho.gov/idstat/Title67/T67CH50.htm>
- Idaho Code Title 53
<http://legislature.idaho.gov/idstat/Title39/T39CH53.htm>
- Idaho Code Title 39
<http://legislature.idaho.gov/idstat/Title39/T39CH16.htm>
- ICOA, Idaho Administrative Procedures Act
<http://adminrules.idaho.gov/rules/current/15/index.html>
- Idaho Rules of Administrative Procedure of the Attorney General
<http://adminrules.idaho.gov/rules/current/04/1101.pdf>
- Department of Health and Welfare
<http://adminrules.idaho.gov/rules/current/16/index.html>
- Food Safety and Sanitation Standards for Food Establishments (The Idaho Food Code) 16.02.19
<http://adminrules.idaho.gov/rules/current/16/0219.pdf>
- Idaho State Purchasing
<http://purchasing.idaho.gov/>

Federal Authorization and Statutory Requirements

- Older Americans Act (OAA) of 1965
http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp
- 42 U.S.C. Chapter 35 Programs for Older Americans

http://uscode.house.gov/download/title_42.shtml
<http://www.law.cornell.edu/uscode/text/42/chapter-35>

- Title 45 – Public Welfare, Code of Federal Regulations (CFR) Subtitle A – Department of Health and Human Services
http://www.access.gpo.gov/nara/cfr/waisidx_10/45cfrv1_10.html
- Office of Management and Budget Circulars
http://www.whitehouse.gov/omb/circulars_default
- Administration on Aging (AoA) Reporting Requirements for National Aging Program Information System (NAPIS)
http://www.aoa.gov/AoARoot/Program_Results/docs/StateProgramReportForm053110.pdf

Area Agency on Aging

- Area Agency on Aging of North Idaho
<http://www.aaani.org/>
- North Central Idaho Area Agency on Aging
<http://www.cap4action.org/psagencyonaging.html>
- Southwest Idaho Area Agency on Aging – Idaho Council of Governments
<http://www.sageidaho.com/index.cfm?fuseaction=senior.main>
- South Central Idaho Office on Aging – College of Southern Idaho
<http://officeonaging.csi.edu/>
- Southeast Idaho Area Agency on Aging – Southeast Idaho Council of Governments
http://sicog.org/aaa_services.html
- Area Agency on Aging of Eastern Idaho
<http://www.eastidahoaging.com>

ATTACHMENT Q: Public Comment Process and Comments

Public Comment Process

The Idaho Commission on Aging (ICOA) used a mailing database made up of 5,000 individuals who are representative of the percent of people 60 and older residing in each of the six Planning Service Areas in Idaho. Additionally, ICOA utilized the Social Assistance Management System (SAMs) database to reach out to an additional 934 listed participants. The outreach was done by postcards and sent out on May 14, 2012 for a public comment period that ran from May 15, 2012 to May 29, 2012. During this period it was requested that the public comment process be extended which was accommodated with an extension to June 8, 2012.

The directions on the postcards instructed people to either access the Senior Services Plan for Idaho via the Aging and Disability Resource Center (ADRC) or to phone ICOA to request a copy to be sent to them.

The Idaho Commission on Aging received 48 requests for a hard copy of the Senior Services Plan to be mailed to their homes. The ICOA sent copies to: 21 – Boise, 1-Chubbuck, 2 – Coeur d’Alene, 3 – Emmett, 1 – Grangeville, 6 – Idaho Falls, 5 – Lewiston, 6 – Pocatello, 3 – Twin Falls. One email was received requesting a hard copy of the plan to be mailed. The ICOA received 12 email public comment responses as of May 31, 2012, which are listed below:

Comments:

Email 1

Hello,

I just finished reading the four year Services Plan for Idaho. It sounds great! It looks like you have a comprehensive plan that addresses the needs of Idahoans and the Older American’s Act. As the Program Manager for the Foster Grandparent Program and the Senior Companion Program, I have a slight correction to note. Under goal number 3, Baseline 1 the Corporation for National Service is noted. The Senior Companion Program is reported under Americorps. This is inaccurate. The Senior Companion Program, the Foster Grandparent Program and RSVP (Retired Senior Volunteer Program) are all a part of Senior Corps. These three programs comprise Senior Corps. VISTA, Americorps and Senior Corps constitute the Corporation for National Service. The Magic Valley, the Treasure Valley and Blackfoot areas all host Foster Grandparent Programs. As you know these are volunteer programs for low income seniors. The Foster Grandparent Program and Senior Companion Programs sponsored by the College of Southern Idaho are part of the Area IV agency on aging. These programs promote wellness for seniors and assist our youth in reaching their academic potential. I hope that you will include these changes in your final report.

Email 2

I have reviewed the material as requested. Unfortunately my email won't talk to yours so am hoping this will go thru.

Overall, the plan, services etc are quite clear. Unfortunately, in talking to my age cohort of seniors (70+) many of them were completely unaware of the services and programs available to them. This has been true over many years, as it was my experience when I was doing senior health promotion and prevention programs at Saint Al's from 1995-2004.

Comments and suggestions would be:

1. to greatly increase your marketing for this services, etc. Increasing your visibility to the general community, education of what's available to seniors would be instrumental in developing participation.
2. Many of your programs target low income seniors, but I would suggest to you that many seniors hit the middle ground with income, having enough to meet ends but few resources financially to draw on for other expenses that may not be on day to day basis. Their lifestyle is not extravagant but budgets are tight for any extras.

I realize your funding is limited and must be distributed according to perceived needs in Idaho so all things are not possible for all elders.

Thanks for this opportunity to participate in this survey.

Email 3

This is a plan covering a multitude of issues encountered by aging citizens. Plans involving too many people, organizations and types of funding are difficult to manage efficiently. Communication and cooperation gets bogged down in rules and regulations resulting in very little useful aid to those who need it most and leaves loopholes for corrupt management. A less complicated plan concentrating on aid for the most needy might be more successful.

Email 4

The plan seems very comprehensive and well-developed. I believe it addresses the critical needs as well as desires of seniors who may need public assistance to maintain an adequate standard of living or who may require special care. My only concern from a quick review is that it seems to focus on the need to improve services, which in turn will require increased resources. At a time when our federal deficit is out of control, perhaps we should be looking at a plan that prioritizes services so that those which are most vital can be retained if there are budget cuts. The typical bureaucratic approach is to try to protect the providers of services during funding reductions without regard to the relative value of their contributions to the users. We need to rationalize programs in a way that identifies what is essential vs what is nice

to have and be prepared to cut programs of lesser value rather than exacting proportional reductions that maintain agencies and staff while reducing the services they provide.

Email 5

I think services are covered well. One thing I don't know if the \$ allotted to these programs are sufficient to do the job. You know Idaho is one of the lowest funded States on many matters. I compliment you on the program itself.

Email 6

To Whom It May Concern;

My wife and I are 68 years old and have health issues and from what I've briefly read, the Plan above sounds good to me. I'm not an Attorney, so I can only offer an uneducated opinion. The programs and services sound viable for the Senior citizens over 60 years old. Our total income is only \$43,000 and we worry about medical costs and senior care and home care which we cannot afford if something should happen to one of us. Any help that you can give to Seniors will be greatly appreciated.

Email 7

Having in home assistance so I can stay in my own home and transportation that is free to the community for shopping etc. is important. Not having to pay for property taxes has been a wonderful program. Family members that can provide caregiving need to be paid so that caregiving isn't such a monetary burden on them.

Email 8

I have a few questions regarding the above.

First, is it true that the AAA job, function or whatever it is called, goes out to bid? If so, when and how often? How are potential bidders notified?

ICOA RESPONSE: The Area Agencies on Aging (AAAs) are designated and do not go through a procurement process, but are subject to the development of an annual performance-based contract. However, as an AAA they are responsible to subcontract out services and must procure services based on state procurement requirements.

AAAs were originally designated in accordance with Section 305 of the OAA.

Withdrawal of Area Agency on Aging Designation: ICOA Policy AD.04 Withdrawal of AAA Designation (4/30/2012) located in the Program Manual that can be accessed through

the following ADRC website:

http://www.aging.idaho.gov/about/ICOA_Program_%20Manual_final_20120430.pdf

Re: Executive Summary - Page 6

Paragraph 4 - How many BSU students participated?

How was it decided who they would contact?

Did they contact "active" seniors this time or were they MOW recipients again?

Where counties were involved and were any senior centers contacted?

ICOA RESPONSE: Please see BSU needs assessment, Attachment D: Needs Assessment as part of this plan.

Paragraph 6 -How were the low income seniors and/or the general senior population reached - phone, letter or in person?

How was it decided who to contact?

How many people were actually contacted and how many responded?

Again, how many interviewers were involved?

ICOA RESPONSE: ICOA used a mailing database base with a list of 5,000 Idaho seniors 60 and over and utilized an additional database to reach out to an additional 934 seniors utilizing current services. The public comment processes ends June 8, 2012 and the final comments will be included at that time.

Looking foward to your response.

Thank you.

Email 9

I read through both documents on the web. I thought that you did a thorough and commendable job. I did not see any mistakes although I would like to be able to use the web site to click through to each Planning and Service Area to see which services are available where and how to contact each service. That would be especially helpful for people who are just moving into a PSA and don't know exactly how to contact anyone.

Email 10

The plan is comprehensive and if fully implemented would provide an ideal living environment for seniors citizens in Idaho. I feel the transportation services for seniors needs more attention. However, I suspect that funding would be a problem and volunteers hard to find. Would be glad

to offer to help in any of the programs which are operational in my area. Am particularly interested in community garden across the street where I live.

Email 11

The four year Senior Services Plan for Idaho completely covers any of my concerns. Thank you for the opportunity to review this Plan.

Email 12

This morning, I had a chance to read the State Plan and found it very interesting and informative. I have attached page 17 with the word "Indian" circled. The reason I have done this is because when I have heard this description used instead of "Native American" it has been my experience that this expression is usually taken as a negative instead of a positive.

The State Plan is very well written and all of you should be very proud.